

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

2. **FEC IDENTIFICATION NUMBER** C00118943  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on 11 04 2010 in the State of \_\_\_\_\_

5. Covering Period 10 14 2010 through 11 22 2010

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

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

Signature of Treasurer Electronically Filed by Mr. Bruce C., Frisbie Date 12 02 2010

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

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

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Massachusetts Mutual Life Insurance Company Political Action Committee

Report Covering the Period: From: 

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		42989.60
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	81439.73									
(c) Total Receipts (from Line 19) .....	48435.25	549953.71								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	129874.98	592943.31								
7. Total Disbursements (from Line 31) .....	100697.14	563765.47								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	29177.84	29177.84								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 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) .....	36827.58	414238.78
(ii) Unitemized .....	6543.12	126343.82
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	43370.70	540582.60
(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) .....	43370.70	540582.60
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 .....	5000.00	8000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	64.55	1371.11
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 Transfer (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)) .....	48435.25	549953.71
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	48435.25	549953.71

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared 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.....	197.14	4971.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	197.14	4971.33
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	100500.00	555243.40
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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 .....	0.00	851.22
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	851.22
29. Other Disbursements.....	0.00	2699.52
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	100697.14	563765.47
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	100697.14	563765.47

**DETAILED SUMMARY PAGE**  
of Disbursements

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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 .....	43370.70	540582.60
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	851.22
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	43370.70	539731.38
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	197.14	4971.33
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	197.14	4971.33

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 133
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A.

Full Name (Last, First, Middle Initial) Castle Campaign Fund		Date of Receipt
Mailing Address PO Box 133		<input type="text" value="10"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
City	State	Zip Code
Wilmington	DE	19899
FEC ID number of contributing federal political committee.		Transaction ID: 37154266
<input type="text" value="C"/> <input type="text" value="C00254938"/>		Amount of Each Receipt this Period
		<input type="text" value="5000.00"/>
Name of Employer	Occupation	Refund of 2010 US Gen Con- tribs
Receipt For: 2010	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="5000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="5000.00"/>

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

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

FOR LINE NUMBER: PAGE 7 / 133  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MR. DONALD GRIFFITH

Mailing Address 46 PINEWOOD DR

City State Zip Code  
LONGMEADOW MA 01106-1638

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE VICE PRESIDENT  
INS.

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

**Transaction ID:** 37344007

Amount of Each Receipt this Period  
700.00

**B.** Full Name (Last, First, Middle Initial)  
BERNARD GARRAH

Mailing Address 30096 SHADOW CREEK DR

City State Zip Code  
WESTLAKE OH 44145-7802

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) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

**Transaction ID:** 37344025

Amount of Each Receipt this Period  
125.00

**C.** Full Name (Last, First, Middle Initial)  
ANTONIO ACCARDO

Mailing Address 179 PIONEER AVE

City State Zip Code  
WALNUT CREEK CA 94597-2718

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) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

**Transaction ID:** 37344034

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1325.00

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

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

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

FOR LINE NUMBER: PAGE 8 / 133  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MICKEY L. RAY

Mailing Address 3300 N A ST BLDG 1-2

City MIDLAND State TX Zip Code 79705-5421

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 25 / 2010  
Transaction ID: 37344050  
Amount of Each Receipt this Period 600.00

**B.** Full Name (Last, First, Middle Initial)  
JOHN S. DAMERON

Mailing Address 6559 CROSS FIELD LN

City CHARLOTTE State NC Zip Code 28226-7582

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 29 / 2010  
Transaction ID: 37379320  
Amount of Each Receipt this Period 300.00

**C.** Full Name (Last, First, Middle Initial)  
DAVID GRODIN

Mailing Address 15134 ANDOVER ST

City SAN LEANDRO State CA Zip Code 94579-1752

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 27 / 2010  
Transaction ID: 37382043  
Amount of Each Receipt this Period 600.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

**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 9 / 133  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MS. ANGELA T DEROUIN

Mailing Address PO BOX 686

City WESTFIELD State MA Zip Code 01086-0686

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS.  
Occupation ASSISTANT VICE PRESIDENT

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 27 / 2010  
**Transaction ID: 37382044**  
 Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
JOHN B. DAVIES

Mailing Address 1259 WESTERN AVE

City WESTFIELD State MA Zip Code 01085-3988

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

Name of Employer SELF  
Occupation INSURANCE AGENT

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 11 / 03 / 2010  
**Transaction ID: 37503925**  
 Amount of Each Receipt this Period: 600.00

**C.** Full Name (Last, First, Middle Initial)  
HOWARD M. SOLTOFF

Mailing Address 8819 BURDETTE RD

City BETHESDA State MD Zip Code 20817-2806

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

Name of Employer SELF  
Occupation INSURANCE AGENT

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 11 / 03 / 2010  
**Transaction ID: 37503926**  
 Amount of Each Receipt this Period: 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1150.00**

**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 10 / 133
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. MILTON M EDMONDS, Jr	Date of Receipt MM / DD / YYYY 11 / 09 / 2010
	Mailing Address 214 S MAIN ST	<b>Transaction ID:</b> 37533879
	City State Zip Code SUFFIELD CT 06078-2241	Amount of Each Receipt this Period 1500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation MASSACHUSETTS MUTUAL LIFE VICE PRESIDENT INS. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) EDWARD I. WIGHT	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 804 KATESFORD RD	<b>Transaction ID:</b> 37538021
	City State Zip Code COCKEYSVILLE MD 21030-2246	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation SELF INSURANCE AGENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. RONALD R ROBINSON	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 22 TEN ACRE LN	<b>Transaction ID:</b> PR1039279421093
	City State Zip Code WEST HARTFRD CT 06107-1318	Amount of Each Receipt this Period 28.95
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation MASSACHUSETTS MUTUAL LIFE ASSISTANT VICE PRESIDENT INS. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 229.72	P/R Deduction (\$9.65 Bi-W- eekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2528.95</b>
<b>TOTAL</b> 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 / 133  
(check only one)

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

**A.**

Full Name (Last, First, Middle Initial)  
MR. ERIC H WIETSMA

Mailing Address 3 VALLEY VIEW DR

City State Zip Code  
WILBRAHAM MA 01095-2363

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE SENIOR VICE PRESIDENT  
INS.

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 619.16

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR1120474521093

Amount of Each Receipt this Period  
80.76

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

**B.**

Full Name (Last, First, Middle Initial)  
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 EVP & GENERAL COUNSEL  
INS.

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4391.68

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR1120475421093

Amount of Each Receipt this Period  
608.40

P/R Deduction (\$202.80 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
MR. CHRISTOPHER J CASEY

Mailing Address 109 YARMOUTH ST

City State Zip Code  
LONGMEADOW MA 01106-3226

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE ASSISTANT VICE PRESIDENT  
INS.

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR1120476321093

Amount of Each Receipt this Period  
37.50

P/R Deduction (\$12.50 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **726.66**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 133  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) MS. DEBRA PALERMINO		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 1 0	
Mailing Address 168 CENTERWOOD RD		<b>Transaction ID:</b> PR1156272821093	
City NEWINGTON	State CT	Zip Code 06111-3110	Amount of Each Receipt this Period 295.11
FEC ID number of contributing federal political committee. C			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation EXECUTIVE VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2195.01	P/R Deduction (\$98.37 Bi-Weekly)	

**B.**

Full Name (Last, First, Middle Initial) MR. WILLIAM E BARTOL		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 1 0	
Mailing Address 650 DEEP RIVER RD		<b>Transaction ID:</b> PR1264213321093	
City COLCHESTER	State CT	Zip Code 06415-1902	Amount of Each Receipt this Period 46.14
FEC ID number of contributing federal political committee. C			
Name of Employer CORNERSTONE RE ADVISERS LLC	Occupation MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 353.74	P/R Deduction (\$15.38 Bi-Weekly)	

**C.**

Full Name (Last, First, Middle Initial) MR. ANTHONY SCIACCA		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 1 0	
Mailing Address 8817 LAKE CHALLIS LN		<b>Transaction ID:</b> PR1264218121093	
City CHARLOTTE	State NC	Zip Code 28226-2665	Amount of Each Receipt this Period 28.83
FEC ID number of contributing federal political committee. C			
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.03	P/R Deduction (\$9.61 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	370.08
<b>TOTAL</b> 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 / 133
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. KENNETH MI GACEVICH	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 6515 GREENWAY BEND DR	<b>Transaction ID:</b> PR1264219221093
	City State Zip Code CHARLOTTE NC 28226-5561	Amount of Each Receipt this Period 28.86
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.26	P/R Deduction (\$9.62 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. STUART KWASSMAN	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 224 MAIN ST	<b>Transaction ID:</b> PR1285751421093
	City State Zip Code NEWINGTON CT 06111-1405	Amount of Each Receipt this Period 28.86
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation ASSISTANT VICE PRESIDENT & ACTUARY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.26	P/R Deduction (\$9.62 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MS. ALETHEA O'DONNELL	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 172 SNELL ST	<b>Transaction ID:</b> PR1285752321093
	City State Zip Code AMHERST MA 01002-2556	Amount of Each Receipt this Period 80.85
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation ASSISTANT VICE PRESIDENT & COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 629.00	P/R Deduction (\$26.95 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>138.57</b>
<b>TOTAL</b> 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 14 / 133

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MR. BRADLEY LUCIDO

Mailing Address 65 ROSEWOOD DR

City State Zip Code  
SUFFIELD CT 06078-2014

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE SVP CHIEF COMPL OFF & ASSOC GEN COUNSE  
INS.

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1703.94

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR1285753921093

Amount of Each Receipt this Period  
296.10

P/R Deduction (\$98.70 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
MR. JOHN PHILLIPS

Mailing Address 49 MENDON RD

City State Zip Code  
SUTTON MA 01590-1135

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

Name of Employer Occupation  
CORNERSTONE RE ADVISERS VP & ASSOCIATE GENERAL COUNSEL  
LLC

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 619.16

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR1285754121093

Amount of Each Receipt this Period  
80.76

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

**C.**

Full Name (Last, First, Middle Initial)  
MR. ROBERT STINGLE

Mailing Address 30 CIDERMILL HTS

City State Zip Code  
NORTH GRANBY CT 06060-1430

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE SENIOR VICE PRESIDENT & GENERAL AUDITO  
INS.

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 3115.90

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR1322703221093

Amount of Each Receipt this Period  
431.88

P/R Deduction (\$143.96 Bi-Weekly)

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

808.74

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 133  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MR. JEFFREY T PRINCE

Mailing Address 33 HILLSIDE RD

City NORTHAMPTON State MA Zip Code 01060-2119

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

Name of Employer BABSON CAPITAL MANAGEMENT LLC Occupation MANAGING DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 884.58

Date of Receipt 11 / 22 / 2010

Transaction ID: PR1334223421093

Amount of Each Receipt this Period 115.38

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

**B.**

Full Name (Last, First, Middle Initial)  
MR. PHILIP S WELLMAN

Mailing Address 150 N BEACON ST

City HARTFORD State CT Zip Code 06105-2247

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VP CHIEF COMPLIANCE OFFICER INST. FUND

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 619.16

Date of Receipt 11 / 22 / 2010

Transaction ID: PR1342766121093

Amount of Each Receipt this Period 80.76

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

**C.**

Full Name (Last, First, Middle Initial)  
MR. GREGORY E DEAVENS

Mailing Address 10 HENLEY COMMONS

City FARMINGTON State CT Zip Code 06032-1553

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation SENIOR VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1775.85

Date of Receipt 11 / 22 / 2010

Transaction ID: PR1342771921093

Amount of Each Receipt this Period 230.85

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 426.99

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 133  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MS. BARBARA CARRA

Mailing Address 101 DUXBURY LN

City State Zip Code  
LONGMEADOW MA 01106-2007

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE AVP & COUNSEL  
INS.

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 353.74

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR1355573521093

Amount of Each Receipt this Period  
46.14

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

**B.**

Full Name (Last, First, Middle Initial)  
MR. JOHN W CHANDLER

Mailing Address 118 COLONY RD

City State Zip Code  
LONGMEADOW MA 01106-1216

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE SENIOR VICE PRESIDENT  
INS.

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1714.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR1355574321093

Amount of Each Receipt this Period  
285.75

P/R Deduction (\$95.25 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
MR. MICHAEL R FANNING

Mailing Address 140 COLONIAL AVE

City State Zip Code  
NORTH ANDOVER MA 01845-6349

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE EXECUTIVE VICE PRESIDENT  
INS.

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4408.39

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR1360837721093

Amount of Each Receipt this Period  
591.75

P/R Deduction (\$197.25 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **923.64**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 133
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. HUGH BARRETT	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 58 PONDVIEW DR	<b>Transaction ID:</b> PR1386532021093
	City State Zip Code SPRINGFIELD MA 01118-1145	Amount of Each Receipt this Period 46.20
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation DIRECTOR	P/R Deduction (\$15.40 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 355.37	

<b>B.</b>	Full Name (Last, First, Middle Initial) MS. MICHELE EQUALE	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 28 SUSAN DR	<b>Transaction ID:</b> PR1387599021093
	City State Zip Code WESTFIELD MA 01085-1433	Amount of Each Receipt this Period 34.62
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation STRATEGIC DEVELOPMENT CONSULTANT	P/R Deduction (\$11.54 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 265.42	

<b>C.</b>	Full Name (Last, First, Middle Initial) MS. HEIDI GLICKMAN	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 52 WINDSOR LN	<b>Transaction ID:</b> PR1387599721093
	City State Zip Code E LONGMEADOW MA 01028-5700	Amount of Each Receipt this Period 28.86
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation ASSISTANT VICE PRESIDENT	P/R Deduction (\$9.62 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.26	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>109.68</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 133
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MS. CHRISTINE PEASLEE		Date of Receipt MM / DD / YYYY 11 / 22 / 2010		
	Mailing Address 20 HEATHER LN		<b>Transaction ID:</b> PR1387601121093		
	City NORTH GRANBY	State CT	Zip Code 06060-1208	Amount of Each Receipt this Period 115.38	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VP CORPORATE SECRETARY & COUNSEL			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 884.58		P/R Deduction (\$38.46 Bi-Weekly)	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. KYLE C BURNS		Date of Receipt MM / DD / YYYY 11 / 22 / 2010		
	Mailing Address 72 MARY CATHERINE CIR		<b>Transaction ID:</b> PR1387603121093		
	City WINDSOR	State CT	Zip Code 06095-1793	Amount of Each Receipt this Period 46.14	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRESIDENT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 353.74		P/R Deduction (\$15.38 Bi-Weekly)	

<b>C.</b>	Full Name (Last, First, Middle Initial) MS. PAULA T RYAN		Date of Receipt MM / DD / YYYY 11 / 22 / 2010		
	Mailing Address 28 BELDENWOOD RD		<b>Transaction ID:</b> PR1391580621093		
	City SIMSBURY	State CT	Zip Code 06070-2145	Amount of Each Receipt this Period 115.38	
	FEC ID number of contributing federal political committee. C				
	Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 884.58		P/R Deduction (\$38.46 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	276.90
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 133  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MR. JOHN VACCARO

Mailing Address 18 ANNA MARIE LN

City State Zip Code  
E LONGMEADOW MA 01028-3018

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE SENIOR VICE PRESIDENT  
INS.

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1727.48

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR1434639321093

Amount of Each Receipt this Period  
272.76

P/R Deduction (\$90.92 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
MR. DENNIS H GORDON

Mailing Address 18647 ROBLEDA CT

City State Zip Code  
SAN DIEGO CA 92128-1124

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE SALES MANAGER  
INS.

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 265.42

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR1434641521093

Amount of Each Receipt this Period  
34.62

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

**C.**

Full Name (Last, First, Middle Initial)  
MR. DAVID J COUTU

Mailing Address 2 LUCILE ST

City State Zip Code  
WARWICK RI 02886-5008

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

Name of Employer Occupation  
BABSON CAPITAL MANAGEMENT MANAGING DIRECTOR  
LLC

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 884.58

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR1479403821093

Amount of Each Receipt this Period  
115.38

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **422.76**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 133  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MR. ROGER PUTNAM

Mailing Address 7 ELLIOTT DR

City State Zip Code  
SIMSBURY CT 06070-1669

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE SENIOR VICE PRESIDENT  
INS.

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1690.55

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR1479403921093

Amount of Each Receipt this Period  
309.45

P/R Deduction (\$103.15 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
MR. MICHAEL MCKENZIE

Mailing Address 10 WESTCHESTER DR

City State Zip Code  
CANTON MA 02021-2449

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE CORPORATE VICE PRESIDENT  
INS.

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 970.01

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR1491588221093

Amount of Each Receipt this Period  
115.50

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

**C.**

Full Name (Last, First, Middle Initial)  
MS. SHELBY HOLLISTER

Mailing Address 219 KENYON ST

City State Zip Code  
HARTFORD CT 06105-2239

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE VICE PRESIDENT  
INS.

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1285.74

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR1491593821093

Amount of Each Receipt this Period  
214.29

P/R Deduction (\$71.43 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **639.24**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 133
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. DOUGLAS RUSSELL	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 347 N STEELE RD	<b>Transaction ID:</b> PR1500908521093
	City State Zip Code WEST HARTFORD CT 06117-2232	Amount of Each Receipt this Period 262.35
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SENIOR VICE PRESIDENT	P/R Deduction (\$87.45 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1738.47	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. CHRISTOPHER ARNOLD	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 257 FARRINGTON RD	<b>Transaction ID:</b> PR1500908621093
	City State Zip Code BARRE MA 01005-8855	Amount of Each Receipt this Period 34.62
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SYSTEMS CONSULTANT	P/R Deduction (\$11.54 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 265.42	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. DOUGLAS S MORRIN	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 24 DENNIS RD	<b>Transaction ID:</b> PR1500913321093
	City State Zip Code LONGMEADOW MA 01106-2340	Amount of Each Receipt this Period 46.14
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation ASSISTANT VICE PRESIDENT & COUNSEL	P/R Deduction (\$15.38 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 353.74	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>343.11</b>
<b>TOTAL</b> 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 22 / 133  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MS. BERNADETTE HARRIGAN

Mailing Address 66 GOODELL ST

City State Zip Code  
BELCHERTOWN MA 01007-9741

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE ASS. ASSISTANT VICE PRESIDENT & COUNSEL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 286.75

Date of Receipt: 11 / 22 / 2010  
Transaction ID: PR1500914121093  
Amount of Each Receipt this Period: 28.95  
P/R Deduction (\$9.65 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
MR. JOHN M YOUNG

Mailing Address 7 LAMPERCOCK LN

City State Zip Code  
LINCOLN RI 02865-4201

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 ▼ 619.16

Date of Receipt: 11 / 22 / 2010  
Transaction ID: PR1541043521093  
Amount of Each Receipt this Period: 80.76  
P/R Deduction (\$26.92 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
MR. THOMAS WALL

Mailing Address 4156 SIGNATURE DR

City State Zip Code  
DOYLESTOWN PA 18902-8805

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE ASS. EXTERNAL WHOLESALER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 11 / 22 / 2010  
Transaction ID: PR1541046421093  
Amount of Each Receipt this Period: 120.00  
P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 229.71

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 133
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. MARK VIVIANO		Date of Receipt
	Mailing Address 481 MAIN ST		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	WILBRAHAM	MA	01095-1662
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1541058521093
Name of Employer MML INVESTORS SERVICES, INC.		Occupation ASSISTANT VICE PRESIDENT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	<input type="text"/> 75.00
			P/R Deduction (\$25.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. BRIAN S SWEENEY		Date of Receipt
	Mailing Address 67 CORNERSTONE DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	SOUTH WINDSOR	CT	06074-2373
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1554644221093
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.		Occupation MANAGING DIRECTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 265.42	<input type="text"/> 34.62
			P/R Deduction (\$11.54 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. NEIL B STANDISH		Date of Receipt
	Mailing Address 17 OLD FLANDERS RD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	WOODBURY	CT	06798-2110
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1560527921093
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.		Occupation SYSTEMS CONSULTANT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 265.42	<input type="text"/> 34.62
			P/R Deduction (\$11.54 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> <b>144.24</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 24 / 133  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MR. DAVID JO DELPONTE

Mailing Address 77 GLENDALE RD

City SOUTHAMPTON State MA Zip Code 01073-9460

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation AUDIT DIRECTOR

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 11 / 22 / 2010  
**Transaction ID:** PR1560531121093  
 Amount of Each Receipt this Period 45.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
MR. HUGH O'TOOLE

Mailing Address 402 SUMMER HILL RD

City MADISON State CT Zip Code 06443-1852

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation SENIOR VICE PRESIDENT

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1796.52

Date of Receipt 11 / 22 / 2010  
**Transaction ID:** PR1560531821093  
 Amount of Each Receipt this Period 230.85  
 P/R Deduction (\$76.95 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
MR. TODD PICKEN

Mailing Address 4 HAMILTON LN

City WEATOGUE State CT Zip Code 06089-9764

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation CORPORATE VICE PRESIDENT & TREASURER

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 378.59

Date of Receipt 11 / 22 / 2010  
**Transaction ID:** PR1560539221093  
 Amount of Each Receipt this Period 46.20  
 P/R Deduction (\$15.40 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **322.05**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 133  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MS. ANN B CAMMACK

Mailing Address 208 PINE ST # 15

City State Zip Code  
AMHERST MA 01002-1177

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE VICE PRESIDENT & SENIOR COUNSEL  
INS.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 884.58

Date of Receipt: 11 / 22 / 2010  
**Transaction ID:** PR1564484021093

Amount of Each Receipt this Period: 115.38

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

**B.**

Full Name (Last, First, Middle Initial)  
MS. RACHEL JAEGLI

Mailing Address 4 PINE ACRES DR

City State Zip Code  
CANTON CT 06019-2134

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE VICE PRESIDENT  
INS.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 960.92

Date of Receipt: 11 / 22 / 2010  
**Transaction ID:** PR1564484321093

Amount of Each Receipt this Period: 115.50

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

**C.**

Full Name (Last, First, Middle Initial)  
MR. KEVIN RASCH

Mailing Address 48 FOX DEN RD

City State Zip Code  
WEST SIMSBURY CT 06092-2217

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1330.82

Date of Receipt: 11 / 22 / 2010  
**Transaction ID:** PR1569232321093

Amount of Each Receipt this Period: 190.20

P/R Deduction (\$63.40 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **421.08**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 26 / 133</span>
(check only one)	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MS. TRACY AN MANNING	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 5 HILLCREST RD	<b>Transaction ID:</b> PR1569234921093
	City State Zip Code ENFIELD CT 06082-4036	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$20.00 Bi-Weekly)
	Name of Employer Occupation MASSACHUSETTS MUTUAL LIFE INS. INVESTMENT ANALYST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. DAMON BATES	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 5 INGRAHAM RD	<b>Transaction ID:</b> PR1581880021093
	City State Zip Code WELLESLEY MA 02482-6905	Amount of Each Receipt this Period 80.76
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$26.92 Bi-Weekly)
	Name of Employer Occupation MASSACHUSETTS MUTUAL LIFE INS. VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 619.16	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. DAVID HARLOW	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 274 MOUNTAIN RD	<b>Transaction ID:</b> PR1581881421093
	City State Zip Code CHESHIRE CT 06410-2605	Amount of Each Receipt this Period 80.76
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$26.92 Bi-Weekly)
	Name of Employer Occupation BABSON CAPITAL MANAGEMENT LLC MANAGING DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 619.16	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>221.52</b>
<b>TOTAL</b> 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 27 / 133

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MR. WILLIAM JE FELDMAIER

Mailing Address 408 FOX DEN LN

City State Zip Code  
MILLERSVILLE MD 21108-1464

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE INS. MANAGING DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1342.15

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR1606912421093

Amount of Each Receipt this Period

236.85

P/R Deduction (\$78.95 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
MR. HERBERT WI WHITAKER

Mailing Address 58 INDIAN FIELD RD

City State Zip Code  
HEBRON CT 06248-1337

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE INS. ASSISTANT VICE PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR1606915921093

Amount of Each Receipt this Period

75.00

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

**C.**

Full Name (Last, First, Middle Initial)  
MR. KEVIN P SHERIDAN

Mailing Address 44 COUNTRY CLUB LN

City State Zip Code  
EAST GRANBY CT 06026-9637

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE INS. VICE PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 863.55

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR1606916121093

Amount of Each Receipt this Period

136.35

P/R Deduction (\$45.45 Bi-Weekly)

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

448.20

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

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

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

FOR LINE NUMBER: PAGE 28 / 133  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MR. MARK KNAPP

Mailing Address 4412 INDIANA AVE

City State Zip Code  
LA CANADA CA 91011-3117

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

Name of Employer Occupation  
CORNERSTONE RE ADVISERS ASSET MANAGER  
LLC

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 248.75

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR1637390721093

Amount of Each Receipt this Period  
30.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. J SCOTT PALMER

Mailing Address 25 DARTMOUTH LN

City State Zip Code  
E LONGMEADOW MA 01028-3105

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE VICE PRESIDENT  
INS.

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 885.38

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR1645210021093

Amount of Each Receipt this Period  
115.50

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

**C.** Full Name (Last, First, Middle Initial)  
MS. BETH CARLSON

Mailing Address 33 HOFFMANN RD

City State Zip Code  
CANTON CT 06019-2151

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE VICE PRESIDENT  
INS.

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 893.54

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR1663792221093

Amount of Each Receipt this Period  
115.50

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **261.00**

**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 29 / 133  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MS. SANDRA SEARS

Mailing Address 10 GARDNER ST

City State Zip Code  
MANCHESTER CT 06040-5625

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE ASS. ASSISTANT VICE PRESIDENT

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
11 / 22 / 2010

**Transaction ID:** PR1702290321093

Amount of Each Receipt this Period  
75.00

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

**B.** Full Name (Last, First, Middle Initial)  
MS. KAREN HURLEY

Mailing Address 49 SPRUCE LANE

City State Zip Code  
GLASTONBURY CT 06033-1600

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE ASS. ASSISTANT VICE PRESIDENT

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 428.58

Date of Receipt  
MM / DD / YYYY  
11 / 22 / 2010

**Transaction ID:** PR1759870621093

Amount of Each Receipt this Period  
71.43

P/R Deduction (\$23.81 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
FRANK JOANOU

Mailing Address 14 HUBBARD PL

City State Zip Code  
WHEELING WV 26003-5523

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) ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
11 / 22 / 2010

**Transaction ID:** PR789907021093

Amount of Each Receipt this Period  
50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 196.43

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

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

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

FOR LINE NUMBER: PAGE 30 / 133  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
GREGORY L. OLSEN

Mailing Address 1438 3RD AVE APT 27E

City State Zip Code  
NEW YORK NY 10028-1980

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 ▼ 420.10

Date of Receipt  
MM / DD / YYYY  
11 / 22 / 2010

**Transaction ID:** PR789922121093

Amount of Each Receipt this Period  
120.00

P/R Deduction (\$120.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. ALAN L BLAIS

Mailing Address 20 SHADY DELL LN

City State Zip Code  
SOMERS CT 06071-2136

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

Name of Employer Occupation  
CORNERSTONE RE ADVISERS LLC DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 619.16

Date of Receipt  
MM / DD / YYYY  
11 / 22 / 2010

**Transaction ID:** PR790151821093

Amount of Each Receipt this Period  
80.76

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

**C.** Full Name (Last, First, Middle Initial)  
MR. ALBERT R KINGAN

Mailing Address 45 FAMILY LN

City State Zip Code  
AGAWAM MA 01001-2397

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE INS. ASSISTANT VICE PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 221.26

Date of Receipt  
MM / DD / YYYY  
11 / 22 / 2010

**Transaction ID:** PR790152721093

Amount of Each Receipt this Period  
28.86

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 229.62

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 133  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MR. ANTONIO SCIBELLI

Mailing Address 51 MOUNTAIN VIEW ST

City SOUTH HADLEY State MA Zip Code 01075-2133

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation ASSISTANT VICE PRESIDENT & COUNSEL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 221.26

Date of Receipt 11 / 22 / 2010  
**Transaction ID:** PR790157421093

Amount of Each Receipt this Period 28.86

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

**B.**

Full Name (Last, First, Middle Initial)  
MR. ALAN KULIG

Mailing Address PO BOX 98

City WILBRAHAM State MA Zip Code 01095-0098

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 ▼ 353.74

Date of Receipt 11 / 22 / 2010  
**Transaction ID:** PR790158821093

Amount of Each Receipt this Period 46.14

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

**C.**

Full Name (Last, First, Middle Initial)  
MR. ALLAN A CAMPBELL, III

Mailing Address 75 OAKLAND ST

City WILBRAHAM State MA Zip Code 01095-2766

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 221.03

Date of Receipt 11 / 22 / 2010  
**Transaction ID:** PR790159021093

Amount of Each Receipt this Period 28.83

P/R Deduction (\$9.61 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **103.83**

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

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

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

FOR LINE NUMBER: PAGE 32 / 133  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MR. ANDREW C DICKEY

Mailing Address 1183 LONGMEADOW ST

City State Zip Code  
LONGMEADOW MA 01106-2201

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE INS. SVP & DEPUTY CHIEF INVESTMENT OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1769.16

Date of Receipt: 11 / 22 / 2010  
Transaction ID: PR790159321093  
Amount of Each Receipt this Period: 230.76  
P/R Deduction (\$76.92 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
MR. ANDREW J EDE

Mailing Address 77 SANFORD ST

City State Zip Code  
E LONGMEADOW MA 01028-2646

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE INS. ASSISTANT VICE PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 353.74

Date of Receipt: 11 / 22 / 2010  
Transaction ID: PR790159421093  
Amount of Each Receipt this Period: 46.14  
P/R Deduction (\$15.38 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
MR. ANDREW C WILLIAMS

Mailing Address 53 SUNSET BEACH RD

City State Zip Code  
BRANFORD CT 06405-5028

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

Name of Employer Occupation  
CORNERSTONE RE ADVISERS LLC EXECUTIVE VICE PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 442.29

Date of Receipt: 11 / 22 / 2010  
Transaction ID: PR790159621093  
Amount of Each Receipt this Period: 57.69  
P/R Deduction (\$19.23 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **334.59**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 133
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MS. BRENDA A SAVAGE		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address PO BOX 187		<b>Transaction ID:</b> PR790165321093
	City SOMERS	State CT	Zip Code 06071-0187
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 28.83
	Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation ASSISTANT VICE PRESIDENT	P/R Deduction (\$9.61 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.03		

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. BRIAN J PRAST		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 47 ELLINGTON ST		<b>Transaction ID:</b> PR790165921093
	City LONGMEADOW	State MA	Zip Code 01106-1429
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 46.14
	Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SECOND VICE PRESIDENT & ACTUARY	P/R Deduction (\$15.38 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 353.74		

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. BRUCE H BONSALL		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 12 SALVATOR DR		<b>Transaction ID:</b> PR790166421093
	City WESTFIELD	State MA	Zip Code 01085-1800
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.76
	Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRESIDENT	P/R Deduction (\$26.92 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 619.16		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	155.73
<b>TOTAL</b> 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 34 / 133  
(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. BRUCE C FRISBIE		Date of Receipt MM / DD / YYYY 11 / 22 / 2010		
	Mailing Address 54 MASSASOIT AVE		<b>Transaction ID:</b> PR790168321093		
	City W SPRINGFIELD	State MA	Zip Code 01089-1122	Amount of Each Receipt this Period 28.86	
	FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$9.62 Bi-W- eekly)		
	Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation ASSISTANT VICE PRESIDENT	Aggregate Year-to-Date 221.26		

<b>B.</b>	Full Name (Last, First, Middle Initial) MS. CAROL W DEMAS		Date of Receipt MM / DD / YYYY 11 / 22 / 2010		
	Mailing Address 52 CEDAR WOODS GLN		<b>Transaction ID:</b> PR790171321093		
	City W SPRINGFIELD	State MA	Zip Code 01089-1637	Amount of Each Receipt this Period 28.83	
	FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$9.61 Bi-W- eekly)		
	Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRESIDENT	Aggregate Year-to-Date 221.03		

<b>C.</b>	Full Name (Last, First, Middle Initial) MS. CAROL A DUBE		Date of Receipt MM / DD / YYYY 11 / 22 / 2010		
	Mailing Address 8 PLAIN ST		<b>Transaction ID:</b> PR790171621093		
	City EASTHAMPTON	State MA	Zip Code 01027-2610	Amount of Each Receipt this Period 46.14	
	FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$15.38 Bi- Weekly)		
	Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRESIDENT	Aggregate Year-to-Date 353.74		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>103.83</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 133
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. CHARLES G HIGGINS	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 7 RIPLEY ST	<b>Transaction ID:</b> PR790175221093
	City State Zip Code WILBRAHAM MA 01095-2222	Amount of Each Receipt this Period 28.83
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$9.61 Bi-Weekly)
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation CONTRACT CONSULTANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.03	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. CHRISTOPHER K KINNON	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 2415 MANHATTAN AVE	<b>Transaction ID:</b> PR790183821093
	City State Zip Code HERMOSA BEACH CA 90254-2542	Amount of Each Receipt this Period 46.14
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$15.38 Bi-Weekly)
Name of Employer CORNERSTONE RE ADVISERS LLC	Occupation COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 353.74	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. CLIFFORD M NOREEN	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 95 BENT TREE DR	<b>Transaction ID:</b> PR790184121093
	City State Zip Code E LONGMEADOW MA 01028-1365	Amount of Each Receipt this Period 288.48
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$96.16 Bi-Weekly)
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2252.90	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>363.45</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 133
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. CRAIG WADDINGTON	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	Mailing Address 14 SPRING MEADOW DR	<b>Transaction ID:</b> PR790184521093
	City State Zip Code GRANBY CT 06035-1327	Amount of Each Receipt this Period 115.38
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRESIDENT & ACTUARY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 884.58	P/R Deduction (\$38.46 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. DANIEL S HILL	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	Mailing Address 26 COLTON RD	<b>Transaction ID:</b> PR790185621093
	City State Zip Code GLASTONBURY CT 06033-3947	Amount of Each Receipt this Period 28.83
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation EXTERNAL WHOLESALER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.03	P/R Deduction (\$9.61 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. DAVID J BROWN	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	Mailing Address 289 CHESTERFIELD RD	<b>Transaction ID:</b> PR790187121093
	City State Zip Code WESTHAMPTON MA 01027-9635	Amount of Each Receipt this Period 28.83
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.03	P/R Deduction (\$9.61 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>173.04</b>
<b>TOTAL</b> 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 37 / 133  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MR. DAVID J ECHEVERRIA

Mailing Address 36 FARMINGTON AVE

City State Zip Code  
LONGMEADOW MA 01106-1433

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

Name of Employer Occupation  
BABSON CAPITAL MANAGEMENT MANAGING DIRECTOR  
LLC

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 619.16

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR790188621093

Amount of Each Receipt this Period 80.76

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

**B.** Full Name (Last, First, Middle Initial)  
MR. DAVID D WHARMBY

Mailing Address 34 VERPLANK AVE

City State Zip Code  
STAMFORD CT 06902-8216

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

Name of Employer Occupation  
CORNERSTONE RE ADVISERS PORTFOLIO MANAGER  
LLC

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 884.58

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR790192621093

Amount of Each Receipt this Period 115.38

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

**C.** Full Name (Last, First, Middle Initial)  
MR. DENNIS S HERCHEL

Mailing Address 69 HIGHLAND CIR

City State Zip Code  
HAMPDEN MA 01036-9676

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE ASSISTANT VICE PRESIDENT & COUNSEL  
INS.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 353.74

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR790196721093

Amount of Each Receipt this Period 46.14

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **242.28**

**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 38 / 133

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. DEREK D DARLEY

Mailing Address 10 SPICE HILL DR

City State Zip Code  
EAST HAMPTON CT 06424-1760

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

Name of Employer  
MASSACHUSETTS MUTUAL LIFE INS.

Occupation  
ASSISTANT VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
221.03

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR790197121093

Amount of Each Receipt this Period

28.83

P/R Deduction (\$9.61 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVID LAURETTI

Mailing Address 6 GALE RD

City State Zip Code  
BLOOMFIELD CT 06002-1508

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 ▼  
1269.18

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR790206021093

Amount of Each Receipt this Period

115.38

P/R Deduction (\$57.69 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID J REILLY

Mailing Address 32 JOSHUA DR

City State Zip Code  
WEST SIMSBURY CT 06092-2124

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

Name of Employer  
CORNERSTONE RE ADVISERS LLC

Occupation  
PRESIDENT & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1769.16

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR790206321093

Amount of Each Receipt this Period

230.76

P/R Deduction (\$76.92 Bi-Weekly)

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

374.97

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 133

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MR. DEAN R HINDMAN  
Mailing Address 46 DWIGHT ST

City State Zip Code  
BOSTON MA 02118-3662

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE VICE PRESIDENT AND SENIOR COUNSEL  
INS.

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 353.74

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR790206621093

Amount of Each Receipt this Period  
46.14

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

**B.**

Full Name (Last, First, Middle Initial)  
MS. DIANA K RUDDICK  
Mailing Address 15 SHODDY MILL RD

City State Zip Code  
GLASTONBURY CT 06033-3514

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE VICE PRESIDENT  
INS.

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1316.64

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR790207121093

Amount of Each Receipt this Period  
183.60

P/R Deduction (\$61.20 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
MR. DONALD J PHELAN  
Mailing Address 24 HAMMERSMITH

City State Zip Code  
AVON CT 06001-2915

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

Name of Employer Occupation  
CORNERSTONE RE ADVISERS MANAGING DIRECTOR  
LLC

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 619.16

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR790207821093

Amount of Each Receipt this Period  
80.76

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

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

**310.50**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 133  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MR. DOUGLAS J JANGRAW

Mailing Address 17 CLIFFORD LN

City State Zip Code  
LONGMEADOW MA 01106-2919

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE INS. CORPORATE VP & ACTUARY

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 884.58

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR790208221093

Amount of Each Receipt this Period  
115.38

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

**B.**

Full Name (Last, First, Middle Initial)  
MR. EDWARD D YOUPELL

Mailing Address 15 KENSINGTON DR

City State Zip Code  
WILBRAHAM MA 01095-2800

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE INS. VICE PRESIDENT

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1310.38

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR790209521093

Amount of Each Receipt this Period  
189.90

P/R Deduction (\$63.30 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
MS. ELIZABETH CANAVAN

Mailing Address 121 CAPTAIN RD

City State Zip Code  
LONGMEADOW MA 01106-2545

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE INS. ASSISTANT VICE PRESIDENT

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 446.35

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR790211621093

Amount of Each Receipt this Period  
57.75

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **363.03**

**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 41 / 133  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MS. ELIZABETH M MERCHANT

Mailing Address 18 KAREN DR

City State Zip Code  
GRANBY MA 01033-9436

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE ASS. ASSISTANT VICE PRESIDENT

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 221.26

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR790211721093

Amount of Each Receipt this Period  
28.86

P/R Deduction (\$9.62 Bi-W-  
eekly)

**B.** Full Name (Last, First, Middle Initial)  
MS. ELLEN RAWSON

Mailing Address 145 YOKUN RD

City State Zip Code  
PITTSFIELD MA 01201-8880

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE ASS. VICE PRESIDENT & SENIOR COUNSEL

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 221.03

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR790212221093

Amount of Each Receipt this Period  
28.83

P/R Deduction (\$9.61 Bi-W-  
eekly)

**C.** Full Name (Last, First, Middle Initial)  
MR. EDWARD WILCZYNSKI, Jr.

Mailing Address 15 LELAND DR

City State Zip Code  
LUDLOW MA 01056-1278

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE ASS. VICE PRESIDENT

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 903.71

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR790215821093

Amount of Each Receipt this Period  
115.50

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **173.19**

**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: PAGE 42 / 133  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MR. EDWIN J PELIS

Mailing Address 29 MAIN ST

City State Zip Code  
HATFIELD MA 01038-9702

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE INS. SECOND VICE PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 353.74

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR790215921093

Amount of Each Receipt this Period  
46.14

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

**B.** Full Name (Last, First, Middle Initial)  
MS. GAIL S GARVEY

Mailing Address 23 CRESENT CIR

City State Zip Code  
WESTFIELD MA 01085-5003

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE INS. DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 221.03

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR790220021093

Amount of Each Receipt this Period  
28.83

P/R Deduction (\$9.61 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
MR. GARY J BACCHIOCCHI

Mailing Address 14 GARY DR

City State Zip Code  
WESTFIELD MA 01085-4554

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE INS. MANAGING DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1326.87

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR790227321093

Amount of Each Receipt this Period  
173.07

P/R Deduction (\$57.69 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **248.04**

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

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

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

FOR LINE NUMBER: PAGE 43 / 133  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MR. GARY J EMERY

Mailing Address 9 WILLOW CREEK AVE

City State Zip Code  
SUFFIELD CT 06078-2257

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE INS. SECOND VICE PRESIDENT & ACTUARY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 265.42

Date of Receipt: 11 / 22 / 2010  
Transaction ID: PR790227521093  
Amount of Each Receipt this Period: 34.62  
P/R Deduction (\$11.54 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
MR. HARVEY BR HOFFMAN

Mailing Address 50 DEVONSHIRE TER

City State Zip Code  
E LONGMEADOW MA 01028-3139

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE INS. CORPORATE VICE PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2303.30

Date of Receipt: 11 / 22 / 2010  
Transaction ID: PR790231421093  
Amount of Each Receipt this Period: 288.48  
P/R Deduction (\$96.16 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
MR. ISADORE JERMYN

Mailing Address 18 DUXBURY LN

City State Zip Code  
LONGMEADOW MA 01106-2006

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE INS. SVP & CHIEF ACTUARY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1329.38

Date of Receipt: 11 / 22 / 2010  
Transaction ID: PR790232521093  
Amount of Each Receipt this Period: 173.10  
P/R Deduction (\$57.70 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 496.20

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 133
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. JAMES M LYNCH		Date of Receipt
	Mailing Address 14 DEER RUN DR		<input type="text" value="11"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	COLCHESTER	CT	06415-1805
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.		Occupation SECOND VICE PRESIDENT	<b>Transaction ID:</b> PR790235321093
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="221.03"/>	Amount of Each Receipt this Period <input type="text" value="28.83"/>
P/R Deduction (\$9.61 Bi-Weekly)			

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. JAMES R WILLIAMS		Date of Receipt
	Mailing Address PO BOX 1606		<input type="text" value="11"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	WARREN	MA	01083-1606
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.		Occupation SECOND VP & ASSOC GENERAL COUNSEL	<b>Transaction ID:</b> PR790236821093
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="619.16"/>	Amount of Each Receipt this Period <input type="text" value="80.76"/>
P/R Deduction (\$26.92 Bi-Weekly)			

<b>C.</b>	Full Name (Last, First, Middle Initial) MS. JOANNE M DENVER		Date of Receipt
	Mailing Address 48 VAIL ST		<input type="text" value="11"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	SPRINGFIELD	MA	01118-2161
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer CORNERSTONE RE ADVISERS LLC		Occupation MANAGING DIRECTOR	<b>Transaction ID:</b> PR790244921093
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="884.58"/>	Amount of Each Receipt this Period <input type="text" value="115.38"/>
P/R Deduction (\$38.46 Bi-Weekly)			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="224.97"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 133
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. JOHN E DEITELBAUM	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 11 MIDDLE RD	<b>Transaction ID:</b> PR790248221093
	City State Zip Code ELLINGTON CT 06029-3615	Amount of Each Receipt this Period 457.65
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SVP, DEPUTY GENERAL COUNSEL & ASST SEC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2925.35	P/R Deduction (\$152.55 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. JOHN R TAILLIE	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 151 MCKENZIE DR	<b>Transaction ID:</b> PR790252021093
	City State Zip Code SOUTHINGTON CT 06489-4117	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer CORNERSTONE RE ADVISERS LLC	Occupation MANAGING DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	P/R Deduction (\$25.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. JOSEPH A CALABRESE	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 28 CANTERBURY LN	<b>Transaction ID:</b> PR790253221093
	City State Zip Code FEEDING HILLS MA 01030-1718	Amount of Each Receipt this Period 80.76
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 619.16	P/R Deduction (\$26.92 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>613.41</b>
<b>TOTAL</b> 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 46 / 133

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH R ROKOWSKI

Mailing Address 124 MAXIMILIAN DR

City

GRANBY

State

MA

Zip Code

01033-9469

FEC ID number of contributing federal political committee.

C

Name of Employer  
MASSMUTUAL TRUST COMPANY

Occupation  
VICE PRESIDENT

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

1334.08

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR790254521093

Amount of Each Receipt this Period

190.50

P/R Deduction (\$63.50 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES J NASCIMENTO

Mailing Address 432 LYON ST

City

LUDLOW

State

MA

Zip Code

01056-1133

FEC ID number of contributing federal political committee.

C

Name of Employer  
CORNERSTONE RE ADVISERS LLC

Occupation  
MANAGING DIRECTOR

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

619.16

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR790260221093

Amount of Each Receipt this Period

80.76

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

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES P PUHALA, III

Mailing Address 68 HOLCOMB ST

City

EAST GRANBY

State

CT

Zip Code

06026-9531

FEC ID number of contributing federal political committee.

C

Name of Employer  
MASSACHUSETTS MUTUAL LIFE INS.

Occupation  
VICE PRESIDENT

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

619.16

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR790260421093

Amount of Each Receipt this Period

80.76

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

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

352.02

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 133  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MR. JAMES M RODOLAKIS

Mailing Address 26 EVERGREEN DR

City State Zip Code  
E LONGMEADOW MA 01028-1456

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE VICE PRESIDENT AND SENIOR COUNSEL  
INS.

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 353.74

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR790260521093

Amount of Each Receipt this Period  
46.14

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

**B.**

Full Name (Last, First, Middle Initial)  
MR. JEFFREY M GURSKI

Mailing Address 10 VICTORIA LN

City State Zip Code  
WILBRAHAM MA 01095-1905

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

Name of Employer Occupation  
BABSON CAPITAL MANAGEMENT MANAGING DIRECTOR  
LLC

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 230.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR790261221093

Amount of Each Receipt this Period  
30.00

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

**C.**

Full Name (Last, First, Middle Initial)  
MR. JEFFREY T ROBINSON

Mailing Address 28 DONAMOR LN

City State Zip Code  
E LONGMEADOW MA 01028-2220

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

Name of Employer Occupation  
MASSMUTUAL INTERNATIONAL MANAGING DIRECTOR

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 619.16

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR790261621093

Amount of Each Receipt this Period  
80.76

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **156.90**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 133

(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MS. JILL FIELDS		Date of Receipt MM / DD / YYYY 11 / 22 / 2010		
	Mailing Address 38 TWIN BROOK CIR		<b>Transaction ID:</b> PR790262021093		
	City LONGMEADOW	State MA	Zip Code 01106-2338	Amount of Each Receipt this Period 115.38	
	FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$38.46 Bi-Weekly)		
Name of Employer BABSON CAPITAL MANAGEMENT LLC		Occupation MANAGING DIRECTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 884.58			

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. JOHN F CRANE		Date of Receipt MM / DD / YYYY 11 / 22 / 2010		
	Mailing Address 18 BUNGALOW PT		<b>Transaction ID:</b> PR790262721093		
	City WILBRAHAM	State MA	Zip Code 01095-1608	Amount of Each Receipt this Period 46.14	
	FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$15.38 Bi-Weekly)		
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.		Occupation ASSISTANT VICE PRESIDENT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 353.74			

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. JOHN P MCCLOSKEY		Date of Receipt MM / DD / YYYY 11 / 22 / 2010		
	Mailing Address 9 WARD DR		<b>Transaction ID:</b> PR790263621093		
	City WILBRAHAM	State MA	Zip Code 01095-2778	Amount of Each Receipt this Period 123.66	
	FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$41.22 Bi-Weekly)		
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.		Occupation VICE PRESIDENT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 876.56			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>285.18</b>
<b>TOTAL</b> 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 49 / 133  
(check only one)

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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. JOHN MILLER, Jr		Date of Receipt MM / DD / YYYY 11 / 22 / 2010		
	Mailing Address 55 PINE GROVE CIR		<b>Transaction ID:</b> PR790263821093		
	City E LONGMEADOW	State MA	Zip Code 01028-1300	Amount of Each Receipt this Period 115.38	
	FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$38.46 Bi-Weekly)		
Name of Employer MASSMUTUAL INTERNATIONAL		Occupation SENIOR MANAGING DIRECTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 884.58			

<b>B.</b>	Full Name (Last, First, Middle Initial) MS. KATHLEEN M COUGHLIN		Date of Receipt MM / DD / YYYY 11 / 22 / 2010		
	Mailing Address 37 SOUTHWOOD RD		<b>Transaction ID:</b> PR790271421093		
	City NEWINGTON	State CT	Zip Code 06111-3156	Amount of Each Receipt this Period 28.86	
	FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$9.62 Bi-Weekly)		
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.		Occupation ASSISTANT VICE PRESIDENT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 221.26			

<b>C.</b>	Full Name (Last, First, Middle Initial) MS. KATHY S REEVE		Date of Receipt MM / DD / YYYY 11 / 22 / 2010		
	Mailing Address EDGEMERE HILLS BLDG 14 85 N MAIN ST UNIT 14A		<b>Transaction ID:</b> PR790272721093		
	City EAST HAMPTON	State CT	Zip Code 06424-1448	Amount of Each Receipt this Period 57.69	
	FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$19.23 Bi-Weekly)		
Name of Employer BABSON CAPITAL MANAGEMENT LLC		Occupation INVESTMENT ANALYST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 442.29			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>201.93</b>
<b>TOTAL</b> 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 50 / 133  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MR. KEITH T SELL

Mailing Address 118 CHISWICK ST

City State Zip Code  
LONGMEADOW MA 01106-2619

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE ASSISTANT VICE PRESIDENT & ACTUARY  
INS.

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 221.26

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR790273021093

Amount of Each Receipt this Period  
28.86

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

**B.** Full Name (Last, First, Middle Initial)  
MS. KATHLEEN LYNCH

Mailing Address 136 MONTCLAIR DR

City State Zip Code  
WEST HARTFORD CT 06107-1255

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

Name of Employer Occupation  
BABSON CAPITAL MANAGEMENT MANAGING DIRECTOR  
LLC

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 707.71

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR790277621093

Amount of Each Receipt this Period  
92.31

P/R Deduction (\$30.77 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
MR. KENNETH S COHEN

Mailing Address 59 WOODLOT RD

City State Zip Code  
AMHERST MA 01002-3451

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 3187.88

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR790278021093

Amount of Each Receipt this Period  
403.86

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **525.03**

**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 51 / 133

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. KENNETH M RICKSON

Mailing Address 3 WESTWOOD DR

City

WILBRAHAM

State

MA

Zip Code

01095-2019

FEC ID number of contributing federal political committee.

C

Name of Employer  
MASSACHUSETTS MUTUAL LIFE  
INS.

Occupation  
VICE PRESIDENT

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

619.16

Date of Receipt

MM / DD / YYYY  
11 / 22 / 2010

Transaction ID: PR790278521093

Amount of Each Receipt this Period

80.76

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

**B.**

Full Name (Last, First, Middle Initial)

MR. KEVIN M SWEENEY

Mailing Address 14 ERICKA CIR

City

E LONGMEADOW

State

MA

Zip Code

01028-1658

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 ▼

1326.87

Date of Receipt

MM / DD / YYYY  
11 / 22 / 2010

Transaction ID: PR790278921093

Amount of Each Receipt this Period

173.07

P/R Deduction (\$57.69 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

MR. KI NAM KIM

Mailing Address 335 INVERNESS LN

City

LONGMEADOW

State

MA

Zip Code

01106-2825

FEC ID number of contributing federal political committee.

C

Name of Employer  
MASSACHUSETTS MUTUAL LIFE  
INS.

Occupation  
VICE PRESIDENT

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

619.16

Date of Receipt

MM / DD / YYYY  
11 / 22 / 2010

Transaction ID: PR790279021093

Amount of Each Receipt this Period

80.76

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

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

334.59

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

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

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

FOR LINE NUMBER: PAGE 52 / 133  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MS. LAURA J PERLOTTO

Mailing Address 17 CLAIRE LANE

City State Zip Code  
BLOOMFIELD CT 06002

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE INS. ASSISTANT VICE PRESIDENT

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 221.03

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR790280521093

Amount of Each Receipt this Period  
28.83

P/R Deduction (\$9.61 Bi-W-  
eekly)

**B.** Full Name (Last, First, Middle Initial)  
MS. LINDA M FLYNN

Mailing Address 26 BAYNE ST

City State Zip Code  
E LONGMEADOW MA 01028-2214

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE INS. ASSISTANT VICE PRESIDENT

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 221.26

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR790283821093

Amount of Each Receipt this Period  
28.86

P/R Deduction (\$9.62 Bi-W-  
eekly)

**C.** Full Name (Last, First, Middle Initial)  
MS. LISA A HOWAT

Mailing Address 61 EMILY RD

City State Zip Code  
MARLBOROUGH CT 06447-1547

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

Name of Employer Occupation  
CORNERSTONE RE ADVISERS LLC MANAGING DIRECTOR

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 353.74

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR790286621093

Amount of Each Receipt this Period  
46.14

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 103.83

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 133
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MS. LOUISE R LANGLOIS		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 21 UPLAND RD		<b>Transaction ID:</b> PR790288321093
	City HOLYOKE	State MA	Zip Code 01040-1422
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 28.83
	Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation MANAGING DIRECTOR Aggregate Year-to-Date ▼ 221.03	P/R Deduction (\$9.61 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MS. LAURA S VOLZ		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 241 ROUTE 198		<b>Transaction ID:</b> PR790290221093
	City WOODSTOCK VLY	State CT	Zip Code 06282-2432
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 28.83
	Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation HUMAN RESOURCE CONSULTANT Aggregate Year-to-Date ▼ 221.03	P/R Deduction (\$9.61 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. MARK ACKERMAN		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 385 GREEN HILL RD		<b>Transaction ID:</b> PR790296021093
	City LONGMEADOW	State MA	Zip Code 01106-2943
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.76
	Name of Employer BABSON CAPITAL MANAGEMENT LLC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation MANAGING DIRECTOR Aggregate Year-to-Date ▼ 619.16	P/R Deduction (\$26.92 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>138.42</b>
<b>TOTAL</b> 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 54 / 133  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MS. MARLENE H LAYMAN

Mailing Address 54 DRESSEL AVE

City State Zip Code  
BELCHERTOWN MA 01007-9468

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE VICE PRESIDENT  
INS.

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 353.74

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR790297721093

Amount of Each Receipt this Period  
46.14

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

**B.**

Full Name (Last, First, Middle Initial)  
MR. MATTHEW P NATCHARIAN

Mailing Address 22 OVERLOOK DR

City State Zip Code  
WILBRAHAM MA 01095-1924

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

Name of Employer Occupation  
BABSON CAPITAL MANAGEMENT MANAGING DIRECTOR  
LLC

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 884.58

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR790301421093

Amount of Each Receipt this Period  
115.38

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

**C.**

Full Name (Last, First, Middle Initial)  
MS. MELISSA A RICCO

Mailing Address 6 ALCOVE RD

City State Zip Code  
SOUTHWICK MA 01077-9808

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

Name of Employer Occupation  
BABSON CAPITAL MANAGEMENT MANAGING DIRECTOR  
LLC

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 927.89

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR790303121093

Amount of Each Receipt this Period  
115.50

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **277.02**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 133  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MR. MICHAEL H GATELY

Mailing Address 134 FAIRVIEW TER

City State Zip Code  
S GLASTONBURY CT 06073-3304

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

Name of Employer Occupation  
CORNERSTONE RE ADVISERS LLC MANAGING DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 884.58

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR790304921093

Amount of Each Receipt this Period  
115.38

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

**B.**

Full Name (Last, First, Middle Initial)  
MR. MITCHELL G TORFF

Mailing Address 114 GLYNN FARMS DR

City State Zip Code  
E LONGMEADOW MA 01028-2525

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE INS. DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.90

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR790308821093

Amount of Each Receipt this Period  
30.00

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

**C.**

Full Name (Last, First, Middle Initial)  
MR. MURRAY SMITH

Mailing Address 17 KEYES RD

City State Zip Code  
HOLYOKE MA 01040-9652

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE INS. DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 265.42

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR790309521093

Amount of Each Receipt this Period  
34.62

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 180.00

**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 56 / 133  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MR. MARK A AHMED

Mailing Address 9 WELLINGTON DR

City State Zip Code  
E LONGMEADOW MA 01028-2603

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

Name of Employer Occupation  
BABSON CAPITAL MANAGEMENT MANAGING DIRECTOR  
LLC

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 442.29

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR790310721093

Amount of Each Receipt this Period 57.69

P/R Deduction (\$19.23 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
MR. MARK S HIGGINS

Mailing Address 1290 OAK GROVE PL

City State Zip Code  
WESTLAKE VILLAGE CA 91362-4249

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

Name of Employer Occupation  
CORNERSTONE RE ADVISERS EXECUTIVE VICE PRESIDENT  
LLC

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1769.16

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR790311021093

Amount of Each Receipt this Period 230.76

P/R Deduction (\$76.92 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
MR. MICHAEL E DUBOIS

Mailing Address 76 CLEARBROOK DR

City State Zip Code  
SPRINGFIELD MA 01118-1905

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE SECOND VICE PRESIDENT & ACTUARY  
INS.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 353.74

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR790313321093

Amount of Each Receipt this Period 46.14

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **334.59**

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



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

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

FOR LINE NUMBER: PAGE 57 / 133  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MR. MICHAEL L KERLEY

Mailing Address 10 TIGGER LN

City State Zip Code  
SOUTH HADLEY MA 01075-3315

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE SENIOR VICE PRESIDENT  
INS.

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 345.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR790313921093

Amount of Each Receipt this Period  
45.00

P/R Deduction (\$15.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
MR. MICHAEL L KLOFAS

Mailing Address 64 WINDHAM DR

City State Zip Code  
E LONGMEADOW MA 01028-2668

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

Name of Employer Occupation  
BABSON CAPITAL MANAGEMENT MANAGING DIRECTOR  
LLC

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 884.58

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR790314021093

Amount of Each Receipt this Period  
115.38

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

**C.** Full Name (Last, First, Middle Initial)  
MR. MICHAEL E ZAMMITTI

Mailing Address 57 VIRGINIA RAIL DR

City State Zip Code  
MARLBOROUGH CT 06447-1158

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

Name of Employer Occupation  
CORNERSTONE RE ADVISERS MANAGING DIRECTOR  
LLC

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 353.74

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR790314721093

Amount of Each Receipt this Period  
46.14

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **206.52**

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

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

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

FOR LINE NUMBER: PAGE 58 / 133  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MS. NANCY W LEES

Mailing Address 5 MILLBROOK CIR

City State Zip Code  
E LONGMEADOW MA 01028-2665

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE DIRECTOR  
INS.

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 265.42

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR790316121093

Amount of Each Receipt this Period  
34.62

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

**B.** Full Name (Last, First, Middle Initial)  
MS. PAMELA M BEALS

Mailing Address 20 WISHING WELL WAY

City State Zip Code  
W SPRINGFIELD MA 01089-4363

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE ASSISTANT VICE PRESIDENT  
INS.

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 221.03

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR790320421093

Amount of Each Receipt this Period  
28.83

P/R Deduction (\$9.61 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
MS. PAMELA J DELANEY

Mailing Address 72 HILLCREST RD

City State Zip Code  
WINDSOR CT 06095-3301

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE ASSISTANT VICE PRESIDENT  
INS.

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 884.58

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR790320621093

Amount of Each Receipt this Period  
115.38

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **178.83**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 133  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MR. PHILLIP J PRESTON

Mailing Address 63 WRIGHT ST

City AGAWAM State MA Zip Code 01001-3131

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation ASSISTANT VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 353.74

Date of Receipt 11 / 22 / 2010

Transaction ID: PR790330721093

Amount of Each Receipt this Period 46.14

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

**B.**

Full Name (Last, First, Middle Initial)  
MR. PAUL GRIBBONS

Mailing Address 8 CRESTLAN DR

City WORCESTER State MA Zip Code 01604-1400

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 221.03

Date of Receipt 11 / 22 / 2010

Transaction ID: PR790331821093

Amount of Each Receipt this Period 28.83

P/R Deduction (\$9.61 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
MR. PAUL T PROKO

Mailing Address 49 TIMBER LN

City HOLDEN State MA Zip Code 01520-1943

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 442.29

Date of Receipt 11 / 22 / 2010

Transaction ID: PR790332221093

Amount of Each Receipt this Period 57.69

P/R Deduction (\$19.23 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 132.66

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 133  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							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)  
MR. PETER G FERRIS

Mailing Address 393 PINEWOOD DR

City State Zip Code  
LONGMEADOW MA 01106-1643

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE INS. SECOND VICE PRESIDENT & ACTUARY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 265.19

Date of Receipt: 11 / 22 / 2010  
Transaction ID: PR790332921093  
Amount of Each Receipt this Period: 34.59  
P/R Deduction (\$11.53 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
MR. PETER C VANBEAVER

Mailing Address 8 VICTORIA LN

City State Zip Code  
WILBRAHAM MA 01095-1905

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE INS. VICE PRESIDENT & ACTUARY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 353.74

Date of Receipt: 11 / 22 / 2010  
Transaction ID: PR790333121093  
Amount of Each Receipt this Period: 46.14  
P/R Deduction (\$15.38 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
MR. ROBERT CASALE

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 & CIO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4349.58

Date of Receipt: 11 / 22 / 2010  
Transaction ID: PR790342221093  
Amount of Each Receipt this Period: 650.34  
P/R Deduction (\$216.78 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **731.07**

**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 61 / 133  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MS. RHA E A KENNEDY

Mailing Address 322 OLD FARM RD

City State Zip Code  
SPRINGFIELD MA 01119-2825

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE VICE PRESIDENT  
INS.

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 884.58

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR790351821093

Amount of Each Receipt this Period  
115.38

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

**B.**

Full Name (Last, First, Middle Initial)  
MR. RICHARD P BARNHART

Mailing Address 344 WESTCHESTER RD

City State Zip Code  
COLCHESTER CT 06415-2426

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE VICE PRESIDENT  
INS.

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 619.16

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR790352021093

Amount of Each Receipt this Period  
80.76

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

**C.**

Full Name (Last, First, Middle Initial)  
MR. RICHARD D BOURGEOIS

Mailing Address 11 ECHO HILL RD

City State Zip Code  
WILBRAHAM MA 01095-2663

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE SENIOR VICE PRESIDENT  
INS.

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1769.16

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR790352221093

Amount of Each Receipt this Period  
230.76

P/R Deduction (\$76.92 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **426.90**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 133  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
MR. RICHARD F BUCKLEY, Jr.  
Mailing Address 325 HADLEY ST  
City SOUTH HADLEY State MA Zip Code 01075-1032  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BABSON CAPITAL MANAGEMENT LLC Occupation VICE PRESIDENT & SENIOR COUNSEL  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 619.16  
Date of Receipt 11 / 22 / 2010  
Transaction ID: PR790352321093  
Amount of Each Receipt this Period 80.76  
P/R Deduction (\$26.92 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
MR. ROBERT J BRODERICK  
Mailing Address 62 ACADEMY DR  
City LONGMEADOW State MA Zip Code 01106-2154  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CORNERSTONE RE ADVISERS LLC Occupation MANAGING DIRECTOR  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 619.16  
Date of Receipt 11 / 22 / 2010  
Transaction ID: PR790353121093  
Amount of Each Receipt this Period 80.76  
P/R Deduction (\$26.92 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
MR. ROBERT H CUNNINGHAM  
Mailing Address 16 HERRICK PL  
City WILBRAHAM State MA Zip Code 01095-1540  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation SECOND VICE PRESIDENT  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 619.16  
Date of Receipt 11 / 22 / 2010  
Transaction ID: PR790353321093  
Amount of Each Receipt this Period 80.76  
P/R Deduction (\$26.92 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... **242.28**  
**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 63 / 133
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. ROBERT G LABUN		Date of Receipt
	Mailing Address 84 WILDFLOWER CIR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	WESTFIELD	MA	01085-4590
	FEC ID number of contributing federal political committee.		Transaction ID: PR790354521093
		Amount of Each Receipt this Period	<input type="text"/> 115.38
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.		Occupation VICE PRESIDENT	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 884.58	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. ROBERT E MAHONEY		Date of Receipt
	Mailing Address 311 CONESTOGA ST		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	WINDSOR	CT	06095-2205
	FEC ID number of contributing federal political committee.		Transaction ID: PR790354821093
		Amount of Each Receipt this Period	<input type="text"/> 30.00
Name of Employer CORNERSTONE RE ADVISERS LLC		Occupation MANAGING DIRECTOR & CFO	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 230.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. ROBERT S ROSENTHAL		Date of Receipt
	Mailing Address 12 SHERWOOD LN		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	AVON	CT	06001-3215
	FEC ID number of contributing federal political committee.		Transaction ID: PR790355421093
		Amount of Each Receipt this Period	<input type="text"/> 173.10
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.		Occupation VP & ASSOCIATE GENERAL COUNSEL	P/R Deduction (\$57.70 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 1534.79	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 318.48
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 64 / 133  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
MR. ROGER W CRANDALL

Mailing Address 107 HAMPDEN RD

City SOMERS State CT Zip Code 06071-1279

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS.  
Occupation PRESIDENT AND CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4423.13

Date of Receipt 11 / 22 / 2010  
**Transaction ID:** PR790355921093  
 Amount of Each Receipt this Period 576.93  
 P/R Deduction (\$192.31 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
MR. SAM H JABERI

Mailing Address 223 EASTWOOD DR

City WESTFIELD State MA Zip Code 01085-1865

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS.  
Occupation VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 265.42

Date of Receipt 11 / 22 / 2010  
**Transaction ID:** PR790358321093  
 Amount of Each Receipt this Period 34.62  
 P/R Deduction (\$11.54 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
MS. SUSAN A MOORE

Mailing Address 70 BROOKS RD

City LONGMEADOW State MA Zip Code 01106-2129

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

Name of Employer BABSON CAPITAL MANAGEMENT LLC  
Occupation MANAGING DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3218.42

Date of Receipt 11 / 22 / 2010  
**Transaction ID:** PR790370121093  
 Amount of Each Receipt this Period 403.86  
 P/R Deduction (\$134.62 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1015.41

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 133

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. STEVEN P WALLACE

Mailing Address 134 NAPERVILLE RD

City

CLARENDON HLS

State

IL

Zip Code

60514-1034

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 ▼

353.74

Date of Receipt

MM / DD / YYYY  
11 / 22 / 2010

Transaction ID: PR790374321093

Amount of Each Receipt this Period

46.14

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

**B.**

Full Name (Last, First, Middle Initial)

MR. STEVEN N LAVALLEY

Mailing Address 31 WEST ST

City

EASTHAMPTON

State

MA

Zip Code

01027-1325

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
MASSACHUSETTS MUTUAL LIFE  
INS.

Occupation  
SECOND VICE PRESIDENT

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

371.15

Date of Receipt

MM / DD / YYYY  
11 / 22 / 2010

Transaction ID: PR790374521093

Amount of Each Receipt this Period

46.20

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

**C.**

Full Name (Last, First, Middle Initial)

MR. THOMAS H JURKOWSKI

Mailing Address 40 OLD SAWMILL RD

City

BELCHERTOWN

State

MA

Zip Code

01007-9344

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
MASSACHUSETTS MUTUAL LIFE  
INS.

Occupation  
VICE PRESIDENT

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

MM / DD / YYYY  
11 / 22 / 2010

Transaction ID: PR790378521093

Amount of Each Receipt this Period

115.38

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

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

207.72

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 133

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MR. TIMOTHY J MORAN

Mailing Address 640 WESTFORD RD

City State Zip Code  
ASHFORD CT 06278-2416

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

Name of Employer  
MASSACHUSETTS MUTUAL LIFE INS.

Occupation  
DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
221.03

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR790380621093

Amount of Each Receipt this Period

28.83

P/R Deduction (\$9.61 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
MR. THOMAS P KELLEY

Mailing Address 114 STEELE RD

City State Zip Code  
WEST HARTFORD CT 06119-1156

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 ▼  
884.58

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR790384021093

Amount of Each Receipt this Period

115.38

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

**C.**

Full Name (Last, First, Middle Initial)  
MR. THOMAS F O'CONNOR

Mailing Address 55 WOODFIELD DR

City State Zip Code  
TOLLAND CT 06084-3034

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

Name of Employer  
MASSACHUSETTS MUTUAL LIFE INS.

Occupation  
VICE PRESIDENT & ACTUARY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
619.16

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR790384621093

Amount of Each Receipt this Period

80.76

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

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

224.97

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 133
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. VICTOR H LIPMAN		Date of Receipt
	Mailing Address 70 FERRY HILL RD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	GRANBY	MA	01033-3405
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR790387521093
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.		Occupation ASSISTANT VICE PRESIDENT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 707.71	92.31
			P/R Deduction (\$30.77 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. VICTOR WOOLRIDGE		Date of Receipt
	Mailing Address 146 LONGHILL ST		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	SPRINGFIELD	MA	01108-1438
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR790387621093
Name of Employer CORNERSTONE RE ADVISERS LLC		Occupation MANAGING DIRECTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 619.16	80.76
			P/R Deduction (\$26.92 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. JAMES S VIOLA		Date of Receipt
	Mailing Address 208 N FARMS RD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	FLORENCE	MA	01062-1042
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR790543921093
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.		Occupation ASSISTANT VICE PRESIDENT & COUNSEL	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 353.74	46.14
			P/R Deduction (\$15.38 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>219.21</b>
<b>TOTAL</b> 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 68 / 133  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
MR. THOMAS G DUDECK

Mailing Address 17 WINTERBERRY RD

City State Zip Code  
DEEP RIVER CT 06417-2126

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

Name of Employer Occupation  
CORNERSTONE RE ADVISERS LLC MANAGING DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1326.87

Date of Receipt  
MM / DD / YYYY  
11 / 22 / 2010

**Transaction ID:** PR790544521093

Amount of Each Receipt this Period  
173.07

P/R Deduction (\$57.69 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
MR. JEFFREY R HUG

Mailing Address 4 WHITCOMB DR

City State Zip Code  
SIMSBURY CT 06070-1119

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE INS. VICE PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 619.16

Date of Receipt  
MM / DD / YYYY  
11 / 22 / 2010

**Transaction ID:** PR790545121093

Amount of Each Receipt this Period  
80.76

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

**C.** Full Name (Last, First, Middle Initial)  
MR. RAYMOND P MUISE

Mailing Address 2242 BAPTIST HILL RD

City State Zip Code  
PALMER MA 01069-9600

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE INS. ASSISTANT VICE PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 265.42

Date of Receipt  
MM / DD / YYYY  
11 / 22 / 2010

**Transaction ID:** PR790557821093

Amount of Each Receipt this Period  
34.62

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **288.45**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 133
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MS. MARYANN MUNGER	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 12 SMITH AVE	<b>Transaction ID:</b> PR790561821093
	City State Zip Code GRANBY MA 01033-9443	Amount of Each Receipt this Period 115.38
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation MANAGING DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 884.58	P/R Deduction (\$38.46 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. DONALD M TOWSE	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 12 ALYSSUM DR	<b>Transaction ID:</b> PR790568421093
	City State Zip Code AMHERST MA 01002-3425	Amount of Each Receipt this Period 28.86
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation STRATEGIC DEVELOPMENT CONSULTANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.26	P/R Deduction (\$9.62 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. DEAN DULCHINOS	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 20 ABBEY LN	<b>Transaction ID:</b> PR790568521093
	City State Zip Code E LONGMEADOW MA 01028-3206	Amount of Each Receipt this Period 115.50
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer CORNERSTONE RE ADVISERS LLC	Occupation MANAGING DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 887.64	P/R Deduction (\$38.50 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>259.74</b>
<b>TOTAL</b> 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 70 / 133

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID L MOOREFIELD

Mailing Address 3 MALDEN ST

City State Zip Code  
WEST BOYLSTON MA 01583-1018

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

Name of Employer  
MASSACHUSETTS MUTUAL LIFE INS.

Occupation  
DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
221.03

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR790569121093

Amount of Each Receipt this Period

28.83

P/R Deduction (\$9.61 Bi-W-  
eekly)

**B.**

Full Name (Last, First, Middle Initial)

MS. ANGELA S OTIS

Mailing Address 612 EAST ST

City State Zip Code  
WILLIAMSBURG MA 01096-9773

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

Name of Employer  
MASSACHUSETTS MUTUAL LIFE INS.

Occupation  
VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
619.16

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR790574021093

Amount of Each Receipt this Period

80.76

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

**C.**

Full Name (Last, First, Middle Initial)

MR. KERRY HURLEY

Mailing Address 29 LYNNWOOD DR

City State Zip Code  
LONGMEADOW MA 01106-2011

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

Name of Employer  
MASSACHUSETTS MUTUAL LIFE INS.

Occupation  
ASSISTANT VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
221.26

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR790576321093

Amount of Each Receipt this Period

28.86

P/R Deduction (\$9.62 Bi-W-  
eekly)

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

138.45

**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 71 / 133  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MS. KAREN W HART

Mailing Address 19 LAUREL RIDGE RD

City SOUTHWICK State MA Zip Code 01077-9248

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 221.26

Date of Receipt 11 / 22 / 2010

**Transaction ID:** PR790577021093

Amount of Each Receipt this Period 28.86

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

**B.**

Full Name (Last, First, Middle Initial)  
MR. MICHAEL J O'SHEA

Mailing Address 34 ROCKINGHAM CIR

City E LONGMEADOW State MA Zip Code 01028-3197

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 221.03

Date of Receipt 11 / 22 / 2010

**Transaction ID:** PR790577721093

Amount of Each Receipt this Period 28.83

P/R Deduction (\$9.61 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
MR. KEVIN V DEGRAY

Mailing Address 8 BROOK PASTURE LN

City GRANBY State CT Zip Code 06035-1027

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation SALES MANAGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 221.26

Date of Receipt 11 / 22 / 2010

**Transaction ID:** PR790577821093

Amount of Each Receipt this Period 28.86

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 86.55

**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 72 / 133  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MS. KATHLEEN L KRAEZ

Mailing Address 111 ASHFORD RD

City State Zip Code  
LONGMEADOW MA 01106-2515

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 ▼ 619.16

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR790579421093

Amount of Each Receipt this Period  
80.76

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

**B.** Full Name (Last, First, Middle Initial)  
MS. ELIZABETH T SALVADOR

Mailing Address 77 SUSAN DR

City State Zip Code  
LUDLOW MA 01056-3372

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

Name of Employer Occupation  
MML INVESTORS SERVICES, INC. DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 265.42

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR790579521093

Amount of Each Receipt this Period  
34.62

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

**C.** Full Name (Last, First, Middle Initial)  
MR. RICHARD CARTIER

Mailing Address 34 OLD FARM RD

City State Zip Code  
PALMER MA 01069-2241

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE INS. ASSISTANT VICE PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 221.26

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR790581921093

Amount of Each Receipt this Period  
28.86

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **144.24**

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



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

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

FOR LINE NUMBER: PAGE 73 / 133  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MS. KAREN M PHELAN

Mailing Address 48 PINE GROVE CIR

City State Zip Code  
E LONGMEADOW MA 01028-1300

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE INS. CORPORATE VICE PRESIDENT

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1269.48

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR790587421093

Amount of Each Receipt this Period  
230.85

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

**B.** Full Name (Last, First, Middle Initial)  
MR. DOUGLAS M TREVALLION, II

Mailing Address 30 COVENTRY LN

City State Zip Code  
AGAWAM MA 01001-3569

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

Name of Employer Occupation  
BABSON CAPITAL MANAGEMENT LLC MANAGING DIRECTOR

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 884.58

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR790590321093

Amount of Each Receipt this Period  
115.38

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

**C.** Full Name (Last, First, Middle Initial)  
MR. ROGER M ROBERGE

Mailing Address 5 EAST RD

City State Zip Code  
BROAD BROOK CT 06016-9504

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

Name of Employer Occupation  
BABSON CAPITAL MANAGEMENT LLC MANAGING DIRECTOR

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 884.58

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR790594521093

Amount of Each Receipt this Period  
115.38

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **461.61**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 74 / 133  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MR. ROBERT M SHETTLE

Mailing Address 65 KELSEY LN

City State Zip Code  
GLASTONBURY CT 06033-5040

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

Name of Employer Occupation  
BABSON CAPITAL MANAGEMENT MANAGING DIRECTOR  
LLC

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 442.29

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR790597121093

Amount of Each Receipt this Period  
57.69

P/R Deduction (\$19.23 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
MR. EDWARD G NEWTON

Mailing Address 67 RUMFORD ST

City State Zip Code  
WEST HARTFRD CT 06107-3754

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE ASSISTANT VICE PRESIDENT  
INS.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 221.26

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR790600121093

Amount of Each Receipt this Period  
28.86

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

**C.**

Full Name (Last, First, Middle Initial)  
MR. GEORGE F RATHBUN, II

Mailing Address 127 TUNXIS ST

City State Zip Code  
WINDSOR CT 06095-1334

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE VICE PRESIDENT  
INS.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 353.74

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR790604421093

Amount of Each Receipt this Period  
46.14

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **132.69**

**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 75 / 133

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
MR. ROBERT STALEY

Mailing Address 18 MONTGOMERY LN

City State Zip Code  
NORWICH CT 06360-2715

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

Name of Employer Occupation  
CORNERSTONE RE ADVISERS PORTFOLIO MANAGER - PT  
LLC

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1326.87

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR790608821093

Amount of Each Receipt this Period

173.07

P/R Deduction (\$57.69 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
MR. JAMES O LACEY

Mailing Address 106 MAGNOLIA TER

City State Zip Code  
SPRINGFIELD MA 01108-2533

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE VICE PRESIDENT  
INS.

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 619.16

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR790616221093

Amount of Each Receipt this Period

80.76

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

**C.**

Full Name (Last, First, Middle Initial)  
MR. CRAIG HAASE

Mailing Address 1 STONEHENGE DR

City State Zip Code  
SIMSBURY CT 06070-1713

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE ASSISTANT VICE PRESIDENT  
INS.

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 353.74

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR790623321093

Amount of Each Receipt this Period

46.14

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

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

299.97

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 / 133  
(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. JEROME J SPELTZ		Date of Receipt
	Mailing Address 12 ROCK LN		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	GUILFORD	CT	06437-3531
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	<b>Transaction ID:</b> PR790626221093
Name of Employer CORNERSTONE RE ADVISERS LLC		Occupation ENGINEER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 353.74	<input type="text"/> 46.14

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

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. BRIAN T MURDY		Date of Receipt
	Mailing Address 21 COLORADO CT		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	MERIDEN	CT	06450-8306
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	<b>Transaction ID:</b> PR790636621093
Name of Employer CORNERSTONE RE ADVISERS LLC		Occupation PORTFOLIO MANAGER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 619.16	<input type="text"/> 80.76

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

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. DAVID ROMANO		Date of Receipt
	Mailing Address 128 RIMFIELD DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	SOUTH WINDSOR	CT	06074-1860
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	<b>Transaction ID:</b> PR790636721093
Name of Employer CORNERSTONE RE ADVISERS LLC		Occupation ASSET MANAGER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 353.74	<input type="text"/> 46.14

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 173.04
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 / 133

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. SCOTT C WESTPHAL

Mailing Address 70 WELLS HILL RD

City

WESTON

State

CT

Zip Code

06883-2625

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
CORNERSTONE RE ADVISERS  
LLC

Occupation  
MARKET RESEARCH DIRECTOR

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

MM / DD / YYYY  
11 / 22 / 2010

Transaction ID: PR790637421093

Amount of Each Receipt this Period

57.69

P/R Deduction (\$19.23 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

MR. THOMAS P SHEA

Mailing Address 81 GREENMEADOW DR

City

LONGMEADOW

State

MA

Zip Code

01106-2305

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 ▼

442.29

Date of Receipt

MM / DD / YYYY  
11 / 22 / 2010

Transaction ID: PR790640621093

Amount of Each Receipt this Period

57.69

P/R Deduction (\$19.23 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

MR. STEFANO MARTINI

Mailing Address 10 SYCAMORE LN

City

SUFFIELD

State

CT

Zip Code

06078-1038

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
MASSACHUSETTS MUTUAL LIFE  
INS.

Occupation  
VICE PRESIDENT

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

221.26

Date of Receipt

MM / DD / YYYY  
11 / 22 / 2010

Transaction ID: PR790649221093

Amount of Each Receipt this Period

28.86

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

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

144.24

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 / 133
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. BRUCE CLEARE	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 207 CHESTNUT PLAIN RD	<b>Transaction ID:</b> PR790649621093
	City State Zip Code WHATELY MA 01093-9701	Amount of Each Receipt this Period 28.86
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation ASSISTANT VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.26	P/R Deduction (\$9.62 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. ROLAND P FAWTHROP	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 51 HORSESHOE LN	<b>Transaction ID:</b> PR790658221093
	City State Zip Code SOMERS CT 06071-2235	Amount of Each Receipt this Period 80.76
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SECOND VICE PRESIDENT & ACTUARY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 619.16	P/R Deduction (\$26.92 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. RAKESH BHARDWAJ	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 96 HORIZON LN	<b>Transaction ID:</b> PR790661321093
	City State Zip Code GLASTONBURY CT 06033-2828	Amount of Each Receipt this Period 46.14
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SECOND VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 353.74	P/R Deduction (\$15.38 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>155.76</b>
<b>TOTAL</b> 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 79 / 133  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MR. JEFFREY A MORIN

Mailing Address 131 CANTERBURY CIR

City State Zip Code  
E LONGMEADOW MA 01028-5710

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE INS. EXTERNAL WHOLESALER

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 265.42

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR790661621093

Amount of Each Receipt this Period  
34.62

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

**B.** Full Name (Last, First, Middle Initial)  
MS. MICHELE M WHITE

Mailing Address 46 HARVEST HILL RD

City State Zip Code  
SOMERS CT 06071-1685

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE INS. VICE PRESIDENT

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 876.38

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR790665621093

Amount of Each Receipt this Period  
123.63

P/R Deduction (\$41.21 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
MR. TODD M GISH

Mailing Address 139 MELROSE RD

City State Zip Code  
BROAD BROOK CT 06016-9617

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE INS. CORPORATE VICE PRESIDENT

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 884.58

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR790677121093

Amount of Each Receipt this Period  
115.38

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **273.63**

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

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

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

FOR LINE NUMBER: PAGE 80 / 133  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MS. JOANNE LEARY

Mailing Address 44 COPLEY RD

City State Zip Code  
S GLASTONBURY CT 06073-2632

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

Name of Employer Occupation  
CORNERSTONE RE ADVISERS PORTFOLIO MANAGER  
LLC

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 619.16

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR790684021093

Amount of Each Receipt this Period 80.76

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

**B.** Full Name (Last, First, Middle Initial)  
MS. SYLENA G ECHEVARRIA

Mailing Address 35 CLEMENT ST

City State Zip Code  
SPRINGFIELD MA 01118-1511

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE ASSISTANT VICE PRESIDENT  
INS.

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR790779921093

Amount of Each Receipt this Period 57.75

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

**C.** Full Name (Last, First, Middle Initial)  
MR. RICHARD L VIGLIANO

Mailing Address 802 MORGAN RD

City State Zip Code  
WEST SPRINGFIELD MA 01089-4380

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE ASSISTANT VICE PRESIDENT  
INS.

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 448.26

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR790781021093

Amount of Each Receipt this Period 63.18

P/R Deduction (\$21.06 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 201.69

**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 81 / 133  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
MS. GRETA A ZIELINSKI

Mailing Address 894 BERNIE AVE

City State Zip Code  
W SPRINGFIELD MA 01089-4415

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE DIRECTOR  
INS.

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 353.74

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR790804621093

Amount of Each Receipt this Period 46.14

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

**B.** Full Name (Last, First, Middle Initial)  
MR. MOISES X AFONSO

Mailing Address 82 RESERVOIR RD

City State Zip Code  
LUDLOW MA 01056-1693

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE AUDITING DIRECTOR  
INS.

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR790806021093

Amount of Each Receipt this Period 37.50

P/R Deduction (\$12.50 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
MR. WILLIAM F DOUGHERTY

Mailing Address 255 BOARDMAN LN

City State Zip Code  
MIDDLETOWN CT 06457-7533

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE ASSISTANT VICE PRESIDENT  
INS.

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 221.26

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR790807921093

Amount of Each Receipt this Period 28.86

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 112.50

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

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

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

FOR LINE NUMBER: PAGE 82 / 133  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
MR. DONALD G CARTEN  
 Mailing Address 654 MOUNTAIN RD  
 City State Zip Code  
 CHESHIRE CT 06410-3306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MASSACHUSETTS MUTUAL LIFE ASSISTANT VICE PRESIDENT  
 INS.  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 221.03  
 Date of Receipt 11 / 22 / 2010  
**Transaction ID:** PR790808221093  
 Amount of Each Receipt this Period 28.83  
 P/R Deduction (\$9.61 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
MR. NORMAN A SMITH  
 Mailing Address 32 LAUREL ST  
 City State Zip Code  
 LONGMEADOW MA 01106-1124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MASSACHUSETTS MUTUAL LIFE SVP & CONTROLLER  
 INS.  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 1326.87  
 Date of Receipt 11 / 22 / 2010  
**Transaction ID:** PR790808621093  
 Amount of Each Receipt this Period 173.07  
 P/R Deduction (\$57.69 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
MR. DAVID S ALLEN  
 Mailing Address 41 FOUR MILE RD  
 City State Zip Code  
 WEST HARTFRD CT 06107-2710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MASSACHUSETTS MUTUAL LIFE SVP & DEPUTY GENERAL COUNSEL  
 INS.  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 1299.80  
 Date of Receipt 11 / 22 / 2010  
**Transaction ID:** PR790809721093  
 Amount of Each Receipt this Period 173.10  
 P/R Deduction (\$57.70 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 375.00  
**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 83 / 133  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MR. LARRY N PORT

Mailing Address 101 ELY WAY

City State Zip Code  
LONGMEADOW MA 01106-1868

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

Name of Employer Occupation  
BABSON CAPITAL MANAGEMENT MANAGING DIRECTOR  
LLC

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1769.16

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR790811821093

Amount of Each Receipt this Period  
230.76

P/R Deduction (\$76.92 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
MR. RODNEY J DILLMAN

Mailing Address 15 CATHERINE LN

City State Zip Code  
SUFFIELD CT 06078-1931

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

Name of Employer Occupation  
MASSMUTUAL INTERNATIONAL SENIOR VICE PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1326.87

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR790812621093

Amount of Each Receipt this Period  
173.07

P/R Deduction (\$57.69 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
MR. SCOTT PICCONE

Mailing Address 33 TROTWOOD DR

City State Zip Code  
WEST HARTFORD CT 06117-1644

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

Name of Employer Occupation  
CORNERSTONE RE ADVISERS HOTEL DIRECTOR  
LLC

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 442.29

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR790815821093

Amount of Each Receipt this Period  
57.69

P/R Deduction (\$19.23 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **461.52**

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

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

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

FOR LINE NUMBER: PAGE 84 / 133  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MS. BERNADETTE CLEGG

Mailing Address 3 BLACKSTONE ST

City State Zip Code  
CAMBRIDGE MA 02139-3889

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 ▼ 221.26

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR791144121093

Amount of Each Receipt this Period  
28.86

P/R Deduction (\$9.62 Bi-W-  
eekly)

**B.** Full Name (Last, First, Middle Initial)  
MR. DAVID L NAGLE

Mailing Address 7 HIGH MEADOW CIR

City State Zip Code  
E LONGMEADOW MA 01028-3171

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 ▼ 353.74

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR791148421093

Amount of Each Receipt this Period  
46.14

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

**C.** Full Name (Last, First, Middle Initial)  
MR. BRIAN F COOPER

Mailing Address 194 WESTERN AVE

City State Zip Code  
WESTFIELD MA 01085-2562

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE INS. SALES CONSULTANT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 221.03

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR791155321093

Amount of Each Receipt this Period  
28.83

P/R Deduction (\$9.61 Bi-W-  
eekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **103.83**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 / 133
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. JAMES J O'SHAUGHNESSY		Date of Receipt
	Mailing Address 591 MAIN ST		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	CONCORD	MA	01742-3303
	FEC ID number of contributing federal political committee.		Transaction ID: PR791165921093
		Amount of Each Receipt this Period	<input type="text"/>
			57.69
Name of Employer CORNERSTONE RE ADVISERS LLC		Occupation HOTEL DIRECTOR	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 442.29	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. DOUGLAS W TAYLOR		Date of Receipt
	Mailing Address 12 ERSKINE DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	LONGMEADOW	MA	01106-1614
	FEC ID number of contributing federal political committee.		Transaction ID: PR791193721093
		Amount of Each Receipt this Period	<input type="text"/>
			80.76
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.		Occupation VICE PRESIDENT AND ACTUARY	P/R Deduction (\$26.92 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 619.16	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. ROBERT C WATERMAN		Date of Receipt
	Mailing Address 5 DRURY LN		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	LONGMEADOW	MA	01106-3209
	FEC ID number of contributing federal political committee.		Transaction ID: PR791195521093
		Amount of Each Receipt this Period	<input type="text"/>
			30.00
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.		Occupation STRATEGIC DEVELOPMENT CONSULTANT	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 230.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/>	168.45
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 86 / 133
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. DAVID HARDY		Date of Receipt
	Mailing Address 12146 GLEN GARY CIR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	RICHMOND	VA	23233-1668
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.		Occupation SALES MANAGER	Transaction ID: PR791199921093
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 221.03	
		Amount of Each Receipt this Period	<input type="text"/> 28.83
		P/R Deduction (\$9.61 Bi-Weekly)	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. ROBERT FEINGOLD		Date of Receipt
	Mailing Address 29 WINTERSET LN		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	SIMSBURY	CT	06070-1720
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer BABSON CAPITAL MANAGEMENT LLC		Occupation MANAGING DIRECTOR	Transaction ID: PR791201021093
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 221.03	
		Amount of Each Receipt this Period	<input type="text"/> 28.83
		P/R Deduction (\$9.61 Bi-Weekly)	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. ANDREW M GOLDBERG		Date of Receipt
	Mailing Address 172 CAPTAIN RD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	LONGMEADOW	MA	01106-2546
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.		Occupation ASSISTANT VICE PRESIDENT & COUNSEL	Transaction ID: PR791207021093
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 347.98	
		Amount of Each Receipt this Period	<input type="text"/> 46.14
		P/R Deduction (\$15.38 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 103.80
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 / 133
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MS. MELISSA MILLAN	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 31 SEMINARY RD	<b>Transaction ID:</b> PR791207721093
	City State Zip Code SIMSBURY CT 06070-2010	Amount of Each Receipt this Period 403.86
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SENIOR VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3187.88	P/R Deduction (\$134.62 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. EVAN R MARKS	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 3 FIRE BRICK LN	<b>Transaction ID:</b> PR791236421093
	City State Zip Code SIMSBURY CT 06070-1662	Amount of Each Receipt this Period 46.14
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation ASSISTANT VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 353.74	P/R Deduction (\$15.38 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MS. DEBRA L ANDERSON	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 46 GLENDALE RD	<b>Transaction ID:</b> PR791239021093
	City State Zip Code HAMPDEN MA 01036-9121	Amount of Each Receipt this Period 80.76
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer MASSMUTUAL TRUST COMPANY	Occupation VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 619.16	P/R Deduction (\$26.92 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>530.76</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 88 / 133  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MR. MARK R GIEBNER

Mailing Address 186 LYON ST

City LUDLOW State MA Zip Code 01056-1151

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

Name of Employer MML INVESTORS SERVICES, INC. Occupation MARKETING CONSULTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 495.88

Date of Receipt 11 / 22 / 2010  
**Transaction ID:** PR791264221093

Amount of Each Receipt this Period 64.68

P/R Deduction (\$21.56 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
MR. PAUL BACON

Mailing Address 11 RAVINE CIR

City WESTFIELD State MA Zip Code 01085-5005

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 884.58

Date of Receipt 11 / 22 / 2010  
**Transaction ID:** PR791276821093

Amount of Each Receipt this Period 115.38

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

**C.**

Full Name (Last, First, Middle Initial)  
MR. TERENCE MILKA

Mailing Address 10 WOODS LN

City SIMSBURY State CT Zip Code 06070-2441

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

Name of Employer MASSMUTUAL TRUST COMPANY Occupation SECOND VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 353.74

Date of Receipt 11 / 22 / 2010  
**Transaction ID:** PR791279321093

Amount of Each Receipt this Period 46.14

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 226.20

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 / 133
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. CHRISTOPHER P DOWD		Date of Receipt
	Mailing Address 35 SUNSET TER		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	WEST HARTFORD	CT	06107-2737
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR791281121093
Name of Employer BABSON CAPITAL MANAGEMENT LLC		Occupation MANAGING DIRECTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 442.29	<input type="text"/> 57.69
			P/R Deduction (\$19.23 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MS. PAULA M TREMBLAY		Date of Receipt
	Mailing Address 25 ZOEY DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	VERNON ROCKVL	CT	06066-5722
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR791303121093
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.		Occupation ASSISTANT VICE PRESIDENT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 353.74	<input type="text"/> 46.14
			P/R Deduction (\$15.38 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. PATRICK COYNE		Date of Receipt
	Mailing Address 20 S RIDGE RD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	HAMPDEN	MA	01036-9805
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR791303521093
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.		Occupation SECOND VICE PRESIDENT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 353.74	<input type="text"/> 46.14
			P/R Deduction (\$15.38 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 149.97
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 90 / 133

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. HEATHER MACLEAN

Mailing Address 10 FERRY ST

City

SOUTH HADLEY

State

MA

Zip Code

01075-1040

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
CORNERSTONE RE ADVISERS  
LLC

Occupation  
INVESTMENT ANALYST

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

232.16

Date of Receipt

MM / DD / YYYY  
11 / 22 / 2010

Transaction ID: PR791308121093

Amount of Each Receipt this Period

30.00

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

**B.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL D BATSIMM

Mailing Address 5 ISLAND WAY

City

ANDOVER

State

MA

Zip Code

01810-6044

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
BABSON CAPITAL MANAGEMENT  
LLC

Occupation  
DIRECTOR

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

355.49

Date of Receipt

MM / DD / YYYY  
11 / 22 / 2010

Transaction ID: PR791308721093

Amount of Each Receipt this Period

46.20

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

**C.**

Full Name (Last, First, Middle Initial)

MS. NICOLE EI MARKS

Mailing Address 425 TRAFTON RD

City

SPRINGFIELD

State

MA

Zip Code

01108-2647

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
MASSACHUSETTS MUTUAL LIFE  
INS.

Occupation  
ASSISTANT VICE PRESIDENT

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

378.59

Date of Receipt

MM / DD / YYYY  
11 / 22 / 2010

Transaction ID: PR791327121093

Amount of Each Receipt this Period

46.20

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

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

122.40

**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 91 / 133
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MS. CHRISTINA A CASIELLO	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 63 HILLSIDE DR	<b>Transaction ID:</b> PR791327321093
	City EAST LONGMEADOW State MA Zip Code 01028-2505	Amount of Each Receipt this Period 28.83
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation MEDICAL DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 221.03	P/R Deduction (\$9.61 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MS. SUSAN E SCHECHTER	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 60 LEDGEWOOD RD	<b>Transaction ID:</b> PR791332821093
	City WEST HARTFRD State CT Zip Code 06107-3731	Amount of Each Receipt this Period 115.38
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VP & ASSOCIATE GENERAL COUNSEL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 884.58	P/R Deduction (\$38.46 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MS. AUDREY MEYERLAMPERT	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 120 LOOMIS ST	<b>Transaction ID:</b> PR791334821093
	City NORTH GRANBY State CT Zip Code 06060-1202	Amount of Each Receipt this Period 115.38
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer BABSON CAPITAL MANAGEMENT LLC Occupation MANAGING DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 884.58	P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>259.59</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 / 133
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MS. ANNE KANDILIS	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 10 CRESCENT HL	<b>Transaction ID:</b> PR791348021093
	City State Zip Code SPRINGFIELD MA 01105-1915	Amount of Each Receipt this Period 173.07
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR	P/R Deduction (\$57.69 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1326.87	

<b>B.</b>	Full Name (Last, First, Middle Initial) MS. ELIZABETH W CHICARES	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 186 BELLE WOODS DR	<b>Transaction ID:</b> PR791351721093
	City State Zip Code GLASTONBURY CT 06033-1667	Amount of Each Receipt this Period 288.48
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SENIOR VICE PRESIDENT & CHIEF RISK OFF	P/R Deduction (\$96.16 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2323.19	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. PAUL F RANNENBERG	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 53 JANELLE DR	<b>Transaction ID:</b> PR791362821093
	City State Zip Code AGAWAM MA 01001-2735	Amount of Each Receipt this Period 46.14
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation ASSISTANT VICE PRESIDENT	P/R Deduction (\$15.38 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 353.74	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>507.69</b>
<b>TOTAL</b> 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 93 / 133  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MR. CHRISTOPHER DEFRANCIS

Mailing Address 41 MAYNARD RD

City NORTHAMPTON State MA Zip Code 01060-2809

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

Name of Employer BABSON CAPITAL MANAGEMENT LLC Occupation VP & ASSISTANT GENERAL COUNSEL

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 619.16

Date of Receipt 11 / 22 / 2010  
**Transaction ID:** PR791365021093  
 Amount of Each Receipt this Period 80.76  
 P/R Deduction (\$26.92 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
MR. MICHAEL T ROLLINGS

Mailing Address 5 DURHAM RD

City LONGMEADOW State MA Zip Code 01106-1507

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation EXECUTIVE VICE PRESIDENT & CFO

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4512.51

Date of Receipt 11 / 22 / 2010  
**Transaction ID:** PR791365821093  
 Amount of Each Receipt this Period 576.93  
 P/R Deduction (\$192.31 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
MS. FRANCINE L REIPOLD

Mailing Address 23 PINE KNL

City SOUTHWICK State MA Zip Code 01077-9342

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation CORPORATE VICE PRESIDENT

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 22 / 2010  
**Transaction ID:** PR791383021093  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 687.69

**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 94 / 133  
(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MS. CHRISTINE M GENDRON		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 70 MURIEL LN		<b>Transaction ID:</b> PR791388921093
	City FEEDING HILLS	State MA	Zip Code 01030-2638
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 28.83
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.		Occupation ASSISTANT VICE PRESIDENT	P/R Deduction (\$9.61 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.03		

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. RUSSELL D MORRISON		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 5419 GORHAM DR		<b>Transaction ID:</b> PR791511121093
	City CHARLOTTE	State NC	Zip Code 28226-6411
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.76
Name of Employer BABSON CAPITAL MANAGEMENT LLC		Occupation MANAGING DIRECTOR	P/R Deduction (\$26.92 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 619.16		

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. CHIN-JUNG V YANG		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 18524 ROLLINGDALE LN		<b>Transaction ID:</b> PR791511521093
	City DAVIDSON	State NC	Zip Code 28036-7862
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 115.38
Name of Employer BABSON CAPITAL MANAGEMENT LLC		Occupation MANAGING DIRECTOR	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 884.58		

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

224.97

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 95 / 133  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MR. THOMAS M FINKE

Mailing Address 4920 HARDISON RD

City State Zip Code  
CHARLOTTE NC 28226-6418

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE INS. EVP & CHIEF INVESTMENT OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4360.19

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR791511921093

Amount of Each Receipt this Period  
639.87

P/R Deduction (\$213.29 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
MR. GARY MURTAGH

Mailing Address 5609 LANDS END CT

City State Zip Code  
WILMINGTON NC 28409-2377

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE INS. ASSISTANT VICE PRESIDENT & COUNSEL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 216.03

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR791542621093

Amount of Each Receipt this Period  
34.11

P/R Deduction (\$11.37 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
MR. JOHN F CARLSON

Mailing Address 28 SUDBURY WAY

City State Zip Code  
AVON CT 06001-2513

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE INS. CORPORATE VICE PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1296.10

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR791542721093

Amount of Each Receipt this Period  
173.07

P/R Deduction (\$57.69 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **847.05**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 / 133
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. NICHOLAS FYNTRILAKIS		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 5 RIDGE RD		<b>Transaction ID:</b> PR791550221093
	City HAMPDEN	State MA	Zip Code 01036-9518
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 28.86
	Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation ASSISTANT VICE PRESIDENT	P/R Deduction (\$9.62 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.26		

<b>B.</b>	Full Name (Last, First, Middle Initial) MS. JO-ANNE RANKIN		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 39 AUTUMN DR		<b>Transaction ID:</b> PR791550921093
	City TOLLAND	State CT	Zip Code 06084-3817
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 46.14
	Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRESIDENT	P/R Deduction (\$15.38 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 353.74		

<b>C.</b>	Full Name (Last, First, Middle Initial) MS. MARIE T POLITIS		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 9 WYNCAIRN		<b>Transaction ID:</b> PR791551321093
	City EAST GRANBY	State CT	Zip Code 06026-9642
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 28.83
	Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation ASSISTANT VICE PRESIDENT	P/R Deduction (\$9.61 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.03		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>103.83</b>
<b>TOTAL</b> 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 97 / 133  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MS. CHRISTINE HOVEY

Mailing Address 598 EAST ST

City State Zip Code  
HEBRON CT 06248-1123

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

Name of Employer Occupation  
CORNERSTONE RE ADVISERS ASSET MANAGER  
LLC

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 353.74

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR791551821093

Amount of Each Receipt this Period  
46.14

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

**B.**

Full Name (Last, First, Middle Initial)  
MR. THOMAS A PIACENTINI

Mailing Address 100 VINING HILL RD

City State Zip Code  
SOUTHWICK MA 01077-9411

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

Name of Employer Occupation  
BABSON CAPITAL MANAGEMENT MANAGING DIRECTOR  
LLC

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 353.74

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR791566521093

Amount of Each Receipt this Period  
46.14

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

**C.**

Full Name (Last, First, Middle Initial)  
MS. PATRICIA WALSH

Mailing Address 88 BANCROFT RD

City State Zip Code  
NORTHAMPTON MA 01060-2111

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE SVP, DEPUTY GENERAL COUNSEL & ASST SEC  
INS.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1326.87

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR791569721093

Amount of Each Receipt this Period  
173.07

P/R Deduction (\$57.69 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **265.35**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 98 / 133

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
MS. CHERIE A COSTA

Mailing Address 467 SOUTHWEST ST

City State Zip Code  
FEEDING HILLS MA 01030-1057

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE MARKETING SPECIALIST  
INS.

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 268.50

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR791589021093

Amount of Each Receipt this Period

34.65

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

**B.**

Full Name (Last, First, Middle Initial)  
MR. RICHARD GOLDSTEIN

Mailing Address 197 LYNNWOOD DR

City State Zip Code  
LONGMEADOW MA 01106-2013

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE VICE PRESIDENT  
INS.

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 884.58

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR791591621093

Amount of Each Receipt this Period

115.38

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

**C.**

Full Name (Last, First, Middle Initial)  
MS. EMILY PORISS

Mailing Address 50 KENMORE RD

City State Zip Code  
BLOOMFIELD CT 06002-2135

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE SECOND VP & ASSOC GENERAL COUNSEL  
INS.

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 353.74

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR791591821093

Amount of Each Receipt this Period

46.14

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

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

196.17

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 / 133
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MS. CAMILLE DONALD		Date of Receipt
	Mailing Address 10 MARBLE FAUN LN		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	WINDSOR	CT	06095-4766
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR791608121093
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.		Occupation AVP, ASSOCIATE SECRETARY & COUNSEL	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 223.56	29.16
P/R Deduction (\$9.72 Bi-Weekly)			

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. DENNIS MILES		Date of Receipt
	Mailing Address 25 TIMBER RIDGE RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	W SPRINGFIELD	MA	01089-1654
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR791623321093
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.		Occupation VICE PRESIDENT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 884.58	115.38
P/R Deduction (\$38.46 Bi-Weekly)			

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. LAWRENCE BOUDREAU		Date of Receipt
	Mailing Address 39 RIVERVIEW DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	SUFFIELD	CT	06078-1419
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR791623421093
Name of Employer CORNERSTONE RE ADVISERS LLC		Occupation COUNSEL	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 353.74	46.14
P/R Deduction (\$15.38 Bi-Weekly)			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>190.68</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 / 133
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MS. GWENDOLYN FERRARI	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 1511 CANYON RIDGE DR	<b>Transaction ID:</b> PR791776421093
	City State Zip Code BROAD BROOK CT 06016-5610	Amount of Each Receipt this Period 28.83
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation MASSACHUSETTS MUTUAL LIFE INS. ASSISTANT VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.03	P/R Deduction (\$9.61 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MS. MARY S BLOCK	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 67 PERSHING RD	<b>Transaction ID:</b> PR791784421093
	City State Zip Code WINDSOR LOCKS CT 06096-2122	Amount of Each Receipt this Period 115.38
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation MASSACHUSETTS MUTUAL LIFE INS. SECOND VP & ASSOC GENERAL COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 884.58	P/R Deduction (\$38.46 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. ROBERT ERWIN	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 185 COVENTRY LN	<b>Transaction ID:</b> PR791800221093
	City State Zip Code LONGMEADOW MA 01106-1629	Amount of Each Receipt this Period 80.76
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation BABSON CAPITAL MANAGEMENT LLC MANAGING DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 619.16	P/R Deduction (\$26.92 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>224.97</b>
<b>TOTAL</b> 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 101 / 133  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MR. WILLIAM SILVANIC

Mailing Address 120 CREAMERY HILL RD

City State Zip Code  
GRANBY CT 06035-1702

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE SVP & ACTUARY  
INS.

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 884.58

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR791800421093

Amount of Each Receipt this Period  
115.38

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

**B.**

Full Name (Last, First, Middle Initial)  
MS. ANNEMARIE SMITH

Mailing Address 17 CANYON RIDGE DR

City State Zip Code  
BROAD BROOK CT 06016-9657

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

Name of Employer Occupation  
MASSMUTUAL TRUST COMPANY RELATIONSHIP MANAGER

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 605.36

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR791801821093

Amount of Each Receipt this Period  
78.96

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

**C.**

Full Name (Last, First, Middle Initial)  
MR. GORDON L PULLAN

Mailing Address 60 NORWOOD AVE

City State Zip Code  
FLORENCE MA 01062-2720

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE ASSISTANT VICE PRESIDENT  
INS.

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR791832521093

Amount of Each Receipt this Period  
37.50

P/R Deduction (\$12.50 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **231.84**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 102 / 133  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MR. PAUL SMITH

Mailing Address 70 DOVER RD

City State Zip Code  
LONGMEADOW MA 01106-1254

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE VICE PRESIDENT  
INS.

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1390.04

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR791859021093

Amount of Each Receipt this Period  
207.75

P/R Deduction (\$69.25 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
MR. JAMES E MASUR

Mailing Address 66 THORNTON RD

City State Zip Code  
NEEDHAM MA 02492-4330

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

Name of Employer Occupation  
BABSON CAPITAL MANAGEMENT MANAGING DIRECTOR  
LLC

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1803.69

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR791870421093

Amount of Each Receipt this Period  
230.85

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

**C.**

Full Name (Last, First, Middle Initial)  
MS. SHANNON GAMACHE

Mailing Address 57 LAUREL LN

City State Zip Code  
COLUMBIA CT 06237-1013

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE ASSISTANT VICE PRESIDENT & COUNSEL  
INS.

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 221.26

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR791870721093

Amount of Each Receipt this Period  
28.86

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **467.46**

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

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

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

FOR LINE NUMBER: PAGE 103 / 133  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
MR. STEVEN HALL

Mailing Address 20 OLD TOWNE WAY

City State Zip Code  
FISKDALE MA 01518-1044

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE ASS. ASSISTANT VICE PRESIDENT

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 221.26

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR791883021093

Amount of Each Receipt this Period  
28.86

P/R Deduction (\$9.62 Bi-W-  
eekly)

**B.** Full Name (Last, First, Middle Initial)  
MR. IAN SHERIDAN

Mailing Address 752 NORTHEAST ST

City State Zip Code  
AMHERST MA 01002-1764

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE ASS. CORPORATE VICE PRESIDENT

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 619.16

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR791884321093

Amount of Each Receipt this Period  
80.76

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

**C.** Full Name (Last, First, Middle Initial)  
MS. PAMELA MCKOIN

Mailing Address 160 GUINEA RD

City State Zip Code  
STAMFORD CT 06903-3718

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

Name of Employer Occupation  
CORNERSTONE RE ADVISERS ASSISTANT VICE PRESIDENT - PT  
LLC

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 353.74

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR791901421093

Amount of Each Receipt this Period  
46.14

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 155.76

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 104 / 133  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MS. DIANE LOPES

Mailing Address 11 LITTLE SORREL LN

City SOMERS State CT Zip Code 06071-2030

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 711.56

Date of Receipt 11 / 22 / 2010  
**Transaction ID:** PR791902621093

Amount of Each Receipt this Period 80.85

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

**B.**

Full Name (Last, First, Middle Initial)  
MR. THOMAS OSWALD

Mailing Address 665 CENTER ST UNIT 713

City LUDLOW State MA Zip Code 01056-1534

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation SECOND VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 884.58

Date of Receipt 11 / 22 / 2010  
**Transaction ID:** PR791903221093

Amount of Each Receipt this Period 115.38

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

**C.**

Full Name (Last, First, Middle Initial)  
MR. DOUGLAS ENDORF

Mailing Address 27 STRAWBERRY FIELDS

City GRANBY State CT Zip Code 06035-2927

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT & ACTUARY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 619.16

Date of Receipt 11 / 22 / 2010  
**Transaction ID:** PR791938621093

Amount of Each Receipt this Period 80.76

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 276.99

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 / 133
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. WILLIAM F MONROE		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 225 GENERAL HOBBS RD		<b>Transaction ID:</b> PR791969121093
	City JEFFERSON	State MA	Zip Code 01522-1565
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 121.68
	Name of Employer MML INVESTORS SERVICES, INC.	Occupation VICE PRESIDENT	P/R Deduction (\$40.56 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 878.32		

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. WILLIAM JORDAN		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 25 HARVEST HILL RD		<b>Transaction ID:</b> PR791969321093
	City WEST SIMSBURY	State CT	Zip Code 06092-2224
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
	Name of Employer CORNERSTONE RE ADVISERS LLC	Occupation VICE PRESIDENT & SENIOR COUNSEL	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) MS. PATRICIA O'DONNELL		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 15 BUNKER WAY		<b>Transaction ID:</b> PR791997321093
	City BELCHERTOWN	State MA	Zip Code 01007-9645
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 53.84
	Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation ASSISTANT VICE PRESIDENT	P/R Deduction (\$26.92 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 592.24		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>205.52</b>
<b>TOTAL</b> 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 106 / 133  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MR. DOMINIC GREW

Mailing Address 44 HARDING ST

City SHARON State MA Zip Code 02067-2515

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

Name of Employer BABSON CAPITAL MANAGEMENT LLC Occupation CUSTOMER SERVICE CONSULTANT

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 266.50

Date of Receipt 11 / 22 / 2010  
**Transaction ID:** PR792002821093  
 Amount of Each Receipt this Period 23.10  
 P/R Deduction (\$7.70 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
MR. WILLIAM LUCKERT

Mailing Address 21 S PARK AVE

City LONGMEADOW State MA Zip Code 01106-1129

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation ASSISTANT VICE PRESIDENT

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 449.62

Date of Receipt 11 / 22 / 2010  
**Transaction ID:** PR792015621093  
 Amount of Each Receipt this Period 57.75  
 P/R Deduction (\$19.25 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
MR. JAMES D NEWSOME

Mailing Address 34 ROBIN RD

City RUMSON State NJ Zip Code 07760-1829

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 ▼ 619.16

Date of Receipt 11 / 22 / 2010  
**Transaction ID:** PR792041021093  
 Amount of Each Receipt this Period 80.76  
 P/R Deduction (\$26.92 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 161.61

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 / 133
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. ANTHONY PIERSON		Date of Receipt
	Mailing Address 22 ARNOLDALE RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	WEST HARTFORD	CT	06119-1702
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR792042021093
Name of Employer CORNERSTONE RE ADVISERS LLC		Occupation MANAGING DIRECTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 460.00	<input type="text"/> 60.00
			P/R Deduction (\$20.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. JASON M PRATT		Date of Receipt
	Mailing Address 82 FERN ST		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	HARTFORD	CT	06105-2226
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR792063721093
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.		Occupation ASSISTANT VICE PRESIDENT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 221.26	<input type="text"/> 28.86
			P/R Deduction (\$9.62 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. KEVIN B WATERMAN		Date of Receipt
	Mailing Address 110 JOSEPH LN		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	SOUTH WINDSOR	CT	06074-1464
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR792064121093
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.		Occupation ASSISTANT VICE PRESIDENT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 353.74	<input type="text"/> 46.14
			P/R Deduction (\$15.38 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> <b>135.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 108 / 133  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MR. MACARTHUR STARKS

Mailing Address 59 WRENWOOD ST

City State Zip Code  
SPRINGFIELD MA 01119-2213

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS.  
Occupation ASSISTANT VICE PRESIDENT

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

**Transaction ID:** PR792096521093

Amount of Each Receipt this Period 37.50

P/R Deduction (\$12.50 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
MR. MICHAEL O'CONNOR

Mailing Address 41 BELLECLAIRE AVE

City State Zip Code  
LONGMEADOW MA 01106-1415

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS.  
Occupation CORPORATE VP & ASSOC GENERAL COUNSEL

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2038.38

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

**Transaction ID:** PR792107721093

Amount of Each Receipt this Period 288.45

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

**C.** Full Name (Last, First, Middle Initial)  
MS. LENORE T MACWADE

Mailing Address 20 MOUNTAIN HILL RD

City State Zip Code  
N GROSVENORDL CT 06255-1603

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS.  
Occupation FINANCE CONSULTANT

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 265.42

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

**Transaction ID:** PR792119021093

Amount of Each Receipt this Period 34.62

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **360.57**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 / 133
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. PAUL J STRONG		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 11 ABBEY RD		<b>Transaction ID:</b> PR792119721093
	City BOW	State NH	Zip Code 03304-5101
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.76
	Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRESIDENT & ACTUARY	P/R Deduction (\$26.92 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 619.16		

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. THOMAS ALLARD		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 44 WOODLAWN ST		<b>Transaction ID:</b> PR792128321093
	City SOUTH HADLEY	State MA	Zip Code 01075-2242
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 37.50
	Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation CLAIM EXAMINER	P/R Deduction (\$12.50 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) MS. ELLEN S CONLIN		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 20 WELLESLEY DR		<b>Transaction ID:</b> PR792129521093
	City LONGMEADOW	State MA	Zip Code 01106-2833
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.76
	Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VP & ASSOCIATE GENERAL COUNSEL	P/R Deduction (\$26.92 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 619.16		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	199.02
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 / 133
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MS. JAE JUNKUNC		Date of Receipt MM / DD / YYYY 11 / 22 / 2010		
	Mailing Address 915 MAIN ST APT 812		<b>Transaction ID:</b> PR792144321093		
	City HARTFORD	State CT	Zip Code 06103-1243	Amount of Each Receipt this Period 71.55	
	FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$23.85 Bi-Weekly)		
	Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation ASSISTANT VICE PRESIDENT	Aggregate Year-to-Date 453.15		

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. PATRICK MCCARRON		Date of Receipt MM / DD / YYYY 11 / 22 / 2010		
	Mailing Address 230 SUNNYFIELD DR		<b>Transaction ID:</b> PR796416221093		
	City WINDSOR	State CT	Zip Code 06095-3277	Amount of Each Receipt this Period 34.62	
	FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$11.54 Bi-Weekly)		
	Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation EXTERNAL WHOLESALER	Aggregate Year-to-Date 265.42		

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. KEVIN O FINNEGAN		Date of Receipt MM / DD / YYYY 11 / 22 / 2010		
	Mailing Address 37 CHARTER RIDGE DR		<b>Transaction ID:</b> PR796668321093		
	City SANDY HOOK	State CT	Zip Code 06482-1573	Amount of Each Receipt this Period 28.86	
	FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$9.62 Bi-Weekly)		
	Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRESIDENT & ASSISTANT GENERAL COU	Aggregate Year-to-Date 221.26		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>135.03</b>
<b>TOTAL</b> 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 111 / 133  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MS. ELAINE A SARYNSKI

Mailing Address 75 BARNDORR HILLS RD

City State Zip Code  
SUFFIELD CT 06078-1360

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE INS. EXECUTIVE VICE PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2228.96

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR796671821093

Amount of Each Receipt this Period  
288.48

P/R Deduction (\$96.16 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
MR. MICHAEL HIRSCHBERG

Mailing Address 8321 W 144TH PL

City State Zip Code  
OVERLAND PARK KS 66223-1379

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE INS. EXTERNAL WHOLESALER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR811444921093

Amount of Each Receipt this Period  
90.00

P/R Deduction (\$30.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
MR. MADISON P WHITNEY

Mailing Address 16 CARRIAGE LN

City State Zip Code  
ESSEX CT 06426-1316

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE INS. MANAGING DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 281.01

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR811455121093

Amount of Each Receipt this Period  
34.65

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **413.13**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 112 / 133

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MS. JANIE PREVOST

Mailing Address 13 DEER RUN

City State Zip Code  
SOUTHWICK MA 01077-9523

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE INS. EVENT & CONFERENCE CONSULTANT

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 345.80

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR904833421093

Amount of Each Receipt this Period  
54.60

P/R Deduction (\$18.20 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
MS. JEANNE G YOUNG

Mailing Address 10 PONDVIEW LN

City State Zip Code  
SOUTHWICK MA 01077-9264

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE INS. VICE PRESIDENT

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 878.32

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR904834621093

Amount of Each Receipt this Period  
121.68

P/R Deduction (\$40.56 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
MR. DARRELL PONZIO

Mailing Address 40 OLYMPUS PKWY

City State Zip Code  
MIDDLETOWN CT 06457-2337

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE INS. ASSISTANT VICE PRESIDENT

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 211.64

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR904836521093

Amount of Each Receipt this Period  
19.24

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

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

195.52

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 113 / 133  
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)  
MS. KIMBERLY L DORNISCH

Mailing Address 56 CARNOUSTIE CIR

City State Zip Code  
BLOOMFIELD CT 06002-2381

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE VICE PRESIDENT  
INS.

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
221.26

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR932681621093

Amount of Each Receipt this Period  
28.86

P/R Deduction (\$9.62 Bi-W-  
eekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	28.86
<b>TOTAL</b> This Period (last page this line number only) .....	▶	36827.58

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

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

FOR LINE NUMBER: PAGE 114 / 133  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

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

Mailing Address 1295 State Street

City State Zip Code  
Springfield MA 01111

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1366.40

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 3 1 / 2 0 1 0

**Transaction ID: 37784123**

Amount of Each Receipt this Period  
59.84

Oct-10 Interest - Money Market Account

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

Mailing Address 1295 State Street

City State Zip Code  
Springfield MA 01111

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1371.11

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 3 1 / 2 0 1 0

**Transaction ID: 37784150**

Amount of Each Receipt this Period  
4.71

Oct-10 Interest - Checking Account

**SUBTOTAL** of Receipts This Page (optional) ..... ► **64.55**

**TOTAL** This Period (last page this line number only) ..... ► **64.55**

# 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

A.	Full Name (Last, First, Middle Initial) Friends Of Kelly Ayotte <hr/> Mailing Address PO Box 233 <hr/> City Nashua State NH Zip Code 03061 <hr/> Purpose of Disbursement 2010 Candidate Contribution Candidate Name Kelly Ayotte <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 37176703 Date of Disbursement 10 / 19 / 2010	Amount of Each Disbursement this Period 2000.00 2010 Candidate Contribution
B.	Full Name (Last, First, Middle Initial) Ron Johnson For Senate Inc <hr/> Mailing Address 601 Oregon Street Suite A <hr/> City Oshkosh State WI Zip Code 54902 <hr/> Purpose of Disbursement 2010 Candidate Contribution Candidate Name Mr. Ronald Johnson <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 37176707 Date of Disbursement 10 / 18 / 2010	Amount of Each Disbursement this Period 2000.00 2010 Candidate Contribution
C.	Full Name (Last, First, Middle Initial) Rossi For Senate <hr/> Mailing Address PO Box 50713 <hr/> City Bellevue State WA Zip Code 98015 <hr/> Purpose of Disbursement 2010 Candidate Contribution Candidate Name Mr. Dino Rossi <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 37176767 Date of Disbursement 10 / 18 / 2010	Amount of Each Disbursement this Period 3000.00 2010 Candidate Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> 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)

PAGE 116 / 133

<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Friends Of Roy Blunt <hr/> Mailing Address P.O. Box 50100 <hr/> City Springfield State MO Zip Code 65805 <hr/> Purpose of Disbursement 2010 Candidate Contribution Candidate Name Rep. Roy Blunt <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 07 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 37186500 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 1 0	Amount of Each Disbursement this Period 5000.00  2010 Candidate Contributi- on
<b>B.</b>	Full Name (Last, First, Middle Initial) ROCK CITY PAC <hr/> Mailing Address 1015 Stonebridge Park Drive <hr/> City Franklin State TN Zip Code 37069 <hr/> Purpose of Disbursement 2010 PAC Contribution Candidate Name ROCK CITY PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 37187063 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00  2010 PAC Contribution
<b>C.</b>	Full Name (Last, First, Middle Initial) Alamo PAC <hr/> Mailing Address 1919 Congress Avenue, Suite 14 Frost Bank Plaza <hr/> City Austin State TX Zip Code 78701 <hr/> Purpose of Disbursement 2010 PAC Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 37187168 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 1 0	Amount of Each Disbursement this Period 2000.00  2010 PAC Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	8000.00
<b>TOTAL</b> 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)

PAGE 117 / 133

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Battle Born PAC <hr/> Mailing Address 1155 21st Street, NW Suite 300 <hr/> City Washington State DC Zip Code 20036 <hr/> Purpose of Disbursement 2010 PAC Contribution Candidate Name Battle Born PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 37187494 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	2010 PAC Contribution
	Category/ Type 011

<b>B.</b> Full Name (Last, First, Middle Initial) Carly For California Inc <hr/> Mailing Address 520 Capitol Mall Suite 220 <hr/> City Sacramento State CA Zip Code 95814 <hr/> Purpose of Disbursement 2010 Candidate Contribution Candidate Name Ms. Carly Fiorina <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 37187592 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
	2010 Candidate Contributi- on
	Category/ Type 011

<b>C.</b> Full Name (Last, First, Middle Initial) Fund for America's Future <hr/> Mailing Address P.O. Box 29576 <hr/> City Washington State DC Zip Code 20017 <hr/> Purpose of Disbursement 2010 PAC Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 37187619 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
	2010 PAC Contribution
	Category/ Type 011

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert Hurt For Congress  Mailing Address PO Box 2  City Chatham State VA Zip Code 24531  Purpose of Disbursement 2010 Candidate Contribution Candidate Name Mr. Robert Hurt Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 37187893 Date of Disbursement 10 / 19 / 2010  Amount of Each Disbursement this Period 1000.00  2010 Candidate Contribution	011 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Hoeven For Senate  Mailing Address PO Box 15114  City Arlington State VA Zip Code 22215  Purpose of Disbursement 2010 Candidate Contribution Candidate Name Mr. John Hoeven Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 37188148 Date of Disbursement 10 / 19 / 2010  Amount of Each Disbursement this Period 3000.00  2010 Candidate Contribution	011 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Johanns For Senate Incorporated  Mailing Address 5555 South Street  City Lincoln State NE Zip Code 68506  Purpose of Disbursement 2010 Candidate Contribution Candidate Name Mr. Michael Johanns Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 37188161 Date of Disbursement 10 / 19 / 2010  Amount of Each Disbursement this Period 2000.00  2010 Candidate Contribution	011 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6000.00
<b>TOTAL</b> 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

**A.** Full Name (Last, First, Middle Initial)  
Jim Risch For U S Senate Committee

Mailing Address 5400 S Cole Road

City Boise State ID Zip Code 83709

Purpose of Disbursement  
2010 Candidate Contribution

Candidate Name  
Mr. James Risch

011  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼

State: ID District:

Transaction ID: 37188194  
Date of Disbursement

10 / 19 / 2010

Amount of Each Disbursement this Period

1000.00

2010 Candidate Contribution

**B.** Full Name (Last, First, Middle Initial)  
Preserving America's Traditions (PATPAC)

Mailing Address 610 South Boulevard

City Tampa State FL Zip Code 33606

Purpose of Disbursement  
2010 PAC Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 37188260  
Date of Disbursement

10 / 19 / 2010

Amount of Each Disbursement this Period

3000.00

2010 PAC Contribution

**C.** Full Name (Last, First, Middle Initial)  
Friends of Sessions Senate Committee

Mailing Address P.O. Box 4278

City Montgomery State AL Zip Code 36103

Purpose of Disbursement  
2010 Candidate Contribution

Candidate Name  
Jeff Sessions

011  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼

State: AL District:

Transaction ID: 37188293  
Date of Disbursement

10 / 19 / 2010

Amount of Each Disbursement this Period

1000.00

2010 Candidate Contribution

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

5000.00

**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

A.	Full Name (Last, First, Middle Initial) Snowe For Senate  Mailing Address PO Box 2012  City Portland State ME Zip Code 04104  Purpose of Disbursement 2010 Candidate Contribution Candidate Name Sen. Olympia J. Snowe Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ME District:	Transaction ID: 37193289 Date of Disbursement 10 / 19 / 2010  Amount of Each Disbursement this Period 2000.00  2010 Candidate Contribution
B.	Full Name (Last, First, Middle Initial) First State PAC  Mailing Address P.O. Box 3006  City Wilmington State DE Zip Code 19804  Purpose of Disbursement 2010 PAC Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 37300452 Date of Disbursement 11 / 08 / 2010  Amount of Each Disbursement this Period 4000.00  2010 PAC Contribution
C.	Full Name (Last, First, Middle Initial) Keystone America PAC  Mailing Address 888 16th Street, NW Suite 570A  City Washington State DC Zip Code 20006  Purpose of Disbursement 2010 PAC Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 37301159 Date of Disbursement 11 / 09 / 2010  Amount of Each Disbursement this Period 2000.00  2010 PAC Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8000.00
<b>TOTAL</b> 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)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Gillibrand For Senate <hr/> Mailing Address 236 Massachusetts Ave Suite 110 <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement 2010 Candidate Contribution Candidate Name Sen. Kirsten E. Gillibrand <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: <hr/> Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 37302729 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 1 0
	Amount of Each Disbursement this Period 3500.00
	2010 Candidate Contributi- on
	Category/ Type 011

<b>B.</b> Full Name (Last, First, Middle Initial) Mark Pryor For Us Senate <hr/> Mailing Address PO Box 2720 <hr/> City Little Rock State AR Zip Code 72203 <hr/> Purpose of Disbursement 2010 Candidate Contribution Candidate Name Sen. Mark L. Pryor <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: <hr/> Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 37302730 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	2010 Candidate Contributi- on
	Category/ Type 011

<b>C.</b> Full Name (Last, First, Middle Initial) Narragansett Bay PAC <hr/> Mailing Address P.O. Box 8628 <hr/> City Cranston State RI Zip Code 02920 <hr/> Purpose of Disbursement 2010 PAC Contribution Candidate Name Narragansett Bay PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 37302734 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 1 0
	Amount of Each Disbursement this Period 4000.00
	2010 PAC Contribution
	Category/ Type 011

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Friends of Senator Rockefeller  Mailing Address PO Box 1909  City Charleston State WV Zip Code 25327  Purpose of Disbursement 2010 Candidate Contribution Candidate Name John Rockefeller Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WV District:	<b>Transaction ID:</b> 37302740 <b>Date of Disbursement</b> 11 / 09 / 2010  Amount of Each Disbursement this Period 1000.00  2010 Candidate Contribution	
<b>B.</b>	Full Name (Last, First, Middle Initial) Forward Together PAC  Mailing Address 10 G Street, Suite 470  City Washington State DC Zip Code 20002  Purpose of Disbursement 2010 PAC Contribution Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> 37302746 <b>Date of Disbursement</b> 11 / 09 / 2010  Amount of Each Disbursement this Period 2500.00  2010 PAC Contribution	
<b>C.</b>	Full Name (Last, First, Middle Initial) Friends Of Frank Guinta  Mailing Address P.O. Box 877  City Manchester State NH Zip Code 03105  Purpose of Disbursement 2010 Candidate Contribution Candidate Name Mr. Frank Guinta Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NH District: 01	<b>Transaction ID:</b> 37302907 <b>Date of Disbursement</b> 10 / 20 / 2010  Amount of Each Disbursement this Period 1000.00  2010 Candidate Contribution	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4500.00</b>
<b>TOTAL</b> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Friends Of Joe Heck <hr/> Mailing Address PO Box 750114 <hr/> City Las Vegas State NV Zip Code 89136 <hr/> Purpose of Disbursement 2010 Candidate Contribution Candidate Name Mr. Joe Heck <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 37303093 <b>Date of Disbursement</b> 10 / 20 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> 2010 Candidate Contributi- on	011 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Jaime Herrera For Congress <hr/> Mailing Address PO Box 1614 <hr/> City Ridgefield State WA Zip Code 98642 <hr/> Purpose of Disbursement 2010 Candidate Contribution Candidate Name Jaime Herrera <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 37303131 <b>Date of Disbursement</b> 10 / 20 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> 2010 Candidate Contributi- on	011 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Lynn Jenkins For Congress <hr/> Mailing Address P.O. Box 1441 <hr/> City Topeka State KS Zip Code 66601 <hr/> Purpose of Disbursement 2010 Candidate Contribution Candidate Name Rep. Lynn Jenkins <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 37303159 <b>Date of Disbursement</b> 10 / 20 / 2010 <hr/> Amount of Each Disbursement this Period 2000.00 <hr/> 2010 Candidate Contributi- on	011 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4000.00
<b>TOTAL</b> 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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Kline For Congress</p> <p>Mailing Address 101 W Burnsville Pkwy Suite 104 Suite 104</p> <p>City Burnsville State MN Zip Code 55337</p> <p>Purpose of Disbursement 2010 Candidate Contribution</p> <p>Candidate Name Rep. John P. Kline</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MN District: 02</p>	<p>Transaction ID: 37303164</p> <p>Date of Disbursement 10 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>2010 Candidate Contributi- on</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Chris Lee For Congress</p> <p>Mailing Address PO Box 15395</p> <p>City Rochester State NY Zip Code 14615</p> <p>Purpose of Disbursement 2010 Candidate Contribution</p> <p>Candidate Name Rep. Christopher John Lee</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 26</p>	<p>Transaction ID: 37303227</p> <p>Date of Disbursement 10 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>2010 Candidate Contributi- on</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Friends Of Erik Paulsen</p> <p>Mailing Address P.O. Box 44369 250 Prairie Center Drive</p> <p>City Eden Prairie State MN Zip Code 55344</p> <p>Purpose of Disbursement 2010 Candidate Contribution</p> <p>Candidate Name Rep. Erik P. Paulsen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MN District: 03</p>	<p>Transaction ID: 37303269</p> <p>Date of Disbursement 10 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p> <p>2010 Candidate Contributi- on</p>

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

6500.00

**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)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Price For Congress  Mailing Address P.O. Box 425  City Roswell State GA Zip Code 30077  Purpose of Disbursement 2010 Candidate Contribution Candidate Name Rep. Thomas Edmunds Price, M.D. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 37303296 Date of Disbursement 10 / 20 / 2010  Amount of Each Disbursement this Period 2000.00  2010 Candidate Contribution	011 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Friends Of Bill Posey  Mailing Address P. O. Box 360877  City Melbourne State FL Zip Code 32936  Purpose of Disbursement 2010 Candidate Contribution Candidate Name Rep. Bill Posey Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 15 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 37303298 Date of Disbursement 10 / 20 / 2010  Amount of Each Disbursement this Period 1000.00  2010 Candidate Contribution	011 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Martha Roby For Congress  Mailing Address PO Box 195  City Montgomery State AL Zip Code 36101  Purpose of Disbursement 2010 Candidate Contribution Candidate Name Ms. Martha Roby Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 37305638 Date of Disbursement 10 / 20 / 2010  Amount of Each Disbursement this Period 1000.00  2010 Candidate Contribution	011 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Boucher For Congress Committee  Mailing Address P.O. Box 2000  City Abingdon State VA Zip Code 24212  Purpose of Disbursement 2010 Candidate Contribution Candidate Name Rep. Rick Boucher Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 09 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 37305911 <b>Date of Disbursement</b> 10 / 20 / 2010  Amount of Each Disbursement this Period 1000.00  2010 Candidate Contributi- on	011 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) JOE PAC  Mailing Address 426 C Street, NE  City Washington State DC Zip Code 20002  Purpose of Disbursement 2010 PAC Contribution Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 37306174 <b>Date of Disbursement</b> 10 / 20 / 2010  Amount of Each Disbursement this Period 3500.00  2010 PAC Contribution	011 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Ellison For Congress  Mailing Address PO Box 6072  City Minneapolis State MN Zip Code 55406  Purpose of Disbursement 2010 Candidate Contribution Candidate Name Rep. Keith Ellison Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 05 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 37306357 <b>Date of Disbursement</b> 10 / 20 / 2010  Amount of Each Disbursement this Period 3000.00  2010 Candidate Contributi- on	011 Category/ Type

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

7500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Bob Etheridge For Congress Committee</p> <p>Mailing Address Post Office Box 28001 PO Box 28001</p> <p>City Raleigh State NC Zip Code 27611</p> <p>Purpose of Disbursement 2010 Candidate Contribution</p> <p>Candidate Name Rep. Bob Etheridge</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NC District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 37306497</p> <p>Date of Disbursement 10 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>2010 Candidate Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Ruben Hinojosa For Congress</p> <p>Mailing Address 502 North 11th Street</p> <p>City Mcallen State TX Zip Code 78501</p> <p>Purpose of Disbursement 2010 Candidate Contribution</p> <p>Candidate Name Rep. Ruben Hinojosa</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TX District: 15</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 37306658</p> <p>Date of Disbursement 10 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>2010 Candidate Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) John Lewis For Congress</p> <p>Mailing Address P.O. Box 2323</p> <p>City Atlanta State GA Zip Code 30301</p> <p>Purpose of Disbursement 2010 Candidate Contribution</p> <p>Candidate Name Rep. John Lewis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: GA District: 05</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 37306923</p> <p>Date of Disbursement 10 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>2010 Candidate Contribution</p>

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

4000.00

**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

A.

Full Name (Last, First, Middle Initial)  
Meeks For Congress

Mailing Address 1831 Bay Street Se  
219-10 South Conduit Avenue

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2010 Candidate Contribution

Candidate Name  
Rep. Gregory W. Meeks

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

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 37307379  
Date of Disbursement

10 / 20 / 2010

Amount of Each Disbursement this Period

2000.00

2010 Candidate Contributi-  
on

B.

Full Name (Last, First, Middle Initial)  
Committee To Elect Chris Murphy

Mailing Address P.O. Box 127

City Cheshire State CT Zip Code 06410

Purpose of Disbursement  
2010 Candidate Contribution

Candidate Name  
Rep. Christopher Scott Murphy

Office Sought:  House  
 Senate  
 President  
State: CT District: 05

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 37307573  
Date of Disbursement

10 / 20 / 2010

Amount of Each Disbursement this Period

2000.00

2010 Candidate Contributi-  
on

C.

Full Name (Last, First, Middle Initial)  
Pascrell For Congress

Mailing Address P.O. Box 640

City Totowa State NJ Zip Code 07511

Purpose of Disbursement  
2010 Candidate Contribution

Candidate Name  
Rep. William J. Pascrell, Jr.

Office Sought:  House  
 Senate  
 President  
State: NJ District: 08

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 37307877  
Date of Disbursement

10 / 20 / 2010

Amount of Each Disbursement this Period

2000.00

2010 Candidate Contributi-  
on

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Terri Sewell For Congress

Mailing Address P.O. Box 1964

City Birmingham State AL Zip Code 35201

Purpose of Disbursement  
2010 Candidate Contribution

011  
Category/  
Type

Candidate Name  
Ms. Terri Sewell

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: AL District: 07

Transaction ID: 37308781

Date of Disbursement

10 / 20 / 2010

Amount of Each Disbursement this Period

1000.00

2010 Candidate Contributi-  
on

B.

Full Name (Last, First, Middle Initial)

Van Hollen For Congress

Mailing Address 10537 St. Paul St.

City Kensington State MD Zip Code 20895

Purpose of Disbursement  
2010 Candidate Contribution

011  
Category/  
Type

Candidate Name  
Rep. Chris Van Hollen

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: MD District: 08

Transaction ID: 37309003

Date of Disbursement

10 / 20 / 2010

Amount of Each Disbursement this Period

2000.00

2010 Candidate Contributi-  
on

C.

Full Name (Last, First, Middle Initial)

Victory Now PAC

Mailing Address 10605 Concord Street  
Suite 202

City Kensington State MD Zip Code 20895

Purpose of Disbursement  
2010 PAC Contribution

011  
Category/  
Type

Candidate Name  
Victory Now PAC

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 37309135

Date of Disbursement

10 / 20 / 2010

Amount of Each Disbursement this Period

1000.00

2010 PAC Contribution

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

4000.00

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

A.	Full Name (Last, First, Middle Initial) Yarmuth For Congress	Transaction ID: 37309194 Date of Disbursement 10 / 20 / 2010
	Mailing Address 1819 Brownsboro Road	Amount of Each Disbursement this Period 1000.00
	City Louisville State KY Zip Code 40202	
	Purpose of Disbursement 2010 Candidate Contribution Candidate Name Rep. John A. Yarmuth Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 03	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2010 Candidate Contributi- on

B.	Full Name (Last, First, Middle Initial) Doheny For Congress	Transaction ID: 37309261 Date of Disbursement 10 / 20 / 2010
	Mailing Address 107 Court Street PO Box 257	Amount of Each Disbursement this Period 1000.00
	City Watertown State NY Zip Code 13601	
	Purpose of Disbursement 2010 Candidate Contribution Candidate Name Mr. Matt Doheny Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2010 Candidate Contributi- on

C.	Full Name (Last, First, Middle Initial) Prosperity PAC	Transaction ID: 37360407 Date of Disbursement 10 / 22 / 2010
	Mailing Address 1006 Pendleton Street	Amount of Each Disbursement this Period 3000.00
	City Alexandria State VA Zip Code 22314	
	Purpose of Disbursement 2010 PAC Contribution Candidate Name Prosperity PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2010 PAC Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5000.00
<b>TOTAL</b> 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

A.

Full Name (Last, First, Middle Initial)  
BADGERPAC

Mailing Address 1831 Bay Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2010 PAC Contribution

Candidate Name  
BADGERPAC

011  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 37362700  
Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

3500.00

2010 PAC Contribution

B.

Full Name (Last, First, Middle Initial)  
Citizens for Action

Mailing Address P.O. Box 1535

City Wilkes-Barre State PA Zip Code 18703

Purpose of Disbursement  
2010 PAC Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 37376248  
Date of Disbursement

10 / 25 / 2010

Amount of Each Disbursement this Period

3000.00

2010 PAC Contribution

C.

Full Name (Last, First, Middle Initial)  
Becerra For Congress

Mailing Address P.O. Box 261060

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement  
2010 Candidate Contribution

Candidate Name  
Rep. Xavier Becerra

011  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  Primary  General  Other (specify) ▼

State: CA District: 31

Transaction ID: 37379247  
Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

1000.00

2010 Candidate Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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

100500.00

# 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

A.	Full Name (Last, First, Middle Initial) MassMutual Federal Credit Union <hr/> Mailing Address 1295 State Street <hr/> City Springfield State MA Zip Code 01111 <hr/> Purpose of Disbursement Oct-10 AMEX Mthly Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 37784146 Date of Disbursement 10 / 20 / 2010 <hr/> Amount of Each Disbursement this Period 4.95 <hr/> Oct-10 AMEX Mthly Fee
B.	Full Name (Last, First, Middle Initial) MassMutual Federal Credit Union <hr/> Mailing Address 1295 State Street <hr/> City Springfield State MA Zip Code 01111 <hr/> Purpose of Disbursement AMEX Processing Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 37784148 Date of Disbursement 10 / 25 / 2010 <hr/> Amount of Each Disbursement this Period 61.69 <hr/> AMEX Processing Fee
C.	Full Name (Last, First, Middle Initial) MassMutual Federal Credit Union <hr/> Mailing Address 1295 State Street <hr/> City Springfield State MA Zip Code 01111 <hr/> Purpose of Disbursement PaymenTech Processing Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 37784149 Date of Disbursement 10 / 28 / 2010 <hr/> Amount of Each Disbursement this Period 19.59 <hr/> PaymenTech Processing Fee

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>86.23</b>
<b>TOTAL</b> 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)

PAGE 133 / 133

<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

<b>A.</b> Full Name (Last, First, Middle Initial) MassMutual Federal Credit Union <hr/> Mailing Address 1295 State Street <hr/> City Springfield State MA Zip Code 01111 <hr/> Purpose of Disbursement PaymenTech Fees (11/3 & 11/4) Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 37784810 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 1 0
	Amount of Each Disbursement this Period 54.01
	Category/ Type 001
	PaymenTech Fees (11/3 & 11/4)
<b>B.</b> Full Name (Last, First, Middle Initial) MassMutual Federal Credit Union <hr/> Mailing Address 1295 State Street <hr/> City Springfield State MA Zip Code 01111 <hr/> Purpose of Disbursement PaymenTech Processing Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 37784811 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 1 0
	Amount of Each Disbursement this Period 51.95
	Category/ Type 001
	PaymenTech Processing Fee
<b>C.</b> Full Name (Last, First, Middle Initial) MassMutual Federal Credit Union <hr/> Mailing Address 1295 State Street <hr/> City Springfield State MA Zip Code 01111 <hr/> Purpose of Disbursement Nov-10 AMEX Mthly Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 37784812 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 4.95
	Category/ Type 001
	Nov-10 AMEX Mthly Fee

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>110.91</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>197.14</b>