MMPAC
MassMutual Political Action Committee

Massachusetts Mutual Life Insurance Company
1295 State Street Springfield MA 01111-0001
(413) 744-6250

November 18, 1997

AIRBORNE OVERNIGHT

Public Records Office
Federal Election Commission
999 E Street, N.W.
Washington, DC 20463

Gentlemen:

In order to assure the timely filing of reports, the Massachusetts Mutual Life Insurance Company Political Action Committee has elected, pursuant to Federal Election Commission Regulation 104.5(c), to file monthly reports during 1996.

Accordingly, enclosed please find the monthly report covering the period October 1, 1997 through October 31, 1997.

Sincerely,

Ellen Wilkins Ellis
Second Vice President
Government Relations

Enclosure

c: Bruce Frisbie E078
Gary Gilbert E078

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full)
Massachusetts Mutual Life Insurance Company
Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported
1295 State Street

CITY, STATE and ZIP CODE
Springfield, Massachusetts 01111-0001

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
Nov 19 10 26 AM '97

2. FEC IDENTIFICATION NUMBER
C 00118943

3. [X] This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
Prior to January 1, 1994

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☒ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Covering Period Oct 1, 1997 through Oct 31, 1997		
6. (a) Cash on Hand January 1, 19 97		$ 16,714.36
(b) Cash on Hand at Beginning of Reporting Period	$ 23,193.52	
(c) Total Receipts (from Line 19)	$ 25,726.19	$ 229,553.16
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 48,919.71	$ 246,267.52
7. Total Disbursements (from Line 30)	$ 41,000.00	$ 238,347.81
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 7,919.71	$ 7,919.71
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 15,000.00	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
Bruce C. Frisbie

Signature of Treasurer Bruce C. Frisbie Date 11/14/97

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

FEC FORM 3X
(revised 9/93)

FE5AN068

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: Massachusetts Mutual Life Insurance Co. Political Action Committee

REPORT COVERING PERIOD FROM: Oct 1, 1997 TO: Oct 31, 1997

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	6,438.43	123,180.82	11(a)(i)
ii. Unitemized	4,190.62	90,723.57	11(a)(ii)
iii. Total (add i and ii) ➤	10,629.05	213,904.39	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	10,629.05	213,904.39	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received	15,000.00	15,000.00	13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	61.00	61.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	36.14	587.77	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	25,726.19	229,553.16	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	25,726.19	229,553.16	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures		267.81	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤		267.81	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	41,000.00	222,500.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made		15,000.00	26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees		580.00	28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤		580.00	28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	41,000.00	238,347.81	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	41,000.00	238,347.81	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	10,629.05	213,904.39	32
33. Total Contribution Refunds (from line 28d)		580.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	10,629.05	213,324.39	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	- 0 -	267.81	35
36. Offsets to Operating Expenditures (from line 15)	61.00	61.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	-61.00	206.81	37

FE5AN008

SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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

PAGE 1 OF 40

FOR LINE NUMBER 11a(i)

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, Mailing Address and Zip Code ABBOTT, JOHN L. 235 BENNETT ROAD HAMPDEN, MA 01036 Receipt For: || Primary || General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation VICE PRESIDENT Aggregate Year-to-Date ---->$ 250.00	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $25.00
B. Full Name, Mailing Address and Zip Code ADORNATO, PAUL 418 LONGHILL STREET SPRINGFIELD, MA 01108 Receipt For: || Primary || General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation SENIOR VICE PRESIDENT Aggregate Year-to-Date ---->$ 833.30	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $83.33
C. Full Name, Mailing Address and Zip Code ALFANO, SUSAN A. 22 RIDGEWOOD ROAD SOMERS, CT 06071 Receipt For: || Primary || General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation SENIOR VICE PRESIDENT Aggregate Year-to-Date ---->$ 1,250.00	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $125.00
D. Full Name, Mailing Address and Zip Code ARBUCKLE, BETTY R. 4348 VERPLANCK PLACE, NW WASHINGTON, DC 20016 Receipt For: || Primary || General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date ---->$ 260.00	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and Zip Code BACCHIOCCHI, GARY J. 14 GARY DRIVE WESTFIELD, MA 01085 Receipt For: || Primary || General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation SENIOR VICE PRESIDENT Aggregate Year-to-Date ---->$ 354.20	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $35.42
F. Full Name, Mailing Address and Zip Code BAILEY, ROBERT W. 912 ELMINGTON COURT BRENTWOOD, TN 37027 Receipt For: || Primary || General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date ---->$ 750.00	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and Zip Code BAKER, BRUCE J. 5682 E. GALBRAITH ROAD CINCINNATI, OH 45236 Receipt For: || Primary || General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date ---->$ 300.00	Date (month, day, year) 11/28/97	Amount of Each Receipt this Period $30.00
SUBTOTAL of Receipts This Page (optional) ---->			$298.75
TOTAL This Period (last page this line number only) ---->			

SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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

PAGE 2 OF 40

FOR LINE NUMBER 11a(i)

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

A. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
BARKER, JOSEPH 391 SOUTH 90TH STREET OMAHA, NE 68114	AGENT	11/26/97	$21.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	210.00	
B. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
BARLEY, CHARLES J. 2601 SALEM DRIVE CINNAMINSON, NJ 08077	AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	250.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
BATEMAN, JAMES M. 3939 OAK RIDGE DRIVE JACKSON, MS 39216	GENERAL AGENT	11/26/97	$100.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	400.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
BAUM, DANIEL S. 6969 OLD QUARRY PLACE FAYETTEVILLE, NY 13066-9742	GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	750.00	
E. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
BAYER, HARRY H. 3424 BROOKWOOD TRACE BIRMINGHAM, AL 35273	AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	250.00	
F. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
BEATTY, STEVEN J. 9849 ODDA WAY LAS VEGAS, NV 89117	AGENT	11/26/97	$25.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	250.00	
G. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
BECKNELL, GEORGE P. III 843 ESTES AVENUE SAN ANTONIO, TX 78209	AGENT	11/26/97	$60.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	600.00	

SUBTOTAL of Receipts This Page (optional)..... > $206.00

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

SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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

PAGE 3 OF 40
FOR LINE NUMBER 11a(i)

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

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
BELLAVIA, SAL J. 124 MARANGALE ROAD MANLIUS, NY 13202	Massachusetts Mutual Life Insurance Company GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date --->$	750.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
BERLIN, STEPHEN C. 100 HUNDREDS ROAD WELLESLEY, MA 02181	Massachusetts Mutual Life Insurance Company GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date --->$	750.00	
C. Full Name, Mailing Address and Zip Code	Member of / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
BERNSTEIN, NEIL 6172 N.W. 121ST AVE. CORAL SPRINGS, FL 33076	Massachusetts Mutual Life Insurance Company AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date --->$	250.00	
D. Full Name, Mailing Address and Zip Code	Member of / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
BIENENFELD, HOWARD N. 5921 S.W. 33RD LANE FORT LAUDERDALE, 33021	Massachusetts Mutual Life Insurance Company AGENT	11/28/97	$25.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date --->$	300.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
BINGHAM, GARY MEADOWS OF ENFIELD, UNIT 165 ENFIELD, CT 06082	Massachusetts Mutual Life Insurance Company SENIOR VICE PRESIDENT	MONTHLY PAYROLL DEDUCTION	$35.42
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date --->$	354.20	
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
BLANSETT, MARTHA L. 101 CONVERSE STREET LONGMEADOW, MA 01106	Massachusetts Mutual Life Insurance Company VICE PRESIDENT	MONTHLY PAYROLL DEDUCTION	$40.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date --->$	400.00	
G. Full Name, Mailing Address and Zip Code	Member of / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
BLOMBERG, RUSSELL A. 2366 SADDLEBACK DRIVE DANVILLE, CA 94506	Massachusetts Mutual Life Insurance Company AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date --->$	350.00	

SUBTOTAL of Receipts This Page (optional) ---> $100.42

TOTAL This Period (last page this line number only) --->

SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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FOR LINE NUMBER 11a(i)

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

A. Full Name, Mailing Address and Zip Code BLUE, JAMES D. II 233 CONANT ROAD WESTWOOD, MA 03090 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 250.00	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and Zip Code BOOK, MICHAEL 5 IKE COURT MARLBORO, NJ 07746 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 250.00	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and Zip Code BOURGEOIS, RICHARD 26 GLENWOOD CIRCLE LONGMEADOW, MA 01106 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation VICE PRESIDENT Aggregate Year-to-Date —>$ 354.20	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $35.42
D. Full Name, Mailing Address and Zip Code BOWLING, LARRY E. 700 ELMWOOD ROAD HAMILTON, OH 45013 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 250.00	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and Zip Code BRADLEY, J. BROOKS 28 TREMBLANT CT. LUTHERVILLE, MD 21093 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 250.00	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and Zip Code BRANDT, JEROME 2589 MURRAY AVE. HUNTINGDON VALLEY, PA 19006 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 250.00	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and Zip Code BRANSTROM, JOHN T. 216 COULETT STREET MORGANTON, NC 28655 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 250.00	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) —> $35.42

TOTAL This Period (last page this line number only) —>

SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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

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FOR LINE NUMBER 11a(i)

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

A. Full Name, Mailing Address and Zip Code BRASSARD, DAVID 175 TANGLEWOOD DRIVE EAST LONGMEADOW, MA 01028 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation SENIOR VICE PRESIDENT Aggregate Year-to-Date —>$ 554.18	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $72.92
B. Full Name, Mailing Address and Zip Code BRAUN, WILLIAM J. 4806 POWERS BLVD DECATOR, IL 62521 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 250.00	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and Zip Code BROYLES, CHRISTOPHER 1033 BROOKHAVEN LANE ATLANTA, GA 30319 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 250.00	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and Zip Code BUCHHOLZ, WILLIAM M. 5712 ODANA ROAD MADISON, WI 53719 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 400.00	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and Zip Code BURETT, RAYMOND J. 444 EAST 86TH STREET, APT 16G NEW YORK, NY 10028-8462 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 250.00	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and Zip Code BURKETT, LAWRENCE V. JR 26 CRESCENT CIRCLE WESTFIELD, MA 01085 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation EXECUTIVE VP & GEN. COUNCIL Aggregate Year-to-Date —>$ 2,000.00	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and Zip Code BURKE, ROBERT P. 1700 STONE CHURCH COURT VIRGINIA BEACH, VA 23455 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 400.00	Date (month, day, year)	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional) ----->			$72.92
TOTAL This Period (last page this line number only) ----->			

SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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

PAGE 6 OF 40

FOR LINE NUMBER 11a(i)

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

A. Full Name, Mailing Address and Zip Code BURSTIN, DAVID 705 SOUTH LINDEN AVE PITTSBURGH, PA 15208 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 750.00	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and Zip Code BUSHYAGER, DONALD W. 105 MARBLE DRIVE BRIDGEVILLE, PA 15017 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 250.00	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and Zip Code CAREY, PETER G. 12 WHITMAN ROAD SIMSBURY, CT 06070 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 750.00	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and Zip Code CARROLL, DOUGLAS R. 112 ROXBURY ROAD GARDEN CITY, NY 11530 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 500.00	Date (month, day, year) 11/28/97	Amount of Each Receipt this Period $50.00
E. Full Name, Mailing Address and Zip Code CARROLL, GREGORY F. 16 BAY VIEW TERRACE GENEVA, NY 14456 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 1,000.00	Date (month, day, year) 11/28/97	Amount of Each Receipt this Period $100.00
F. Full Name, Mailing Address and Zip Code CARVER, DAVID G. 3900 LEMON AVE. LONG BEACH, CA 90801 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 250.00	Date (month, day, year) 11/28/97	Amount of Each Receipt this Period $25.00
G. Full Name, Mailing Address and Zip Code CASTELLANI, FREDERICK 47 BLUE RIDGE DRIVE SIMSBURY, CT 06070 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation SENIOR VICE PRESIDENT Aggregate Year-to-Date —>$ 833.40	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $83.34
SUBTOTAL of Receipts This Page (optional)>			$258.34
TOTAL This Period (last page this line number only)>			

SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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

PAGE 7 OF 40
FOR LINE NUMBER 11a(i)

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

A. Full Name, Mailing Address and Zip Code CHAMBERS, J. C. 4606 - 13TH STREET LUBBOCK, TX 79416 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 400.00	Date (month, day, year) 11/28/97	Amount of Each Receipt this Period $40.00
B. Full Name, Mailing Address and Zip Code CHAPEL, JAMES F. JR 307 SOMERSET ROAD BALTIMORE, MD 21210 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 400.00	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and Zip Code CHASE, J. CLARKE 2707 E. FRANKLIN ST. RICHMOND, VA 23223 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 250.00	Date (month, day, year) 11/28/97	Amount of Each Receipt this Period $25.00
D. Full Name, Mailing Address and Zip Code CLEVELAND, CHARLES E. II 3100 STERN DRIVE LAS VEGAS, NV 89117-0284 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 350.00	Date (month, day, year) 11/28/97	Amount of Each Receipt this Period $35.00
E. Full Name, Mailing Address and Zip Code CLIPPINGER, SCOTT W. 509 ORIOLE DRIVE EVANSVILLE, IN 47715 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 250.00	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and Zip Code CLIPPINGER, WILLIAM V. 4100 BELLEMEADE AVE EVANSVILLE, IN 47715 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 250.00	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and Zip Code COHEN, KENNETH 59 WOODLOT ROAD AMHERST, MA 01102 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation VICE PRESIDENT Aggregate Year-to-Date —>$ 833.30	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $83.33

SUBTOTAL of Receipts This Page (optional) —>	$166.33
TOTAL This Period (last page this line number only) —>	

SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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

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

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

A. Full Name, Mailing Address and Zip Code COLLINS, COLIN 2 WASHINGTON ROAD SPRINGFIELD, MA 01108 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation VICE PRESIDENT Aggregate Year-to-Date —>$ 333.30	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $33.33
B. Full Name, Mailing Address and Zip Code CONNOR, ALAN M. 1 WEBSTER LANE WILBRAHAM, MA 01095 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation CHIEF INVESTMENT OFFICER Aggregate Year-to-Date —>$ 600.00	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and Zip Code COWAN, HOWARD 941 PARK AVENUE, 8B NEW YORK, NY 10036 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 2,500.00	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and Zip Code CREW, ROBERT W. 4233 S. CYPRESS DERBY, KS 67037 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 252.00	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and Zip Code CUOZZO, PETER D. 66 GREAT POND ROAD SOUTH GLASTONBURY, CT 06073 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation VICE PRESIDENT Aggregate Year-to-Date —>$ 700.00	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and Zip Code CUSHING, R. RAND 696 COMMERCIAL ST. WEYMONTH, MA 02189 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 250.00	Date (month, day, year) 11/28/97	Amount of Each Receipt this Period $26.00
G. Full Name, Mailing Address and Zip Code DABOUL, PETER J. 56 BROOKSIDE VILLAGE ENFIELD, CT 06082 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation SENIOR VICE PRESIDENT Aggregate Year-to-Date —>$ 400.00	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $40.00
SUBTOTAL of Receipts This Page (optional)>			$98.33
TOTAL This Period (last page this line number only)>			

SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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

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FOR LINE NUMBER 11a(i)

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

A. Full Name, Mailing Address and Zip Code DALESSIO, NANCY 165 PROSPECT STREET EAST LONGMEADOW, MA 01028 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation SENIOR VICE PRESIDENT Aggregate Year-to-Date —>$ 400.00	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $40.00
B. Full Name, Mailing Address and Zip Code DAMIS, RAY R. 920 AMUNDSON DRIVE STILLWATER, MN 55082 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 400.00	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and Zip Code DAVIES, JOHN B. 2440 N. VERMONT AVE. LOS ANGELES, CA 90010 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation EXECUTIVE VICE PRESIDENT Aggregate Year-to-Date —>$ 2,000.00	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $200.00
D. Full Name, Mailing Address and Zip Code DAVIES, WILLIAM W. 510 SOUTH ARDEN BLVD. LOS ANGELES, CA 90010 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 250.00	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and Zip Code DAVIS, DAVID R. 24428-A HAMPTON DRIVE VALENCIA, CA 91355 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 270.00	Date (month, day, year) 11/28/97	Amount of Each Receipt this Period $30.00
F. Full Name, Mailing Address and Zip Code DAVIS, JAMES A. 165 HARD ROAD LOOKOUT MOUNTAIN, GA 30750 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 400.00	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and Zip Code DeCOURSEY, PAUL A. 4605 NORTH MERIDIAN INDIANAPOLIS, IN 46208 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 650.00	Date (month, day, year) 11/28/97	Amount of Each Receipt this Period $85.00
SUBTOTAL of Receipts This Page (optional)..... >			$335.00
TOTAL This Period (last page this line number only)..... >			

SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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

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

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

A. Full Name, Mailing Address and Zip Code DELEOT, THOMAS L. 221 NORTH WESTVIEW DRIVE WINSTON-SALEM, NC 27104 Receipt For: || Primary || General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 250.00	Date (month, day, year) 11/28/97	Amount of Each Receipt this Period $25.00
B. Full Name, Mailing Address and Zip Code DeVALLE, ROBERT J. 235 STATE STREET, APT 303 SPRINGFIELD, MA 01103 Receipt For: || Primary || General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 750.00	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and Zip Code DONAHE, TERENCE A. 2243 MARTIN #317 IRVINE, CA 92612 Receipt For: || Primary || General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 250.00	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and Zip Code DORMAN, STEVEN W. 7912 RIVER FALLS DRIVE POTOMAC, MD 20854 Receipt For: || Primary || General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 750.00	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and Zip Code DUNDORF, THOMAS E. 2807 WILLOWDALE LANE MATTHEWS, NC 28105 Receipt For: || Primary || General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 250.00	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and Zip Code EAGAN, JAY 5604 OXFORD STREET LUBBOCK, TX 79413 Receipt For: || Primary || General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 750.00	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and Zip Code ESTLER, STEVEN D. 2177 N.E. 63RD STREET FORT LAUDERDALE, FL 33308 Receipt For: || Primary || General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 250.00	Date (month, day, year)	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional) —>			$25.00
TOTAL This Period (last page this line number only) —>			

SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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

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

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

A. Full Name, Mailing Address and Zip Code FANNING, THOMAS J. 5 HIGH ELMS LANE LOCUST VALLEY, NY 11560 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 500.00	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and Zip Code FINK, DONALD M. 3811 SPENCER STREET LAS VAGAS, NV 89109 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 350.00	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and Zip Code FINNEGAN, THOMAS J. JR 5 WRIGHT PLACE WILBRAHAM, MA 01095 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation EXECUTIVE VICE PRESIDENT Aggregate Year-to-Date —>$ 583.30	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $58.33
D. Full Name, Mailing Address and Zip Code FIORE, DENNIS 4760 SURFWOOD DRIVE COMMERCE TOWNSHIP, MI 48382 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 300.00	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and Zip Code FISHER, WILLIAM 56 WINDSOR PLACE LONGMEADOW, MA 01106 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation SENIOR VICE PRESIDENT Aggregate Year-to-Date —>$ 354.20	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $35.42
F. Full Name, Mailing Address and Zip Code FITZGERALD, DANIEL J. 8 WARD DRIVE WILBRAHAM, MA 01096 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation EXECUTIVE VICE PRESIDENT Aggregate Year-to-Date —>$ 1,833.26	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $333.32
G. Full Name, Mailing Address and Zip Code FLANAGAN, TIMOTHY C. 437 UPPER GULPH ROAD RADNOR, PA 19087 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 750.00	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) —>	$427.07
TOTAL This Period (last page this line number only) —>	

SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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

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FOR LINE NUMBER 11a(i)

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

A. Full Name, Mailing Address and Zip Code FLORE, ROGER 23 VAN WYCK LANE LLOYD HARBOR, NY 11743 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date ---->$ 750.00	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and Zip Code FOLEY, DAVID E. 4500 REDMOND ROAD SPRINGFIELD, OH 45505 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date ---->$ 250.00	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and Zip Code FORD, MAUREEN R. 79 ANVIL DRIVE AVON, CT 06001 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation SENIOR VICE PRESIDENT Aggregate Year-to-Date ---->$ 500.00	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and Zip Code FORESI, ARTHUR 192 EASTWOOD DRIVE WESTFIELD, MA 01085 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation SENIOR VICE PRESIDENT Aggregate Year-to-Date ---->$ 583.30	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $58.33
E. Full Name, Mailing Address and Zip Code FRANK, STEPHEN R. 6238 S. COLLEGE PLACE TULSA, OK 74137 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date ---->$ 250.00	Date (month, day, year) 11/28/97	Amount of Each Receipt this Period $25.00
F. Full Name, Mailing Address and Zip Code FRANTZ, GARY A. 22 PRISCILLA LANE CARNEGIE, PA 15106-1024 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date ---->$ 400.00	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and Zip Code FRASER, GRANT D. 238 HILLGREEN PLACE ARCADIA, CA 91006 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date ---->$ 750.00	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ----> $83.33

TOTAL This Period (last page this line number only) ---->

SCHEDULE A ITEMIZED RECEIPTS
(Contributions from Employees)

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

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FOR LINE NUMBER 11a(i)

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

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
GALE, JEFFREY S. 3129 CHATHAM COURT WESTLAKE, OH 44145	Massachusetts Mutual Life Insurance Company GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date --->$	750.00	
B. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
GALGANO, JOSEPH W. 17 VIRGINIA DRIVE EASTON, CT 06612	AGENT	11/28/97	$50.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date --->$	500.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
GAVALAS, NICHOLAS B. 799 CREEKSIDE DRIVE MT. PLEASANT, SC 29464	Massachusetts Mutual Life Insurance Company GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date --->$	750.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
GIANQUITTO, RICHARD M. 705 SACHEM CIRCLE SLINGERLANDS, NY 12159	Massachusetts Mutual Life Insurance Company GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date --->$	750.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
GIGUERE, RAYMOND W. 5960 JESSICA DRIVE APOPKA, FL 32703-1936	Massachusetts Mutual Life Insurance Company GENERAL AGENT	11/28/97	$40.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date --->$	400.00	
F. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
GOULD, JOY M. 520 EAST 72ND STREET NEW YORK, NY 10021	AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date --->$	250.00	
G. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
GRAMMES, LOUIS F. 6105 STEPHENS CROSSING MECHANICSBURG, PA 17055	AGENT	11/28/97	$25.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date --->$	250.00	

SUBTOTAL of Receipts This Page (optional) --->	$115.00
TOTAL This Period (last page this line number only) --->	

SCHEDULE A ITEMIZED RECEIPTS
(Contributions from Employees)

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

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FOR LINE NUMBER 11a(i)

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

A. Full Name, Mailing Address and Zip Code GREENBERG, PETER W. 700 HEMPSTEAD AVE ROCKVILLE. CENTRE, NY 11577 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date --->$ 250.00	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and Zip Code GUERTIN, RICHARD E. 265 SILVER STREET MONSON, MA 01057 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation EXECUTIVE VICE PRESIDENT Aggregate Year-to-Date --->$ 583.30	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $58.33
C. Full Name, Mailing Address and Zip Code HAGUE, ROBERT A. LAKE PARADISE - LAKESIDE DRIVE MONSON, MA 01057 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation VICE PRESIDENT Aggregate Year-to-Date --->$ 354.20	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $35.42
D. Full Name, Mailing Address and Zip Code HAMBLEN, JEFFERY D. 10805 HANNAH FARM ROAD OAKTON, VA 22124 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date --->$ 650.00	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and Zip Code HARGREAVES, KENNETH 40 ENGLEWOOD ROAD LONGMEADOW, MA 01106 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation SENIOR VICE PRESIDENT Aggregate Year-to-Date --->$ 833.30	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $83.33
F. Full Name, Mailing Address and Zip Code HARMON, RON 2824 MAJESTY CT. NORMAN, OK 73072 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date --->$ 250.00	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and Zip Code HARRINGTON, DONALD J. 78 BIG HORN ROAD SHELTON, CT 06484 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date --->$ 572.00	Date (month, day, year) 11/28/97	Amount of Each Receipt this Period $83.00

SUBTOTAL of Receipts This Page (optional) ---->	$240.08
TOTAL This Period (last page this line number only) ---->	

SCHEDULE A ITEMIZED RECEIPTS
(Contributions from Employees)

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

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FOR LINE NUMBER 11a(i)

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

A. Full Name, Mailing Address and Zip Code HARRIS, MARILYN S. 7426 HIDDEN CREEK DRIVE DALLAS, TX 75252 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date --->$ 400.00	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and Zip Code HAYS, MICHAEL D. 118 TRIMMER LANE WESTFIELD, MA 01085 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date --->$ 833.30	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $83.33
C. Full Name, Mailing Address and Zip Code HEISLER, MARK A. 12427 BAYHILL DRIVE CARMEL, IN 46033 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date --->$ 250.00	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and Zip Code HENDERSON, JON A. 902 WEST BUTTERFIELD COURT PEORIA, IL 61614 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date --->$ 750.00	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and Zip Code HERTZ, DOUGLAS N. P.O. BOX 363 WILBRAHAM, MA 01095 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation EXECUTIVE VICE PRESIDENT Aggregate Year-to-Date --->$ 700.00	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and Zip Code HIGGINS, JOHN 82 BRADLEY LANE BRIDGEWATER, NJ 08807 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date --->$ 250.00	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and Zip Code HINRICHS, IVAN C. 5200 McALPINE FARM ROAD CHARLOTTE, NC 28226 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date --->$ 750.00	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) --->	$83.33
TOTAL This Period (last page this line number only) --->	

SCHEDULE A ITEMIZED RECEIPTS
(Contributions from Employees)

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

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

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

A. Full Name, Mailing Address and Zip Code HITCHCOCK, JOHN 1933 BEACON RIDGE COURT WALNUT CREEK, CA 94598	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date --->$	400.00	
B. Full Name, Mailing Address and Zip Code HODGSON, CHARLES E. 103 WEST TERRACE LANE PEORIA, IL 61614	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date --->$	250.00	
C. Full Name, Mailing Address and Zip Code HOLDEN, LAWRENCE N. 119 BROOKSTOWN AVE. WINSTON-SALEM, NC 27101	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	Date (month, day, year) 11/28/97	Amount of Each Receipt this Period $50.00
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date --->$	500.00	
D. Full Name, Mailing Address and Zip Code HOLLAND, ALAN L. 10618 NORTH EVERS PARK HOUSTON, TX 77024	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date --->$	400.00	
E. Full Name, Mailing Address and Zip Code HOLLIS, KEN P.O. BOX 6522 METAIRIE, LA 70009	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date --->$	750.00	
F. Full Name, Mailing Address and Zip Code HORRELL, STEPHEN B. JR 8712 CLUBHOUSE WAY SCOTTSDALE, AZ 85255	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date --->$	250.00	
G. Full Name, Mailing Address and Zip Code HOWES, ALFRED S. 42 FENIMORE ROAD SCARSDALE, NY 10583	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date --->$	500.00	

SUBTOTAL of Receipts This Page (optional) --->	$50.00
TOTAL This Period (last page this line number only) --->	

SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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

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

A. Full Name, Mailing Address and Zip Code HUFFMAN, GARY T. 4 WHITMAN POND ROAD SIMSBURY, CT 06070 Receipt For: || Primary || General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation SENIOR VICE PRESIDENT Aggregate Year-to-Date ---->$ 1,000.00	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and Zip Code HUIE, RONNIE E. 127 PARK PLACE BOERNE, TX 78006 Receipt For: || Primary || General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date ---->$ 210.00	Date (month, day, year) 11/28/97	Amount of Each Receipt this Period $21.00
C. Full Name, Mailing Address and Zip Code HULICK, JERRY L. 4852 SLATESTONE COURT FAIRFAX, VA 22030 Receipt For: || Primary || General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date ---->$ 760.00	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and Zip Code HUSTON, SAM M. 7275 KNOLLVALLEY LANE INDIANAPOLIS, IN 46256-2190 Receipt For: || Primary || General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date ---->$ 650.00	Date (month, day, year) 11/28/97	Amount of Each Receipt this Period $65.00
E. Full Name, Mailing Address and Zip Code JAMES, E. PERRY 215 NORTH CHURCH AVE. ROCKWOOD, TN 37854 Receipt For: || Primary || General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date ---->$ 660.00	Date (month, day, year) 11/28/97	Amount of Each Receipt this Period $55.00
F. Full Name, Mailing Address and Zip Code JERMYN, ISADORE 18 DUXBURY LANE LONGMEADOW, MA 01106 Receipt For: || Primary || General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation SENIOR VICE PRESIDENT Aggregate Year-to-Date ---->$ 583.30	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $58.33
G. Full Name, Mailing Address and Zip Code JOANOU, FRANK 14 HUBBARD PLACE WHEELING, WV 26003 Receipt For: || Primary || General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date ---->$ 480.00	Date (month, day, year) 11/28/97	Amount of Each Receipt this Period $50.00

SUBTOTAL of Receipts This Page (optional) ----> $259.33

TOTAL This Period (last page this line number only) ---->

SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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

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

A. Full Name, Mailing Address and Zip Code JOHNSON, CAROL M. 11 SOUTH SYCAMORE KNOLLS SOUTH HADLEY, MA 01075	Name of Employer Massachusetts Mutual Life Insurance Company Occupation EXECUTIVE VICE PRESIDENT	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $69.64
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$ 572.76		
B. Full Name, Mailing Address and Zip Code JOHNSON, GARY 103 DEL NORTE VISTA COURT FOLSOM, CA 95630	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$ 760.00		
C. Full Name, Mailing Address and Zip Code JOHNSON, JOEL A. 7018-82ND AVENUE SE MERCER ISLAND, WA 98040	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$ 420.00		
D. Full Name, Mailing Address and Zip Code JOHNSON, TERRILL B. 6807 15TH STREET WEST ROCK ISLAND, IL 61201-7517	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$ 750.00		
E. Full Name, Mailing Address and Zip Code JONES, STEVEN E. 4012 WESTWOOD PLACE RALEIGH, NC 27613	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	Date (month, day, year) 11/28/97	Amount of Each Receipt this Period $21.00
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$ 210.00		
F. Full Name, Mailing Address and Zip Code JOYAL, ROBERT E. 949 GLENDALE ROAD WILBRAHAM, MA 01095	Name of Employer Massachusetts Mutual Life Insurance Company Occupation SENIOR MANAGING DIRECTOR	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $69.91
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$ 560.19		
G. Full Name, Mailing Address and Zip Code JOYCE, JOHN, B. 585 WOLF SWAMP ROAD LONGMEADOW, MA 01106	Name of Employer Massachusetts Mutual Life Insurance Company Occupation MANAGING DIRECTOR	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $35.41
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$ 364.10		
SUBTOTAL of Receipts This Page (optional) ---->			$169.96
TOTAL This Period (last page this line number only) ---->			

SCHEDULE A ITEMIZED RECEIPTS
(Contributions from Employees)

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

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

A. Full Name, Mailing Address and Zip Code KARAM, ROBERT S. 500 ALBANY STREET FALL RIVER, MA 02720	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	Date (month, day, year) 11/28/97	Amount of Each Receipt this Period $30.00
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$	300.00	
B. Full Name, Mailing Address and Zip Code KASS, HERBERT D. 16 WEST 12TH STREET NEW YORK, NY 10011	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	Date (month, day, year) 11/28/97	Amount of Each Receipt this Period $40.00
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$	400.00	
C. Full Name, Mailing Address and Zip Code KESSLING, MICHAEL H. 63 CARRINGTON POINT FORT THOMAS, KY 41075	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$	250.00	
D. Full Name, Mailing Address and Zip Code KING, THOMAS N. 1202 GRIGSBY CHAPEL ROAD KNOXVILLE, TN 37922-1503	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT	Date (month, day, year) 11/28/97	Amount of Each Receipt this Period $62.50
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$	625.00	
E. Full Name, Mailing Address and Zip Code KLINE, EDWARD M. 119 KNOLLWOOD DRIVE LONGMEADOW, MA 01106	Name of Employer Massachusetts Mutual Life Insurance Company Occupation VICE PRESIDENT	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $35.41
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$	354.10	
F. Full Name, Mailing Address and Zip Code KNOWLES, ROBERT L. 25 KINGOKE LANE SPRINGFIELD, MA 01119	Name of Employer Massachusetts Mutual Life Insurance Company Occupation SENIOR VICE PRESIDENT	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $35.42
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$	354.20	
G. Full Name, Mailing Address and Zip Code KUHN, DON A. 5823 CAMELBACK CT. INDIANAPOLIS, IND 46250	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$	250.00	

SUBTOTAL of Receipts This Page (optional) —> $203.33

TOTAL This Period (last page this line number only) —>

SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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

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

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
KUHN, STEPHEN L. 285 FARMINGTON ROAD LONGMEADOW, MA 01106	Massachusetts Mutual Life Insurance Company EXECUTIVE VICE PRESIDENT	MONTHLY PAYROLL DEDUCTION	$58.33
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$ 583.30		
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
KUMMING, ROBERT W. JR 22 McINTOSH WILBRAHAM, MA 01095	Massachusetts Mutual Life Insurance Company REGIONAL VICE PRESIDENT	MONTHLY PAYROLL DEDUCTION	$35.42
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$ 354.20		
C. Full Name, Mailing Address and Zip Code	Member of / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
LARGE, GREGORY K. 61 W. 62ND STREET, APT 21D NEW YORK, NY 10023	Massachusetts Mutual Life Insurance Company AGENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$ 350.00		
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
LAURETTI, DAVID 6 GALE ROAD BLOOMFIELD, CT 06002	Massachusetts Mutual Life Insurance Company SENIOR MANAGING DIRECTOR	MONTHLY PAYROLL DEDUCTION	$77.78
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$ 544.46		
E. Full Name, Mailing Address and Zip Code	Member of / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
LAU, DAVID F. 5216 WINLANE DRIVE BLOOMFIELD HILLS, MI 48302	Massachusetts Mutual Life Insurance Company AGENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$ 350.00		
F. Full Name, Mailing Address and Zip Code	Member of / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
LECCE, VINCENT 1127 MOHEGAN ROAD NISKAYUNA, NY 12309	Massachusetts Mutual Life Insurance Company AGENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$ 250.00		
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
LEE, RONALD B. 16 CARRIAGE ROAD ROSLYN, NY 11576	Massachusetts Mutual Life Insurance Company GENERAL AGENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$ 750.00		

SUBTOTAL of Receipts This Page (optional) ---->	$171.53
TOTAL This Period (last page this line number only) ---->	

SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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

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

A. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
LERNER, DENNIS B. 14642 190TH STREET BIG RAPIDS, MI 49307	AGENT	11/28/97	$30.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): NA	Aggregate Year-to-Date —>$	300.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
LEVIN, GARY J. 12135 CLEAR HARBOR DRIVE TAMPA, FL 33625	GENERAL AGENT		
Receipt For: [ ] Primary [ ] General [X] Other (specify): NA	Aggregate Year-to-Date —>$	750.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
LEWIS, GARY E. 810 CRESTWOOD DRIVE NASHVILLE, TN 37204	GENERAL AGENT		
Receipt For: [ ] Primary [ ] General [X] Other (specify): NA	Aggregate Year-to-Date —>$	750.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
LOMELI, P. ANN FUTTER 68 OUTLOOK AVE WEST HARTFORD, CT 06119	VP & ASSOC GENERAL COUNCIL		
Receipt For: [ ] Primary [ ] General [X] Other (specify): NA	Aggregate Year-to-Date —>$	425.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
LOPEZ, FERNANDO F. COND. VILLA DEL MAR ESTE, APT 12-C ISLA VERDE, PR 00979	GENERAL AGENT		
Receipt For: [ ] Primary [ ] General [X] Other (specify): NA	Aggregate Year-to-Date —>$	750.00	
F. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
LOVE, PAUL F. 9318 SPRINGKELWOOD LANE POTOMAC, MD 20854	AGENT		
Receipt For: [ ] Primary [ ] General [X] Other (specify): NA	Aggregate Year-to-Date —>$	250.00	
G. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
LYON, DAVID L. 3604 WESTBURY ROAD BIRMINGHAM, AL 35223	AGENT		
Receipt For: [ ] Primary [ ] General [X] Other (specify): NA	Aggregate Year-to-Date —>$	250.00	

SUBTOTAL of Receipts This Page (optional) —> $30.00

TOTAL This Period (last page this line number only) —>

SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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

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FOR LINE NUMBER 11a(i)

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

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
MAC WHINNIE, ROBERT C. 2530 APPLETREE DRIVE PITTSBURGH, PA 15241	Massachusetts Mutual Life Insurance Company GENERAL AGENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$	250.00	
B. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
MAFFETT, BAXTER H. 23 GLEN HOLLOW WEST HARTFORD, CT 06117	AGENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$	250.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
MARCUCCILLI, J. BRINKE 43 LORD DAVID LANE AVON, CT 06001	Massachusetts Mutual Life Insurance Company SENIOR VICE PRESIDENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$	333.32	
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
MARSHALL, J. EUGENE 601 HERB RIVER DRIVE SAVANNA, GA 31406	Massachusetts Mutual Life Insurance Company GENERAL AGENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$	750.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
MATTSON, BYRON B. 67 RIDGE ROAD LONGMEADOW, MA 01106	Massachusetts Mutual Life Insurance Company SENIOR MANAGING DIRECTOR	MONTHLY PAYROLL DEDUCTION	$72.92
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$	554.16	
F. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
MAYER, ROSS 37 MANNS HILL ROAD SHARON, MA 02067	AGENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$	250.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
McADAMS, MICHAEL Q. 6720 REGAL BLUFF DRIVE DALLAS, TX 75248	Massachusetts Mutual Life Insurance Company GENERAL AGENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$	750.00	

SUBTOTAL of Receipts This Page (optional) —>	$72.92
TOTAL This Period (last page this line number only) —>	

SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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

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

A. Full Name, Mailing Address and Zip Code McCASKILL, TOM 6202 EAST MURDOCK WICHITA, KS 67208 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 400.00	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and Zip Code McCRAY, HENRY W. JR 1113 SITHEAN WAY RICHMOND, VA 23233-2220 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 1,000.00	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and Zip Code McDERMID, MICHAEL J. 665 MOUNTAIN VIEW DRIVE LEWISTON, NY 14092 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 650.00	Date (month, day, year) 11/28/97	Amount of Each Receipt this Period $65.00
D. Full Name, Mailing Address and Zip Code McMAHAN, GARY D. 1506 SOUTH SEABREEZE TRAIL VIRGINIA BEACH, VA 23452 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 600.00	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $100.00
E. Full Name, Mailing Address and Zip Code McQUEEN, RONALD K. 3127 HUNTINGDOWN PIKE, BOX 217 BRYN ATHYN, PA 19009 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 250.00	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and Zip Code MEAGHER, WILLIAM P. 501 DEXTER AVE BIRMINGHAM, AL 35213 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 400.00	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and Zip Code MEEHAN, THOMAS G. 324 SAFFIRE BALBOA PARK, CA 92662 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 750.00	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) —>	$185.00
TOTAL This Period (last page this line number only) —>	

SCHEDULE A ITEMIZED RECEIPTS
(Contributions from Employees)

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

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

A. Full Name, Mailing Address and Zip Code MEEM, MOLLY GAYLE 28 LEXINGTON ROAD RICHMOND, VA 23226 Receipt For: || Primary || General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 210.00	Date (month, day, year) 11/28/97	Amount of Each Receipt this Period $21.00
B. Full Name, Mailing Address and Zip Code MELTZER, ALAN L. 11215 LOCKWOOD DRIVE SILVER SPRINGS, MD 20901 Receipt For: || Primary || General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 4,166.60	Date (month, day, year) 11/28/97	Amount of Each Receipt this Period $416.66
C. Full Name, Mailing Address and Zip Code MERIWETHER, HERSHEL S. 4414 TWISTED TREE DRIVE AUSTIN, TX 78403 Receipt For: || Primary || General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 250.00	Date (month, day, year) 10/22/97	Amount of Each Receipt this Period $250.00
D. Full Name, Mailing Address and Zip Code MICELI, ANDREW M. 105 STRATHMORE PLACE LOS GATOS, CA 95030 Receipt For: || Primary || General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 400.00	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and Zip Code MICKEY, JOHN E. 6651 STYERS FERRY ROAD CLEMMONS, NC 27012 Receipt For: || Primary || General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 250.00	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and Zip Code MILLER, MADELYN K. 432 BIRNI AVENUE WEST SPRINGFIELD, MA 01089 Receipt For: || Primary || General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation MANAGER DIRECTOR Aggregate Year-to-Date —>$ 300.00	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and Zip Code MINGONE, NICHOLAS J. 7 BOBTAIL RUN BROOMALL, PA 19008-4420 Receipt For: || Primary || General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 400.00	Date (month, day, year)	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)..... >			$687.66
TOTAL This Period (last page this line number only)..... >			

SCHEDULE A ITEMIZED RECEIPTS
(Contributions from Employees)

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

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

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

A. Full Name, Mailing Address and Zip Code MOLYNEAUX, JOHN W. 930 GREENWOOD AVENUE WILMETTE, IL 60091-1752	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT	Date (month, day, year) 11/28/97	Amount of Each Receipt this Period $68.00
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 674.68		
B. Full Name, Mailing Address and Zip Code MONGIARDO, ROSS F. 64 VASSAR STREET GARDIN CITY, NY 11530-5139	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 250.00		
C. Full Name, Mailing Address and Zip Code MONTANARI, LEONARD J. 31 FREDERICK STREET NEWINGTON, CT 06111	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	Date (month, day, year) 11/28/97	Amount of Each Receipt this Period $25.00
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 250.00		
D. Full Name, Mailing Address and Zip Code MONTI, THOMAS A. 117 GROVE STREET WELLESLEY, MA 02181-7803	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 750.00		
E. Full Name, Mailing Address and Zip Code MORRISON, RICHARD C. 6 HICKORY HILL WEST SPRINGFIELD, MA 01089	Name of Employer Massachusetts Mutual Life Insurance Company Occupation VICE PRESIDENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 600.00		
F. Full Name, Mailing Address and Zip Code MOSHER, HAROLD K. 2727 WEST BLUFF #105 FRESNO, CA 93711	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 300.00		
G. Full Name, Mailing Address and Zip Code MULLEN, EDWARD F. 12 AUBURN STREET CONCORD, NH 03301-3001	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT	Date (month, day, year) 11/28/97	Amount of Each Receipt this Period $63.00
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 604.00		

SUBTOTAL of Receipts This Page (optional) —>	$156.00
TOTAL This Period (last page this line number only) —>	

SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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

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FOR LINE NUMBER 11a(i)

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, Mailing Address and Zip Code MURATORI, RAYMOND 457 STANLEY DRIVE GLASTONBURY, CT 06033	Name of Employer Massachusetts Mutual Life Insurance Company Occupation 2ND VICE PRESIDENT	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $36.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	252.00	
B. Full Name, Mailing Address and Zip Code MURPHY, JOHN V. 851 MAIN STREET HINGHAM, MA 02043	Name of Employer Massachusetts Mutual Life Insurance Company Occupation EXECUTIVE VICE PRESIDENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	2,000.00	
C. Full Name, Mailing Address and Zip Code NAUGHTON, JOHN M. 75 CHURCHILL DRIVE LONGMEADOW, MA 01106	Name of Employer Massachusetts Mutual Life Insurance Company Occupation EXECUTIVE VICE PRESIDENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	333.32	
D. Full Name, Mailing Address and Zip Code NEWSOM, RAYMOND P. 23 BABBS HOLLOW GREENVILLE, SC 29607	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	250.00	
E. Full Name, Mailing Address and Zip Code NOLAN, DICK 27 GATEHOUSE ROAD BEDMINSTER, NJ 07921	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	750.00	
F. Full Name, Mailing Address and Zip Code NOREEN, CLIFFORD 162 KIBBE ROAD EAST LONGMEADOW, MA 01028	Name of Employer Massachusetts Mutual Life Insurance Company Occupation VICE PRESIDENT	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $30.00
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	300.00	
G. Full Name, Mailing Address and Zip Code NOVAK, PETER 9 SKYTOP LANE PITTSFORD, NY 14534	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$	400.00	

SUBTOTAL of Receipts This Page (optional) ----------> $88.00

TOTAL This Period (last page this line number only) ---------->

SCHEDULE A ITEMIZED RECEIPTS
(Contributions from Employees)

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

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FOR LINE NUMBER 11a(i)

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, Mailing Address and Zip Code OCONNOR, MICHAEL P. 23 BRIDLE PATH ROAD SPRINGFIELD, MA 01118 Receipt For: || Primary || General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation VICE PRESIDENT Aggregate Year-to-Date —>$ 345.69	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $38.67
B. Full Name, Mailing Address and Zip Code DOONNOR, THOMAS F. 55 WOODFIELDS DRIVE TOLLAND, CT 06084 Receipt For: || Primary || General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation DIRECTOR & VICE PRESIDENT Aggregate Year-to-Date —>$ 644.46	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $77.78
C. Full Name, Mailing Address and Zip Code ODOM, FARRELL D. 203 PRINZ DRIVE SAN ANTONIO, TX 78213 Receipt For: || Primary || General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 750.00	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and Zip Code OMAN, STEPHEN 36309 BOBCEAN AVENUE FRASER, MI 48026 Receipt For: || Primary || General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation REGIONAL PENSION MANAGER Aggregate Year-to-Date —>$ 208.30	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $20.83
E. Full Name, Mailing Address and Zip Code O'ROURKE, PATRICK J. 380 KNIGHT WAY LA CANADA, CA 91011 Receipt For: || Primary || General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation REGIONAL PENSION MANAGER Aggregate Year-to-Date —>$ 208.30	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $20.83
F. Full Name, Mailing Address and Zip Code ORPHAN, NICHOLAS J. 7420 PRINCETON, TRACE ATLANTA, GA 30328 Receipt For: || Primary || General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 425.00	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and Zip Code OSGOOD, CHRISTINE 100 GREEN HILL ROAD LONGMEADOW, MA 01106-2938 Receipt For: || Primary || General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation VICE PRESIDENT Aggregate Year-to-Date —>$ 500.00	Date (month, day, year)	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional) —>			$156.11
TOTAL This Period (last page this line number only) —>			

SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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

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FOR LINE NUMBER 11a(i)

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, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
OTWELL, JAMES WOODARD 3507 REDINGTON DRIVE GREENSBORO, NC 27410	Massachusetts Mutual Life Insurance Company GENERAL AGENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$	750.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
PAJAK, JOHN 31 MARYLAND AVENUE CHICOPEE, MA 01020	Massachusetts Mutual Life Insurance Company VICE CHAIRMAN & CHIEF ADMIN.	MONTHLY PAYROLL DEDUCTION	$166.67
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$	1,666.70	
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
PALMIERI, JOHN L. 10 OLDE GREENHOUSE LANE MADISON, NJ 07940	Massachusetts Mutual Life Insurance Company REGIONAL PENSION MANAGER	MONTHLY PAYROLL DEDUCTION	$20.83
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$	208.30	
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
PARISI, VINCENT A. 7 SOUTH PARK COURT HOLMDEL, NJ 07733	Massachusetts Mutual Life Insurance Company GENERAL AGENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$	750.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
PETRINI, LEO V. 1632 VALECROFT AVENUE WESTLAKE VILLAGE, CA 91361	Massachusetts Mutual Life Insurance Company GENERAL AGENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$	1,200.00	
F. Full Name, Mailing Address and Zip Code	Member of / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
PLIMACK, ROBERT 345 EAST 86TH ST. APT 8B NEW YORK, NY 10028	Massachusetts Mutual Life Insurance Company AGENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$	250.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
POLK, CLIFF P. JR 7 MEADOWVIEW LANE LITTLETON, CO 80121	Massachusetts Mutual Life Insurance Company GENERAL AGENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$	400.00	

SUBTOTAL of Receipts This Page (optional) —>	$187.50
TOTAL This Period (last page this line number only) —>	

SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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

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

A. Full Name, Mailing Address and Zip Code POLVERINI, LEO J. JR 81 CONCORD ROAD LONGMEADOW, MA 01106	Name of Employer Massachusetts Mutual Life Insurance Company Occupation SENIOR VICE PRESIDENT	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $35.42
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date --->$	354.20	
B. Full Name, Mailing Address and Zip Code POULIOT, ROBERT G. 12 BRIARCLIFF DRIVE WESTFIELD, MA 01085	Name of Employer Massachusetts Mutual Life Insurance Company Occupation VICE PRESIDENT	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $35.41
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date --->$	354.10	
C. Full Name, Mailing Address and Zip Code PRIBRAMSKY, STEVEN R. 199 PEREGRIME LANE HAWTHORNE WOODS, IL 60047	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date --->$	400.00	
D. Full Name, Mailing Address and Zip Code PUGH, BURVIN E. 8 EASTWOOD DRIVE WILBRAHAM, MA 01095	Name of Employer Massachusetts Mutual Life Insurance Company Occupation REGIONAL VICE PRESIDENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date --->$	1,000.00	
E. Full Name, Mailing Address and Zip Code RAINS, BOBBY L. 3705 68TH STREET LUBBOCK, TX 79413	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	Date (month, day, year) 11/28/97	Amount of Each Receipt this Period $25.00
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date --->$	250.00	
F. Full Name, Mailing Address and Zip Code REILLY, DAVID 32 JOSHUA DRIVE WEST SIMSBURY, CT 06092	Name of Employer Massachusetts Mutual Life Insurance Company Occupation EXECUTIVE VICE PRESIDENT	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $50.00
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date --->$	400.00	
G. Full Name, Mailing Address and Zip Code REPPERT, MIKE 18712 GREENSIDE DRIVE DALLAS, TX 75252	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	Date (month, day, year) 11/28/97	Amount of Each Receipt this Period $25.00
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date --->$	250.00	
SUBTOTAL of Receipts This Page (optional) --->			$170.83
TOTAL This Period (last page this line number only) --->			

SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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

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

A. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
REYNOLDS, JOE J. 2104 VICKSBURG LUBBOCK, TX 79407	Occupation AGENT	11/28/97	$25.00
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	250.00	
B. Full Name, Mailing Address and Zip Code	**Member of Massachusetts Mutual Life Insurance Company**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
RICHARDSON, JOHN R. 2861 CRAVEY DRIVE ATLANTA, GA 30345	Occupation AGENT	11/28/97	$25.00
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	250.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
RICHARDS, BRUCE C. 12202 NE 31ST PLACE BELLEVUE, WA 98005	Occupation GENERAL AGENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	750.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period
RICH, TRACY 65 NORTH FARMS ROAD AVON, CT 06001	Occupation EXECUTIVE VICE PRESIDENT		$20.00
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	260.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period
RICKSON, KENNETH 3 WESTWOOD DRIVE WILBRAHAM, MA 01095	Occupation PRESIDENT & COO (MMLISI)		$47.22
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	330.54	
F. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
RIDDLE, BRUCE T. 7319 EAST 64TH TULSA, OK 74133	Occupation AGENT	11/28/97	$25.00
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	250.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period
ROGENESS, DEAN A. 22 WARREN TERRACE LONGMEADOW, MA 01106	Occupation EXECUTIVE VICE PRESIDENT		$62.92
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	574.18	

SUBTOTAL of Receipts This Page (optional) ----->	$205.14
TOTAL This Period (last page this line number only) ----->	

SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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

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

A. Full Name, Mailing Address and Zip Code ROGERS, WILLIAM J. II 1381 WESLEY PKWY NW ATLANTA, GA 30327 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date ---->$ 750.00	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and Zip Code ROOKS, DEBORAH G. 14745 SE 117TH AVE CLACKAMAS, OR 97015 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date ---->$ 750.00	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and Zip Code ROSS, WILLIAM C. 32 LOCUST AVE TROY, NY 12180 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date ---->$ 750.00	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and Zip Code RUNNETTE, ROBERT G. 114 HILLCREST ROAD PITTSBURGH, PA 15238 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date ---->$ 750.00	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and Zip Code RYAN, EDMOND F. 19 QUINNEHTUK ROAD LONGMEADOW, MA 01106 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation SENIOR VICE PRESIDENT Aggregate Year-to-Date ---->$ 833.30	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $83.33
F. Full Name, Mailing Address and Zip Code SALVO, SALVADORE R. 8 SPRING LANE WARREN, NJ 07060 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date ---->$ 750.00	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and Zip Code SCHERR, MICHAEL J. 1817 WILHELMIA RISE HONOLULU, HI 96813-3021 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date ---->$ 750.00	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ----->	$83.33
TOTAL This Period (last page this line number only) ----->	

SCHEDULE A ITEMIZED RECEIPTS
(Contributions from Employees)

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

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

A. Full Name, Mailing Address and Zip Code SCHIEFELBEIN, ALLEN H. 11 BONNIE BRAE HINSDALE, IL 60521 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date --->$ 750.00	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and Zip Code SCHINKE, THOMAS C. 5802 WINDSONA CIRCLE MADISON, WI 53711 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date --->$ 750.00	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and Zip Code SCHULMAN, DAVID B. 9513 SEA TURTLE DRIVE PLANTATION, FL 33319 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date --->$ 750.00	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and Zip Code SCHULTE, PETER L. 6569 136TH COURT WEST APPLE VALLEY, MN 55124 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date --->$ 750.00	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and Zip Code SEYMOUR, DALE J. 2401 WEALDSTONE ROAD TOLEDO, OH 43617 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date --->$ 850.00	Date (month, day, year) 11/28/97	Amount of Each Receipt this Period $85.00
F. Full Name, Mailing Address and Zip Code SHAUGHNESSY, JAMES J. 265 HILLHAVEN ROAD MANCHESTER, NH 03104-2813 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date --->$ 625.00	Date (month, day, year) 11/28/97	Amount of Each Receipt this Period $62.50
G. Full Name, Mailing Address and Zip Code SHUTE, TY W. 13422 CAMINITO CARMEL DEL MAR, CA 92014 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date --->$ 1,000.00	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ---->	$147.50
TOTAL This Period (last page this line number only) ---->	

SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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

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FOR LINE NUMBER 11a(i)

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, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
SMITH, KIRTLAND G. 4822 118TH AVE, NE KIRKLAND, WA 98033	AGENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	250.00	

B. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
SMITH, ROBERT W. 2128 NORTH BELL CHICAGO, IL 60647	AGENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	250.00	

C. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
SOLTOFF, HOWARD M. 8819 BURDETTE ROAD BETHESDA, MD 20817	AGENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	250.00	

D. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
SPADA, JOSEPH W. 17 STONEGATE DRIVE ROSELAND, NJ 07054	AGENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	650.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
SPERRY, MARGARET 97 SESSIONS DRIVE HAMPDEN, MA 01036	SENIOR VICE PRESIDENT	MONTHLY PAYROLL DEDUCTION	$37.50
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	375.00	

F. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
SQUIRES, STEPHEN 325 SHARPE LANE ALPHARETTA, GA 30202	GENERAL AGENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	400.00	

G. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
STAMANT, JEANNE M. 214 WOODBROOK TERRACE WEST SPRINGFIELD, MA 01089	EXECUTIVE DIRECTOR	MONTHLY PAYROLL DEDUCTION	$91.67
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	916.68	

SUBTOTAL of Receipts This Page (optional) ---->	$129.17
TOTAL This Period (last page this line number only) ---->	

SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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

PAGE 34 | OF 40
FOR LINE NUMBER 11a(i)

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, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
STEGER, JOHN E. 1982 OAK KNOLL DRIVE WHITE BEAR LAKE, MN 55110	AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	500.00	

B. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
STEIG, JANET B. 6 BECKER FARM ROAD ROSELAND, NJ 07068	AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	250.00	

C. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
STEPHENS, JOHN W. JR 459 MALL BOULEVARD, #71 SAVANNAH, GA 31416	AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	250.00	

D. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
STIL, MARLO L. 8579 LORRAINE PRESTICK DRIVE La JOLLA, CA 92037	AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	250.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
ST. JEAN, RICHARD A. JR 20 DROHAN STREET HUNTINGTON, NY 11743	GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	400.00	

F. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
SUDDETH, STEVE M. 2106 N. 21ST ROAD ARLINGTON, VA 22201	GENERAL AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	500.00	

G. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
SUNDBERG, DAVID C. 3320 DURADO CT. LINCOLN, NE 68520	AGENT		
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	250.00	

SUBTOTAL of Receipts This Page (optional) ---->	- 0 -
TOTAL This Period (last page this line number only) ---->	

SCHEDULE A ITEMIZED RECEIPTS
(Contributions from Employees)

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

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FOR LINE NUMBER 11a(i)

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, Mailing Address and Zip Code SUTER, RICHARD 3 PERRIN ROAD BROOKLINE, MA 02146	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	250.00	
B. Full Name, Mailing Address and Zip Code TAFFS, THOMAS P. 1010 SANDY LANE DRIVE ALPHARETTA, GA 30202	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	250.00	
C. Full Name, Mailing Address and Zip Code TAYLOR, FRANKLIN J. 5082 RANCLATD AVE SHERMAN OAKS, CA 91403	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	400.00	
D. Full Name, Mailing Address and Zip Code TINDALL, WILLIAM L. 312 ARDSLEY ROAD LONGMEADOW, MA 01106	Name of Employer Massachusetts Mutual Life Insurance Company Occupation SENIOR VICE PRESIDENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	583.31	
E. Full Name, Mailing Address and Zip Code TOMCZAK, LAWRENCE M. 1025 BROCKLEY BOULEVARD TOLEDO, OH 73607	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	Date (month, day, year) 11/28/97	Amount of Each Receipt this Period $25.00
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	250.00	
F. Full Name, Mailing Address and Zip Code TRAPANI, MICHAEL A. 1613 COTSWOLD CIRCLE SANDY, UT 84093	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	400.00	
G. Full Name, Mailing Address and Zip Code TREADWELL, BARBARA 20 WATERSIDE PLAZA NEW YORK, NY 10010	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date ---->$	500.00	
SUBTOTAL of Receipts This Page (optional) ---->			$25.00
TOTAL This Period (last page this line number only) ---->			

SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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

PAGE 36 OF 40
FOR LINE NUMBER 11a(i)

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, Mailing Address and Zip Code TYRRELL, GENE S. 1857 SOUTHPORT DRIVE RIVERSIDE, CA 92506 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 500.00	Date (month, day, year) 11/28/97	Amount of Each Receipt this Period $50.00
B. Full Name, Mailing Address and Zip Code VAN HOUTEN, JAMES A. 5229 E. FANFOL DRIVE PARADISE VALLEY, AZ 85020 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 750.00	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and Zip Code VANDERVEEN, MICHAEL 249 REGAL COURT S.W. GRANDVILLE, MI 49418 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date —>$ 750.00	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and Zip Code VOLZ, LAURA 15 STONECRESS LANE GLASTONBURY, CT 06033 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation DIRECTOR IAB ADMINISTRATOR Aggregate Year-to-Date —>$ 204.57	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $22.73
E. Full Name, Mailing Address and Zip Code WADDINGTON, CRAIG 6 BRENDANS WAY GRANBY, CT 06035 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation SENIOR VICE PRESIDENT Aggregate Year-to-Date —>$ 368.30	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $28.33
F. Full Name, Mailing Address and Zip Code WALCOTT, EUSTIS 297 ARDSLEY ROAD LONGMEADOW, MA 01106 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation VICE PRESIDENT Aggregate Year-to-Date —>$ 500.00	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and Zip Code WEAVER, JAMES L. 95 GAEWOOD TERRACE WHEELING, WV 26003 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date —>$ 250.00	Date (month, day, year) 11/28/97	Amount of Each Receipt this Period $25.00
SUBTOTAL of Receipts This Page (optional) >			$126.06
TOTAL This Period (last page this line number only) >			

SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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

PAGE 37 OF 40
FOR LINE NUMBER 11a(i)

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

A. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
WEBSTER, JAMES M. JR 5912 CHARLESMEAD ROAD BALTIMORE, MD 21212	Occupation AGENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date --->$	650.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period
WENDLANDT, GARY E. 55 SCULLY ROAD SOMERS, CT 06071	Occupation EXECUTIVE VICE PRESIDENT		$166.66
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date --->$	1,666.60	
C. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period
WHEELER, THOMAS 286 PARK DRIVE SPRINGFIELD, MA 01108	Occupation PRESIDENT & CHAIRMAN & CEO		$83.33
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date --->$	833.30	
D. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
WHIPPLE, CHARLES J. 947 FROG HOLLOW TERRACE RYDAL, PA 19046	Occupation GENERAL AGENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date --->$	750.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
WIENKEN, GARY 2850 MYRTLE DRIVE MECHANICSBURG, PA 17055	Occupation GENERAL AGENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date --->$	750.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
WILKINSON, THOMAS L. 4316 SOUTH 169TH CIRCLE OMAHA, NE 68135-2622	Occupation GENERAL AGENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date --->$	753.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
WILLARD, JOE 6009 SOUTH ATLANTA COURT TULSA, OK 74104	Occupation GENERAL AGENT		
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date --->$	1,000.00	

SUBTOTAL of Receipts This Page (optional) --->	$249.99
TOTAL This Period (last page this line number only) --->	

SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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

PAGE 38 OF 40
FOR LINE NUMBER 11a(i)

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

A. Full Name, Mailing Address and Zip Code WILLIAMS, RICHARD 8514 139TH AVE, NE REDMOND, WA 98052 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date ---->$ 250.00	Date (month, day, year) 11/28/97	Amount of Each Receipt this Period $25.00
B. Full Name, Mailing Address and Zip Code WILSON, HAMLINE C. JR MILRIDGE ROAD SOMERS, CT 06071 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation SENIOR VICE PRESIDENT Aggregate Year-to-Date ---->$ 514.64	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $58.33
C. Full Name, Mailing Address and Zip Code WILSON, JOHN W. 2202 TANSLEY HOUSTON, TX 77006 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date ---->$ 400.00	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and Zip Code WILSON, MARY E. 7 BIRCH STREET WILBRAHAM, MA 01095 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation SENIOR MANAGING DIRECTOR Aggregate Year-to-Date ---->$ 700.00	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and Zip Code WINNE, BRUCE 7 STONEGATE CIRCLE WILBRAHAM, MA 01095 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation VICE PRESIDENT Aggregate Year-to-Date ---->$ 400.00	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $40.00
F. Full Name, Mailing Address and Zip Code WINTHROP, KENNETH R. 7808 WEST 83RD STREET PLAYA DEL RAY, CA 90293 Receipt For: | | Primary | | General |X| Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT Aggregate Year-to-Date ---->$ 250.00	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and Zip Code WOLAK, WALTER W. 4 FISHER COURT FLEMINGTON, NJ 08822-2812 Receipt For: | | Primary | | General |X| Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT Aggregate Year-to-Date ---->$ 400.00	Date (month, day, year)	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional) ---->			$123.33
TOTAL This Period (last page this line number only) ---->			

SCHEDULE A **ITEMIZED RECEIPTS**
(Contributions from Employees)

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

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FOR LINE NUMBER 11a(i)

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

A. Full Name, Mailing Address and Zip Code WOODMANSEE, RONALD I. 25 PICADILLY CIRCLE MARLTON, NJ 08053	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	Date (month, day, year) 11/28/97	Amount of Each Receipt this Period $25.00
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$	250.00	
B. Full Name, Mailing Address and Zip Code WOODRUFF, FRANK E. JR. 17111 SKELTON PLACE DALLAS, TX 75248-1624	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT	Date (month, day, year) 11/28/97	Amount of Each Receipt this Period $35.00
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$	350.00	
C. Full Name, Mailing Address and Zip Code WOODWARD, JAMES H. 2508 WRENHAVEN LANE SALT LAKE CITY, UTAH 84121	Name of Employer Massachusetts Mutual Life Insurance Company Occupation GENERAL AGENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$	500.00	
D. Full Name, Mailing Address and Zip Code WRIGHT, HERBERT H. 555 BIRCH AVENUE WESTFIELD, NJ 07090	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	Date (month, day, year) 11/28/97	Amount of Each Receipt this Period $50.00
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$	500.00	
E. Full Name, Mailing Address and Zip Code WUNDERLICH, KARL A. 1336 CHERRY LANE NEENAH, WI 54956	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	Date (month, day, year) 11/28/97	Amount of Each Receipt this Period $25.00
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$	250.00	
F. Full Name, Mailing Address and Zip Code YOUNG, JOE E. 32 STONEY RIDGE ASHEVILLE, NC 28804	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	Date (month, day, year) 11/28/97	Amount of Each Receipt this Period $30.00
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$	300.00	
G. Full Name, Mailing Address and Zip Code YOUNG, SYLVIA C. 1610 ENGLAND AVE EVERETT, WA 98023	Member of Massachusetts Mutual Life Insurance Company Occupation AGENT	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: || Primary || General |X| Other (specify): NA	Aggregate Year-to-Date —>$	250.00	
SUBTOTAL of Receipts This Page (optional) —>			$165.00
TOTAL This Period (last page this line number only) —>			

SCHEDULE A ITEMIZED RECEIPTS
(Contributions from Employees)

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

PAGE 40 OF 40

FOR LINE NUMBER 11a(i)

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

A. Full Name, Mailing Address and Zip Code ZUMMO, PETER 8 SOMERSET LANE SIMSBURY, CT 06070	Name of Employer Massachusetts Mutual Life Insurance Company Occupation SENIOR VICE PRESIDENT	Date (month, day, year) MONTHLY PAYROLL DEDUCTION	Amount of Each Receipt this Period $35.42
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$ 354.20		
B. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$		
C. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$		
D. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$		
E. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$		
F. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$		
G. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: | | Primary | | General |X| Other (specify): NA	Aggregate Year-to-Date —>$		
SUBTOTAL of Receipts This Page (optional)			$35.42
TOTAL This Period (last page this line number only)			$6,438.43

SCHEDULE A **ITEMIZED RECEIPTS**
(All Loans Received)

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

PAGE 1 OF 1

FOR LINE NUMBER 13

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, Mailing Address and Zip Code Fleet Bank 777 Main Street, MSN 250 Hartford, CT 06115 Receipt For: ☐ Primary ☐ General ☒ Other (specify): NA	Name of Employer Loan Occupation Aggregate Year-to-Date —>$ 15,000.00	Date (month, day, year) 10/20/97	Amount of Each Receipt this Period $15,000.00
B. Full Name, Mailing Address and Zip Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date —>$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and Zip Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date —>$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and Zip Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date —>$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and Zip Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date —>$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and Zip Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date —>$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and Zip Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date —>$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) —>	$15,000.00
TOTAL This Period (last page this line number only) —>	$15,000.00

SCHEDULE A **ITEMIZED RECEIPTS**
(Offsets To Operating Expenditures)

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

PAGE 1 OF 1

FOR LINE NUMBER 15

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, Mailing Address and Zip Code Department of the Treasury Internal Revenue Service P.O. Box 149195 Austin, Texas 78714-9195 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date —>$ 61.00	Date (month, day, year) 10/20/97	Amount of Each Receipt this Period $61.00 (Refund of Federal Income Tax)
B. Full Name, Mailing Address and Zip Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date —>$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and Zip Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date —>$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and Zip Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date —>$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and Zip Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date —>$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and Zip Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date —>$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and Zip Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date —>$	Date (month, day, year)	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional) —>			$61.00
TOTAL This Period (last page this line number only) —>			$61.00

SCHEDULE A **ITEMIZED RECEIPTS**
(Other Receipts - Interest Earned)

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

PAGE 1 OF 1
FOR LINE NUMBER 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, Mailing Address and Zip Code MassMutual Employee Credit Union 1295 State Street Springfield, MA 01111 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Interest on Savings Account Occupation Aggregate Year-to-Date —>$ 587.77	Date (month, day, year) 10/31/97	Amount of Each Receipt this Period $36.14
B. Full Name, Mailing Address and Zip Code MassMutual Employee Credit Union 1295 State Street Springfield, MA 01111 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Interest on Money Market Account Occupation Aggregate Year-to-Date —>$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and Zip Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date —>$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and Zip Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date —>$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and Zip Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date —>$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and Zip Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date —>$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and Zip Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date —>$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ->	$36.14
TOTAL This Period (last page this line number only) ->	$36.14

SCHEDULE B **ITEMIZED DISBURSEMENTS**
(Contributions to Federal Candidates and other Political Committees)

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

PAGE 1 OF 5
FOR LINE NUMBER 23

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

Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement for / Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
A. A LOT OF PEOPLE SUPPORTING TOM DASCHLE P.O. BOX 1656 SIOUX FALLS, SD 57101	CONTRIBUTION - SENATE SD - 11/98 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/29/97	$1,000.00
B. BLILIEY FOR CONGRESS 3001 PARK CENTER DRIVE, SUITE 1105 ALEXANDRIA, VA 22302	CONTRIBUTION - HOUSE VA 7TH - 11/98 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/27/97	$1,000.00
C. BOB BARR FOR CONGRESS 4451 BROOKFIELD CORP DRIVE, SUITE 200 CHANTILLY, VA 22021-1652	CONTRIBUTION - HOUSE GA 7TH - 11/98 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/07/97	$500.00
D. BONIOR FOR CONGRESS P.O. BOX 75214 WASHINGTON, DC 20013-5214	CONTRIBUTION - HOUSE MI 10TH - 11/98 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/06/97	$1,000.00
E. CITIZENS FOR RON KLINK P.O. BOX 75214 WASHINGTON, DC 20013-5214	CONTRIBUTION - HOUSE PA 4TH - 11/98 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/21/97	$500.00
F. COMMITTEE TO RE-ELECT CONG. MARGE ROUKEMA P.O. BOX 625 RIDGEWOOD, NJ 07451	CONTRIBUTION - HOUSE 5th NJ - 11/98 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/20/97	$500.00
G. CONGRESSMAN JOE BARTON COMMITTEE P.O. BOX 1444 ENNIS, TX 75120	CONTRIBUTION - HOUSE TX 6TH - 11/98 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/28/97	$1,000.00
H. CUBIN FOR CONGRESS P.O. BOX 4657 CASPER, WY 82604	CONTRIBUTION - HOUSE WY AT-LARGE - 11/98 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/08/97	$1,000.00
I. DARLENE HOOLEY FOR CONGRESS 38 PARKWAY STREET SE WASHINGTON, DC 20003	CONTRIBUTION - HOUSE OR 5TH - 11/98 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/28/97	$500.00

SUBTOTAL of Receipts This Page (optional) ---->	$7,000.00
TOTAL This Period (last page this line number only) ---->	

SCHEDULE B **ITEMIZED DISBURSEMENTS**
(Contributions to Federal Candidates and other Political Committees)

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

PAGE 2 OF 5
FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and Zip Code DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTE 430 SOUTH CAPITOL STREET, SE WASHINGTON, DC 20003	Purpose of Disbursement CONTRIBUTION TO POLITICAL COMMITTEE Disbursement for: [ ] Primary [ ] General [X] Other (specify) PAC	Date (month, day, year) 10/14/97	Amount of Each Disbursement this Period $5,000.00
B. Full Name, Mailing Address and Zip Code ENGEL FOR CONGRESS P.O. BOX 60 BRONX, NY 10463	Purpose of Disbursement CONTRIBUTION - HOUSE NY 17TH - 11/98 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 10/21/97	Amount of Each Disbursement this Period $500.00
C. Full Name, Mailing Address and Zip Code EVAN BAYH COMMITTEE ONE NORTH CAPITOL AVE. STE 200 INDIANAPOLIS, IN 46204	Purpose of Disbursement CONTRIBUTION - SENATE ID - 11/98 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 10/21/97	Amount of Each Disbursement this Period $1,000.00
D. Full Name, Mailing Address and Zip Code FOSSELLA FOR CONGRESS 1270 CLOVE ROAD STATEN ISLAND, NY 10301	Purpose of Disbursement CONTRIBUTION - HOUSE NY OPEN - 11/98 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 10/30/97	Amount of Each Disbursement this Period $2,000.00
E. Full Name, Mailing Address and Zip Code FOX FOR CONGRESS COMMITTEE P.O. BOX 1059 NORRISTOWN, PA 19404	Purpose of Disbursement CONTRIBUTION - HOUSE PA 13TH - 11/98 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 10/21/97	Amount of Each Disbursement this Period $500.00
F. Full Name, Mailing Address and Zip Code FREEDOM PROJECT 111 "C" STREET, SE, LOWER UNIT WASHINGTON, DC 20003	Purpose of Disbursement CONTRIBUTION TO POLITICAL COMMITTEE Disbursement for: [ ] Primary [ ] General [X] Other (specify) PAC	Date (month, day, year) 10/20/97	Amount of Each Disbursement this Period $2,000.00
G. Full Name, Mailing Address and Zip Code FRIENDS OF BYRON DORGAN 420 C. STREET, NE BASEMENT WASHINGTON, DC 20002	Purpose of Disbursement CONTRIBUTION - SENATE ND - 11/98 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 10/07/97	Amount of Each Disbursement this Period $1,000.00
H. Full Name, Mailing Address and Zip Code FRIENDS OF CLAY SHAW SUITE 409 2929 E. COMMERCIAL BLVD. FORT LAUDERDALE, FL 33308	Purpose of Disbursement CONTRIBUTION - HOUSE 22nd FL - 11/98 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 10/06/97	Amount of Each Disbursement this Period $1,000.00
I. Full Name, Mailing Address and Zip Code FRIENDS OF CONNIE MACK P.O. BOX 23264 TAMPA, FL 33623-3264	Purpose of Disbursement CONTRIBUTION - SENATE FL - 11/2000 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 10/21/97	Amount of Each Disbursement this Period $2,000.00

SUBTOTAL of Receipts This Page (optional) ..... > $15,000.00

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**
(Contributions to Federal Candidates and other Political Committees)

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

PAGE 3 OF 5
FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and Zip Code FRIENDS OF SHERROD BROWN 111 EDGEFIELD DRIVE ELYRIA, OH 44035	Purpose of Disbursement CONTRIBUTION - HOUSE OH 13TH - 11/98 Disbursement for: [X] Primary [ ] General Other (specify)	Date (month, day, year) 10/21/97	Amount of Each Disbursement this Period $500.00
B. Full Name, Mailing Address and Zip Code GRASSLEY COMMITTEE, INC. 4101 FRANCONIA ROAD ALEXANDRIA, VA 22310-2136	Purpose of Disbursement CONTRIBUTION - SENATE IA - 11/98 Disbursement for: [X] Primary [ ] General Other (specify)	Date (month, day, year) 10/20/97	Amount of Each Disbursement this Period $1,000.00
C. Full Name, Mailing Address and Zip Code JOHN BREAUX SENATE COMMITTEE 110 B EAST BROAD STREET FALLS CHURCH, VA 22046	Purpose of Disbursement CONTRIBUTION - SENATE LA - 11/98 Disbursement for: [X] Primary [ ] General Other (specify)	Date (month, day, year) 10/07/97	Amount of Each Disbursement this Period $2,000.00
D. Full Name, Mailing Address and Zip Code JOHN D. DINGELL FOR CONGRESS COMMITTEE C/O 555 NEW JERSEY AVE NW STE 201 WASHINGTON, DC 20001	Purpose of Disbursement CONTRIBUTION - HOUSE 16th MI - 11/98 Disbursement for: [X] Primary [ ] General Other (specify)	Date (month, day, year) 10/28/97	Amount of Each Disbursement this Period $1,000.00
E. Full Name, Mailing Address and Zip Code KAREN McCARTHY FOR CONGRESS P.O. BOX 2864 WASHINGTON, DC 20013	Purpose of Disbursement CONTRIBUTION - HOUSE MO 5TH - 11/98 Disbursement for: [X] Primary [ ] General Other (specify)	Date (month, day, year) 10/07/97	Amount of Each Disbursement this Period $500.00
F. Full Name, Mailing Address and Zip Code LARGENT FOR CONGRESS COMMITTEE 901 NORTH STUART STREET, STE 750 ARLINGTON, VA 22203	Purpose of Disbursement CONTRIBUTION - HOUSE OK 1ST - 11/98 Disbursement for: [X] Primary [ ] General Other (specify)	Date (month, day, year) 10/07/97	Amount of Each Disbursement this Period $1,000.00
G. Full Name, Mailing Address and Zip Code LAZIO FOR CONGRESS 4451 BROOKFIELD CORP DR STE 200 CHANTILLY, VA 22021-1652	Purpose of Disbursement CONTRIBUTION - HOUSE 2nd NY - 11/98 Disbursement for: [X] Primary [ ] General Other (specify)	Date (month, day, year) 10/21/97	Amount of Each Disbursement this Period $1,000.00
H. Full Name, Mailing Address and Zip Code LEVIN FOR CONGRESS 30835 DeQUINDRE WARREN, MI 48090	Purpose of Disbursement CONTRIBUTION - HOUSE MI 12TH - 11/98 Disbursement for: [X] Primary [ ] General Other (specify)	Date (month, day, year) 10/28/97	Amount of Each Disbursement this Period $500.00
I. Full Name, Mailing Address and Zip Code LEWIS FOR CONGRESS COMMITTEE P.O. BOX 247 REDLANDS, CA 92373	Purpose of Disbursement CONTRIBUTION - HOUSE CA 40TH - 11/98 Disbursement for: [X] Primary [ ] General Other (specify)	Date (month, day, year) 10/06/97	Amount of Each Disbursement this Period $500.00

SUBTOTAL of Receipts This Page (optional) > $8,000.00

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**
(Contributions to Federal Candidates and other Political Committees)

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

PAGE 4 OF 5
FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and Zip Code LOUISE SLAUGHTER RE-ELECTION COMMITTEE P.O. BOX 75214 WASHINGTON, DC 20013	Purpose of Disbursement CONTRIBUTION - HOUSE NY 28TH - 11/98 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 10/28/97	Amount of Each Disbursement this Period $500.00
B. Full Name, Mailing Address and Zip Code McNULTY FOR CONGRESS P.O. BOX 1660 GREEN ISLAND, NY 12183	Purpose of Disbursement CONTRIBUTION - HOUSE NY 21ST - 11/98 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 10/20/97	Amount of Each Disbursement this Period $1,000.00
C. Full Name, Mailing Address and Zip Code MONTANANS FOR RICK HILL P.O. BOX 1256 HELENA, MI 59624	Purpose of Disbursement CONTRIBUTION - HOUSE MT at Large - 11/98 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 10/06/97	Amount of Each Disbursement this Period $500.00
D. Full Name, Mailing Address and Zip Code NATHAN DEAL FOR CONGRESS P.O. BOX 16021 ALEXANDRIA, VA 22302	Purpose of Disbursement CONTRIBUTION - HOUSE GA 9TH - 11/98 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 10/21/97	Amount of Each Disbursement this Period $500.00
E. Full Name, Mailing Address and Zip Code NEW REPUBLICAN MAJORITY FUND 228 S. WASHINGTON, SUITE 200 ALEXANDRIA, VA 22314	Purpose of Disbursement CONTRIBUTION TO POLITICAL COMMITTEE Disbursement for: [ ] Primary [ ] General [X] Other (specify) PAC	Date (month, day, year) 10/06/97	Amount of Each Disbursement this Period $2,500.00
F. Full Name, Mailing Address and Zip Code PAXON FOR CONGRESS 4280 S. BUFFALO STREET ORCHARD PARK, NY 14127	Purpose of Disbursement CONTRIBUTION - HOUSE 27th NY - 11/98 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 10/14/97	Amount of Each Disbursement this Period $1,000.00
G. Full Name, Mailing Address and Zip Code PEOPLE FOR ENGLISH 209 G STREET, NE WASHINGTON, DC 20002	Purpose of Disbursement CONTRIBUTION - HOUSE 21ST PA - 11/98 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 10/21/97	Amount of Each Disbursement this Period $1,000.00
H. Full Name, Mailing Address and Zip Code POMEROY FOR CONGRESS 1900 EAST DIVIDE BISMARK, ND 58507	Purpose of Disbursement CONTRIBUTION - HOUSE ND at large - 11/98 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 10/28/97	Amount of Each Disbursement this Period $500.00
I. Full Name, Mailing Address and Zip Code RE-ELECT CONGRESSMAN JOE MOAKLEY COMMITTEE 99 SUMMER ST. SUITE 1250 BOSTON, MA 02110	Purpose of Disbursement CONTRIBUTION - HOUSE 9th MA - 11/98 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 10/07/97	Amount of Each Disbursement this Period $500.00

SUBTOTAL of Receipts This Page (optional) ----> $8,000.00

TOTAL This Period (last page this line number only) ---->

SCHEDULE B **ITEMIZED DISBURSEMENTS**
(Contributions to Federal Candidates and other Political Committees)

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

PAGE 5 OF 5
FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and Zip Code ROGAN FOR CONGRESS P.O. BOX 16021 ALEXANDRIA, VA 22302	Purpose of Disbursement CONTRIBUTION - HOUSE CA 27TH - 11/98 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 10/28/97	Amount of Each Disbursement this Period $500.00
B. Full Name, Mailing Address and Zip Code SAM GEJDENSON RE-ELECTION COMMITTEE P.O. BOX 1818 BOZRAH, CT 06334	Purpose of Disbursement CONTRIBUTION - HOUSE 2nd CT - 11/98 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 10/21/97	Amount of Each Disbursement this Period $1,000.00
C. Full Name, Mailing Address and Zip Code THURMAN FOR CONGRESS 3610 38TH STREET, NW #F270 WASHINGTON, DC 20016	Purpose of Disbursement CONTRIBUTION - HOUSE FL 5TH - 11/98 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 10/21/97	Amount of Each Disbursement this Period $500.00
D. Full Name, Mailing Address and Zip Code VOINOVICH FOR SENATE P.O. BOX 21030 ALEXANDRIA, VA 22320-2030	Purpose of Disbursement CONTRIBUTION - SENATE OH - 11/04 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 10/29/97	Amount of Each Disbursement this Period $1,000.00
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period

SUBTOTAL of Receipts This Page (optional) ---->	$3,000.00
TOTAL This Period (last page this line number only) ---->	$41,000.00

SCHEDULE C
(Revised 3/80)

LOANS

Page 1 of 1 for
LINE NUMBER 10
(Use separate schedules for each numbered line)

Name of Committee (in Full)
Massachusetts Mutual Life Insurance Company Political Action Committee

A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Fleet Bank 777 Main Street, MSN 0250 Hartford, CT 06115	$15,000.00	- 0 -	$15,000.00

Election: ☒ Primary ☐ General ☐ Other (specify):

Terms: Date Incurred 10/20/97 Date Due 9/30/98 Interest Rate Base Rate %(apr) 8.25% ☐ Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	

B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period

Election: ☐ Primary ☐ General ☐ Other (specify):

Terms: Date Incurred _____ Date Due _____ Interest Rate _____%(apr) ☐ Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	

SUBTOTALS This Period This Page (optional)	$15,000.00
TOTALS This Period (last page in this line only)	$15,000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

FE6AN115

SCHEDULE C-1
Federal Election Commission
Washington, D.C. 20463

Supplementary for Information found on Page 1 of Schedule C

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

NAME OF COMMITTEE (IN FULL)
Massachusetts Mutual Life Insurance Company
Political Action Committee

FEC IDENTIFICATION NUMBER
C 00118943

FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER)
David A. Albanesi, CCM, Vice President
Fleet Bank
777 Main Street, Mail Stop: CT MO 0250
Hartford, CT 06115

AMOUNT OF LOAN
Line of Credit
$15,000.00

INTEREST RATE (APR)
Base Rate

DATE INCURRED OR ESTABLISHED
10/20/97

DATE DUE
9/30/98

A. Has loan been restructured? [X] No [ ] Yes If yes, date originally incurred: _____

B. If line of credit, amount of this draw: $15,000.00 ; total outstanding balance: $15,000.00

C. Are other parties secondarily liable for the debt incurred?
[X] No [ ] Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
[X] No [ ] Yes If yes, specify: _____

What is the value of this collateral? _____

Does the lender have a perfected security interest in it? [ ] No [ ] Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?
[ ] No [X] Yes If yes, specify: future contributions What is the estimated value? $200,000

A depository account must be established pursuant to 11 CFR 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B). Date account established: 10/5/92 Location of account: Fleet Bank

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER
TYPED NAME Bruce C. Priable SIGNATURE Bruce C. Priable DATE 10/20/97

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.

II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.

III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.

AUTHORIZED REPRESENTATIVE
TYPED NAME David Albanesi SIGNATURE DAA

TITLE
Vice President

DATE
10/22/97

FE6AN066

12/91

Shawmut Bank

Money Market Promissory Note

Shawmut Bank Connecticut, N.A.

$ 15,000.00 Date: September 30 , 1996

Fleet National Bank

FOR VALUE RECEIVED, Massachusetts Mutual Life Insurance Company Political Action Committee (the "Borrower"), a Massachusetts corporation, hereby promises to pay to the order of [redacted] (the "Bank") at the office of the Bank at 777 Main Street, Hartford, Connecticut 06115 or at such other address as the holder hereof may designate, the principal sum of Fifteen thousand DOLLARS ($ 15,000.00), or the aggregate unpaid principal amount of all advances made by the Bank to the Borrower hereunder, whichever is less, in lawful money of the United States and to pay interest on each advance as set forth below and to pay all taxes levied or assessed upon said advances against any holder of this Note and to pay all costs, including attorneys' fees, costs relating to the appraisal and/or valuation of assets and all costs incurred in the collection, defense, preservation, administration, enforcement or protection of this Note or in any guaranty or endorsement of this Note, or in any litigation arising out of the transactions of which this Note or any guaranty or endorsement of this Note is a part. All payments shall be applied first to the payment of interest on the unpaid advances due under this Note and the balance on account of the principal due under this Note.

This Note has been executed and delivered subject to the following terms and conditions:

(1) **Advances. This is not a commitment to make advances and the Bank may refuse, in its sole discretion, to make any advances requested by the Borrower. The making of an advance, at any time, shall not be deemed a waiver of, or consent, agreement or commitment by the Bank to the making of any future advance to the Borrower.** If any advance is made, the Bank may, at its option, record on the books and records of the Bank or endorse on Schedule 1 hereto, an appropriate notation evidencing any advance, the interest rate applicable to such advance, the date such advance is due, each repayment on account of the principal thereof, and the amount of interest paid; and the Borrower authorizes the Bank to maintain such records or make such notations and agrees that the amount shown on the books and records or on said Schedule 1, as applicable, as outstanding from time to time shall constitute the amount owing to the Bank pursuant to this Note, absent manifest error. In the event the amount shown on Schedule 1 conflicts with the amount noted as due pursuant to the books and records of the Bank, the books and records of the Bank shall control the disposition of the conflict.

(2) **Repayment of Advances.** The Borrower shall repay the aggregate unpaid principal amount of all advances made by the Bank at the earlier of the date such advance is due as set forth on Schedule 1 hereto (which may be on demand) or 09/30/97, 19____ (as such date may be extended, in writing from time to time, in the Bank's sole and absolute discretion, the "Termination Date"). Base Rate Advances (defined below) are demand advances. The Borrower and any endorser or guarantor of this Note (herein a "Guarantor") acknowledges and agrees that the Bank may make demand for payment of any Base Rate Advance at any time but, if not sooner demanded, demand shall be deemed made on the Termination Date. The Bank is hereby authorized (but not required) to charge principal and interest due on this Note and all other amounts due hereunder to any account of the Borrower when and as it becomes due.

(3) **Interest Rate; Additional Charges; Fee.** (a) The Bank shall notify the Borrower of the interest rate applicable to each advance. If an advance bears interest at a variable per annum rate equal to the Base Rate ("Base Rate Advance") such advance will be payable on demand and interest thereon shall be payable when and as billed (but not less than quarterly) and upon payment of such Base Rate Advance. If an advance bears interest at a per annum Fixed Rate ("Fixed Rate Advance") such advance will be due and payable as set forth on Schedule 1 hereto and interest thereon will be payable when and as billed (but not less than quarterly) and on the date such advance is due. Upon default or after the maturity date of any Fixed Rate Advance or upon the failure to pay any Base Rate Advance on demand (by acceleration or otherwise as herein provided) or after judgment has been rendered on this Note, the unpaid principal balance of all advances shall, at the option of the Bank, bear interest at a rate which is ~~four (4)~~ two (2) percentage points per annum greater than the Base Rate. As used herein, the term "Base Rate" shall mean the interest rate announced by the Bank from time to time as its Base Rate. Changes in the rate of interest resulting from changes in the Base Rate shall take place immediately without notice or demand of any kind. Interest on this Note shall be computed on the basis of a 360-day year and actual days elapsed.

(b) If the Bank shall deem applicable to this Note (including, in each case, any borrowed and any unused portion thereof), any requirement of any law of the United States of America, any regulation, order, interpretation, ruling, official directive or guideline (whether or not having the force of law) of the Board of Governors of the Federal Reserve System, the Comptroller of the Currency, the Federal Deposit Insurance Corporation or any other board or governmental or administrative agency of the United States of America which shall impose, increase, modify or make applicable to this Note or cause this Note to be included in any reserve, special

deposit, calculation used in the computation of regulatory capital standards, assessment or other requirement which imposes on the Bank at any cost that is attributable to the maintenance thereof, then, and in each such event, the Borrower shall promptly pay the Bank, upon its demand, such amount as will compensate the Bank for any such cost, which determination shall be based upon the Bank's reasonable allocation of the aggregate of such costs resulting from such events. In the event any such cost is a continuing cost, a fee payable to the Bank may be imposed upon the Borrower periodically for so long as any such cost is deemed applicable to the Bank, in an amount determined by the Bank to be necessary to compensate the Bank for any such cost, which determination may be based upon the Bank's reasonable allocation of the aggregate of such costs resulting from such events. The determination by the Bank of the existence and amount of any such additional costs shall, in the absence of manifest error, be conclusive.

(c) The Borrower agrees to pay to the Bank a review fee equal to $ 0 payable in quarterly installments, as billed, for the purpose of defraying the Bank's expense involved in continuing to review the condition of the Borrower and determining whether the Bank will make requested advances to the Borrower.

(d) If, at any time, the rate of interest, together with all amounts which constitute interest and which are reserved, charged or taken by Bank as compensation for fees, services or expenses incidental to the making, negotiating or collection of any advance evidenced hereby, shall be deemed by any competent court of law, governmental agency or tribunal to exceed the maximum rate of interest permitted to be charged by the Bank to the Borrower, then, during such time as such rate of interest would be deemed excessive, that portion of each sum paid attributable to that portion of such interest rate that exceeds the maximum rate of interest so permitted shall be deemed a voluntary prepayment of principal.

(4) **Late Charge.** The Bank may collect a late charge not to exceed five (5) percent of any installment of interest or principal, or of any other amount due to the Bank which is not paid or reimbursed within fifteen (15) days of the due date thereof to defray the extra cost and expense involved in handling such delinquent payment and the increased risk of non-collection. The minimum late charge shall be $15.00.

(5) **Prepayments; Charges.** The Borrower may not prepay any Fixed Rate Advance prior to the maturity date noted on Schedule 1 with respect to such Fixed Rate Advance. The Borrower may prepay any Base Rate Advance at any time in whole or in part without penalty or premium. In the event that a prepayment of a Fixed Rate Advance is permitted or required hereunder and such prepayment results in any loss (including any lost profit), cost or expense to the Bank, the Bank shall notify the Borrower of the amount thereof and the Borrower shall immediately pay such amount to the Bank. If, at any time, the aggregate principal amount of all advances outstanding under this Note shall exceed the maximum amount permitted by this Note, the Borrower shall immediately prepay so much of the outstanding principal balance, together with accrued interest on the portion of principal so prepaid, as shall be necessary in order that the unpaid principal balance, after giving effect to such prepayments, shall not be in excess of the maximum amount permitted by this Note. All such prepayments shall be applied first to the payment of all interest accrued to the date of prepayment and the remainder to the principal balances as instructed by the Borrower.

See attached

(6) **Financial Statements; Notice of Default.** The Borrower shall deliver to the Bank (a) within forty-five (45) days after close of each of the first three quarters of each fiscal year of the Borrower, a balance sheet of the Borrower as of the close of each quarter and statements of income and retained earnings for that portion of the fiscal year-to-date then ended, prepared in conformity with generally accepted accounting principles, applied on a basis consistent with that of the preceding period or containing disclosure of the effect on financial position or results of operations of any change in the application of generally accepted accounting principles during the period, and certified by the president or chief financial officer of the Borrower as accurate, true and complete; (b) within ninety (90) days after the close of each fiscal year of the Borrower, financial statements, including a balance sheet as of the close of such fiscal year and statements of income and retained earnings and cash flows for the year then ended, prepared in conformity with generally accepted accounting principles, applied on a basis consistent with that of the preceding year or containing disclosure of the effect on financial position or results of operations of any change in the application of accounting principles during the year and accompanied by a report thereon, containing an opinion, unqualified as to scope, of a firm of independent certified public accountants selected by the Borrower and acceptable to the Bank; (c) simultaneously with the delivery of the financial statements required in paragraph 6(a) and 6(b) above, a Certificate of Compliance certifying that, as at the end of the applicable period, the Borrower is in full compliance with all covenants set forth in this Note and in any document, instrument or agreement governing, evidencing or securing this Note and certified by the president or chief financial officer of the Borrower as accurate, true and complete; (d) promptly upon the Bank's written request, such other information about the financial condition, business and operations of the Borrower or any Guarantor as the Bank may, from time to time, reasonably request; (e) within forty-five (45) days after each quarterly period and within ninety (90) days after the close of each fiscal year of the Borrower, the most recent year end balance sheet and statement of income and retained earnings of each Guarantor in form and detail satisfactory to the Bank signed by such Guarantor and certified as true, accurate and complete; and (f) promptly on becoming aware of any Event of Default (as herein defined) or any event but for the giving of notice or the passage of time would constitute an Event of Default, notice thereof in writing.

(7) **Events of Default.** This paragraph applies only to Fixed Rate Advances. Each of the following shall constitute an "Event of Default" hereunder: (a) failure of Borrower or any Guarantor to pay or perform any of its liabilities or obligations to Bank (whether under this Note or otherwise and whether now existing or hereafter arising) when due to be paid or performed; (b) default by the

Borrower or by any Guarantor in the payment of any other indebtedness or obligation, whether direct or indirect, absolute or contingent, or if any such other indebtedness or obligation shall be accelerated, or if there exists any event of default under any note, instrument, document or agreement evidencing, governing or securing such other indebtedness or obligation; (c) ~~the Bank believes~~ that any material adverse change in the assets, liabilities, financial condition or business of Borrower or any Guarantor has occurred since the date of any financial statements delivered to the Bank before or after the date hereof; (d) failure by the Borrower to comply with any covenant, term or condition contained in this Note; (e) any representation or warranty made by the Borrower or any Guarantor, at any time, to the Bank proves, at any time, to be incorrect in any material respect; (f) failure by Borrower or any Guarantor to comply with the terms of, or the occurrence of any default under, this Note or any mortgage, guaranty, security agreement or other agreement or document which may now or hereafter govern, evidence or secure this Note or any guaranty or endorsement of this Note; (g) any material loss, theft, substantial damage or destruction of or to any collateral which may now or hereafter secure this Note, or any guaranty or endorsement of this Note or to a material portion of the property or assets of the Borrower or any Guarantor shall occur; (h) sale or other disposition of or encumbrance on any property of the Borrower or any Guarantor, except as permitted by the Bank; (i) the making of any levy, seizure, attachment, execution or similar process on any collateral which may now or hereafter secure this Note or any other property of the Borrower or any Guarantor; or (j) incompetency of, dissolution of, termination of the existence of, insolvency of, business failure of, application for or appointment of a receiver, trustee, conservator or liquidator of any part of the property of, assignment for the benefit of creditors by, or the commencement of any case or proceeding (whether for the purpose of liquidation or rehabilitation or otherwise) under any bankruptcy or insolvency laws of, by or against Borrower or of, by, or against any Guarantor.

(8) **Demand; Acceleration.** All Base Rate Advances are payable on demand (whether or not scheduled payments have been made), together with accrued interest thereon, at the option of the Bank. In the case of any Fixed Rate Advances, at any time upon the occurrence of an Event of Default hereunder or if Bank shall in good faith believe that the prospect of payment or performance is impaired, all advances outstanding hereunder, together with accrued interest thereon, shall become immediately due and payable, at the option of the Bank, without demand which is expressly waived by the Borrower and each Guarantor.

~~(9) Lien and Set Off.~~ The Borrower and each Guarantor hereby give the Bank a lien and right of set off for all of Borrower's and each Guarantor's liabilities and obligations upon and against all the deposits, credits, collateral and property of the Borrower and each Guarantor, now or hereafter in the possession, custody, safekeeping or control of the Bank or any entity under the control of Shawmut National Corporation or in transit to any of them. At any time, without demand or notice, Bank may set off the same or any part thereof and apply the same to any liability or obligation of the Borrower or any Guarantor even though unmatured.

~~(10) PREJUDGMENT REMEDY WAIVER.~~ BORROWER AND EACH GUARANTOR (1) ACKNOWLEDGE THAT THE ADVANCES EVIDENCED BY THIS NOTE ARE PART OF A COMMERCIAL TRANSACTION AND (2) TO THE EXTENT PERMITTED BY ANY STATE OR FEDERAL LAW, WAIVE THE RIGHT ANY OF THEM MAY HAVE TO PRIOR NOTICE OF AND A HEARING ON THE RIGHT OF ANY HOLDER OF THIS NOTE TO ANY REMEDY OR COMBINATION OF REMEDIES THAT ENABLES SAID HOLDER, BY WAY OF ATTACHMENT, FOREIGN ATTACHMENT, GARNISHMENT OR REPLEVIN, TO DEPRIVE BORROWER OR ANY GUARANTOR OF ANY OF THEIR PROPERTY, AT ANY TIME, PRIOR TO FINAL JUDGMENT IN ANY LITIGATION INSTITUTED IN CONNECTION WITH THIS NOTE.

~~(11) WAIVER OF TRIAL BY JURY.~~ THE BANK, THE BORROWER AND EACH GUARANTOR IRREVOCABLY WAIVE ALL RIGHT TO A TRIAL BY JURY IN ANY PROCEEDING HEREAFTER INSTITUTED BY OR AGAINST THE BANK, THE BORROWER OR ANY GUARANTOR IN RESPECT OF THIS NOTE OR ARISING OUT OF ANY DOCUMENT, INSTRUMENT OR AGREEMENT EVIDENCING, GOVERNING OR SECURING THIS NOTE.

(12) **Waivers, Binding Effect, Miscellaneous.**

(a) This Note shall be the joint and several obligation of Borrower and each Guarantor and each provision of this Note shall apply to each and all jointly and severally and to the property and liabilities of each.

(b) Borrower and each Guarantor waive presentment, demand, notice, protest, notice of acceptance of this Note, notice of advances made, credit extended, notice of nonpayment or other action taken in reliance hereon. With respect to its liabilities, Borrower and each Guarantor assent to any extension or postponement of the time of payment or any other indulgence, to the addition or release of any party or person primarily or secondarily liable, to the acceptance of partial payments thereon and the settlement, compromising or adjusting of any thereof, all in such manner and at such time or times as the Bank may deem advisable.

(c) The Bank shall not be deemed to have waived any of its rights unless such waiver be in writing and signed by the Bank. This Note is the final, complete and exclusive statement of the terms governing this Note. No delay or omission on the part of the Bank in exercising any right shall operate as a waiver of such right or any other right. A waiver on any one occasion shall not be construed as a bar to or waiver of any right on any future occasion. All rights and remedies of the Bank hereunder, under any document, instrument or agreement evidencing, governing or securing this Note or under all applicable laws shall be cumulative and may be exercised singularly or concurrently.

(d) The provisions of this Note shall bind the successors and assigns of the Borrower and each Guarantor and shall inure to the benefit of the Bank, its successors and assigns.

(e) This Note shall be governed and construed under the laws of the State of Connecticut.

(f) If any provision of this Note shall to any extent be held invalid or unenforceable, then only such provision shall be deemed ineffective and the remainder of this Note shall not be affected.

(13) **Acknowledgement of Borrower.** Borrower acknowledges receipt of a copy of this Note, attests that each advance is to be used for general commercial purposes and that no part of such proceeds will be used, in whole or in part, for the purpose of purchasing or carrying any "margin stock" as such term is defined in Regulation U of the Board of Governors of the Federal Reserve System.

IN WITNESS WHEREOF, the Borrower has caused this Note to be duly executed as a sealed instrument.

Massachusetts Mutual Life Insurance Company
Political Action Committee
Print Name of Corporate Borrower

Witness:

Susan E. Newell
~~Andrew P. Kuppermen~~
~~Assistant Treasurer~~

Susan E. Newell

By: Bruce Frisbie
Its: Treasurer

Guaranty and Endorsement

IN CONSIDERATION OF the advances or other extensions of credit or accommodations evidenced by the within note, the undersigned (if more than one, jointly and severally) hereby unconditionally guarantee(s) to SHAWMUT BANK CONNECTICUT, N.A. and every subsequent holder of said note, irrespective of the genuineness, validity, regularity or enforceability thereof or of any security therefor, or of the existence or extent of any such security, or of any other circumstance, the prompt payment of said note and of all sums stated therein to be payable, when due, at maturity, by acceleration or otherwise. Each signature hereto is intended also as an endorsement of the within note, and the undersigned hereby agree to be bound by all of the terms and conditions of said note that pertain to guarantors and endorsers.

The undersigned further agree to pay all costs and expenses, including attorneys' fees, arising out of or with respect to the validity, enforceability, defense or preservation of this Guaranty and Endorsement.

The undersigned further guarantee that all payments made by the Borrower to the Bank with respect to any liabilities hereby guaranteed will, when made, be final and agree that if any such payment is recovered from or repaid by the Bank in whole or in part in any bankruptcy, insolvency or similar proceeding instituted by or against the Borrower, this Guaranty and Endorsement shall continue to be fully applicable to such liabilities to the same extent as though the payment so recovered or repaid had never been originally made on such liabilities. The undersigned hereby waive any claim, right or remedy which the undersigned may now have or hereafter acquire against the Borrower or any of its assets or property that arises hereunder or from the performance by the undersigned hereunder, including without limitation, any claim, right or remedy of subrogation, reimbursement, exoneration, contribution, indemnification or participation in any claim, right or remedy that the Bank may have against the Borrower or any security for the liabilities of the Borrower which the Bank now has or hereafter acquires whether or not such claim, right or remedy arises in equity, under contract, by statute, under common law or otherwise.

ACF

Upon any failure of the Borrower to pay, the liability of the undersigned shall be effective immediately and payable on demand without any suit or action against the Borrower. No delay or omission on the part of the Bank in exercising any right hereunder shall operate as a waiver of such right or any other right; a waiver on one occasion shall not be a bar to or waiver of any right on any other occasion.

The liability of the undersigned with respect to any liability shall not be terminated by, and the undersigned assents to any extension or postponement of the time of payment or any other indulgence, any modification, waiver or amendment of the terms of any agreement relating to liabilities, any substitution, exchange or release of collateral, the addition or release of any party primarily or

secondarily liable including any of the undersigned, whether or not notice thereof is given to the undersigned. The Bank shall have no duty to collect or protect any collateral or any income thereon, nor to preserve any rights against other parties, and the Bank may proceed under this Guaranty and Endorsement immediately upon Borrower's failure to pay or perform without resorting to or regard to any collateral or any other guaranty or source of payment.

Print Name of Corporate or Partnership Guarantor

(Signature)
Print Name of Individual Guarantor

By:
Its:

(Signature)
Print Name of Individual Guarantor

SEE SCHEDULE 1 ON NEXT PAGE

SCHEDULE 1

Date	Amount of Advance Made This Date	Interest Rate (indicate rate, if Fixed, or Base Rate, if variable)	Date Advance is due (Fixed Rate, give date due) ((Base Rate, due on demand)	Amount of Principal Prepaid This Date	Principal Balance Remaining Unpaid	Amount of Interest Paid	Notation Made By

ADF.
Rec

ATTACHMENT TO SEPTEMBER 30, 1996
$15,000.00 NOTE FROM
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY
POLITICAL ACTION COMMITTEE
TO FLEET NATIONAL BANK

6. (a) The Borrower shall deliver to the Bank within ninety (90) days after the close of each fiscal year of the Borrower, updated copies of the statements which were provided to the Bank by the Borrower for approval of the credit line, which will be audited from time to time and which utilize the cash basis method of accounting.

(b) Promptly upon the Bank's written request, such other information about the financial condition, business and operations of the Borrower or any Guarantor as the Bank may, from time to time, reasonably request.

(c) Promptly on becoming aware of any Event of Default (as herein defined) or any event but for the giving of notice or the passage of time would constitute an Event of Default, notice thereof in writing..

This Note is secured by an Assignment of Bank Account dated September 30, 1996 from the Borrower in favor of the Bank.

ADDENDUM TO

Money Market Promissory Note dated September 30, 1996

[Name of note/agreement/guaranty or other document]

(the "Instrument") between Massachusetts Mutual Life Insurance Company Political Action Committee

[Name of borrower/debtor/guarantor or other party]

(collectively or singularly, as the case may be, the "Obligor") and the Bank referred to in the Instrument.

Notwithstanding anything to the contrary contained in the Instrument, the Obligor hereby acknowledges and agrees that any and all references therein to "Fleet Bank, National Association," "Fleet Bank, N.A.," "Fleet Bank of Massachusetts, National Association," "Fleet Bank of Massachusetts, N.A.," "Fleet National Bank of Connecticut," or "Fleet National Bank of Massachusetts," as the case may be, shall be deemed to refer to Fleet National Bank. *or Shawmut Bank Connecticut, N.A.

IN WITNESS WHEREOF, the Obligor has executed this Addendum this 30th day of September, 1996.

OBLIGOR:

Corporations, Partnerships and Limited Liability Companies:

Massachusetts Mutual Life Insurance Company, Political Action Committee

NAME OF ENTITY

By: Bruce C. Frisbie

PRINT NAME: Bruce C. Frisbie
TITLE: Treasurer

Individuals and Sole Proprietors:

PRINT NAME:

PRINT NAME:

RATIFICATION OF ASSIGNMENT AND PLEDGE OF BANK ACCOUNT

Reference is hereby made to a certain Assignment and Pledge of Bank Account, dated as of September 30, 1996 (the "Assignment"), between **MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE** ("Owner"), in favor of **FLEET NATIONAL BANK** ("Bank").

WHEREAS, the Assignment was given by the Owner as security for the Liabilities (as defined in the Assignment) of Owner to Bank including that certain Money Market Promissory Note dated September 30, 1996, from Owner to Bank in the original principal amount of $15,000 (the "Note"); and

WHEREAS, Owner and Bank have amended the Note pursuant to an Amendment to Money Market Promissory Note (the "Amendment"), dated the 15th day of October, 1997; and

WHEREAS, Bank has requested Owner to conform that the Assignment will continue to secure the Note as amended by the Amendment.

NOW THEREFORE, for good and valuable consideration the receipt and sufficiency of which is hereby acknowledged, the Owner ratifies and confirms to Bank that the Assignment remains in full force and effect and secures the Note as amended by the Amendment, as well as all other Liabilities of Owner to Bank.

EXECUTED as an instrument under seal this 15th day of Oct., 1997.

WITNESS

MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

By: Bruce C. Frisbie
Printed Name: Bruce C. Frisbie
Title: Treasurer

AMENDMENT TO MONEY MARKET PROMISSORY NOTE

Reference is hereby made to a certain Money Market Promissory Note, dated September 30, 1996, in the original principal amount of $15,000.00 (the "Note"), from **MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE** (the "Borrower"), in favor of **FLEET NATIONAL BANK** (the "Bank").

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Borrower and the Bank hereby amend the Note effective as of the date hereof, as follows:

Extension of Time For Repayment of Advances: The reference in Paragraph 2 of the Note to "09/30/97" as the date for the repayment of all unpaid amounts outstanding under the Note is hereby deleted and replaced with the date "09/30/98."

Except as herein provided, no other changes or amendments are made to the Note, and the Borrower hereby ratifies and confirms all other terms and provisions of the Note in all respects. This Amendment is not intended and shall not have the effect of extinguishing any portion of the indebtedness evidenced by the Note. In no event shall this Amendment constitute or be construed as a waiver or release of any of the obligations of the Borrower under the Note. Any reference to the Note in any document executed in connection with the Note shall be deemed to refer to the Note as amended hereby, including, without limitation, that certain Assignment and Pledge of Bank Account, dated as of September 30, 1996, between the Borrower and the Bank. Any security interest, pledge, lien or other interest of the Bank in any collateral securing the Note shall remain in full force and effect and shall continue to secure all obligations of the Borrower under the Notes as amended hereby.

EXECUTED as an instrument under seal this 15th day of Oct., 1997.

WITNESS

MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

By: _____
Printed Name: Bruce C. Frisbie
Title: Treasurer

WITNESS

FLEET NATIONAL BANK

By: _____
Printed Name: _____
Title _____

ASSIGNMENT AND PLEDGE OF BANK ACCOUNT

THIS ASSIGNMENT AND PLEDGE OF BANK ACCOUNT (this "Assignment"), dated as of September 30, 1996, is made between **MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE** with an address of 1295 State Street, Springfield, Massachusetts 01111 ("Owner") and **FLEET NATIONAL BANK** with offices at 777 Main Street, Hartford, Connecticut 06115 ("Bank").

1. Definitions:

"Debtor" means: Owner.

"Collateral" means the account described below:

Fleet National Bank Account No. ~~C-00118949~~ 0335329812 (the "Account) with Owner as the Account Holder.

The Collateral also includes (i) all additions or income, (ii) replacements or substitutions, (iii) accounts or certificate of deposit into which proceeds of the Collateral are transferred (even if they contain more money than the original assigned account), and (iv) other proceeds in any form, all as related to such account.

"Depository" means Fleet National Bank, as the financial institution which is the holder or issuer of the Collateral.

"Liabilities" means all indebtedness, liabilities, and obligations of any kind now or in the future owed by Owner and Debtor to Bank pursuant to that certain Money Market Promissory Note dated September 30, 1996, from Owner in favor of Bank (the "Note"), in the original principal amount of $15,000. Liabilities also includes all sums expended by the Bank for protection of its interests such as expenses of collection of amounts due under the Note.

2. Assignment:

Owner pledges and assigns to the Bank all of Owner rights and interests in the Collateral to secure the payment of the Liabilities.

3. Ownership of Collateral.

Owner represents to the Bank that it owns the Collateral free from any interests or claims of others. There are no joint owners of the Collateral. At the time of making this Assignment, Owner has the right to transfer and deal with the Collateral in all respects without permission or rights of others. Owner will not transfer the Collateral or give

anyone other than the Bank any interest in it without the prior written consent of the Bank.

4. Delivery of Evidence of Collateral:

Upon request and after default, Owner will deliver to Bank all evidence of the Collateral such as passbooks, receipts, or certificates of deposit. Owner will deposit all pledges and/or contributions it receives into the Account.

5. Others Must Deal With Bank:

Owner irrevocably authorizes the Depository to accept instructions regarding the Collateral only from the Bank following the Bank's notification to the Depository of Owner's default with respect to the Liabilities. From and after a default by Owner in respect of the Liabilities, (i) Owner may not make withdrawals of or otherwise change or deal with the Collateral without the permission of the Bank, (ii) all payments relating to the Collateral which would otherwise be made to Owner shall be made to Bank, (iii) Bank may give instructions to the Depository (without consulting Owner) regarding disposition of accounts or certificates which mature or are otherwise payable, and (iv) Bank may direct reinvestment of proceeds. Owner agrees to the terms of the Acknowledgment of Assignment to be signed by the Depository.

6. Bank's Rights to Deal With The Collateral.

From and after a default by Owner with respect to the Liabilities: (i) Owner appoints the Bank to act as its attorney in fact and agent with respect to the Collateral; (ii) Bank, if it chooses to do so, may transfer the Collateral into its own name; (iii) Bank may collect, sue for, or receive any amounts due on the Collateral; (iv) Bank is authorized to act on behalf of Owner and to sign Owner's name on withdrawal requests, checks, or other instructions related to the Collateral; and (v) Bank may withdraw or use the Collateral to pay the Liabilities when due even if the withdrawal results in a penalty or loss of interest due to early withdrawal.

7. Bank Not Responsible for Losses:

The Bank shall not be responsible to Owner for loss or decrease in value of the Collateral. The Bank is not liable to Owner for its choice of investments of proceeds of the Collateral. The Bank is not responsible for damage resulting from the Bank's failure to enforce or collect any Collateral.

8. Notices:

Owner authorizes the Bank to take any action Bank deems reasonably necessary to protect the Bank's interest in the Collateral. Bank may file financing statements and other notices in the public records or with the Depository with or without the signature of

the Owner. The Depository and others shall be entitled to reply upon such notices signed only by the Bank.

9. Agreement Not Changed By Any Action of Bank:

Bank shall notify Owner of any defaults prior to taking action with respect to the Collateral. The Collateral may still be used by Bank even if the Liabilities are changed, renewed, extended. Bank's rights under this agreement are not changed by Bank's agreements with any other person, release of anyone responsible for the Liabilities, or failure to use any other remedy or collateral. Bank may apply the collateral to the Liabilities in any order it chooses.

10. Default:

If Owner defaults under any of the Liabilities, all the Liabilities shall be treated as if they are immediately due in full. Bank may use the Collateral to pay part or all of the Liabilities at any time when due.

11. Termination:

This Assignment shall continue until terminated by the Bank even if all Liabilities are paid in full from time to time. It may be terminated only (i) by a written agreement of the Bank, or (ii) upon written request of Owner at such time as there are no outstanding Liabilities and the Bank has no remaining commitments of any kind to Owner.

12. Expenses:

Bank may use the proceeds of the Collateral to reimburse itself for its expenses of collection of the Liabilities or the Collateral (including among others, reasonable attorney's fees).

13. Persons Bound by This Agreement:

All of the terms of this Assignment shall be for the benefit of and be binding upon the respective heirs, legal representatives, successors, and assigns of the parties who signed it.

14. LAWS/WAIVER OF JURY TRIAL:

This Assignment shall be governed by the laws of the State of Connecticut. Owner consents to being sued in the courts of the State Connecticut and in the courts of the United States having jurisdiction. Owner agrees that notice of legal proceedings may be served by Certified Mail to the Owner's address shown in this Agreement. THE OWNER WAIVES TRIAL BY JURY OF ANY CLAIMS OR PROCEEDINGS WITH

RESPECT TO THIS AGREEMENT, OR THE LIABILITIES, TO THE FULLEST EXTENT ALLOWED BY LAW.

IN WITNESS WHEREOF, the parties hereto have executed this Assignment under seal as of the day first above written.

OWNER:

MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

By: Bruce C. Frisbie
Name: Bruce C. Frisbie
Title: Treasurer

BANK:

FLEET NATIONAL BANK

By: Robert E. Meditz
Name: Robert E. Meditz
Title: Assistant Vice President

ACKNOWLEDGMENT OF ASSIGNMENT

The definitions in the above Assignment shall apply to this Acknowledgment. The Depository acknowledges the above Assignment and agrees to hold the Collateral subject to the rights and interest of the Bank as therein set forth.

The Depository acknowledges that its records show no person other than the Owner has any interest in or rights with respect to the Collateral, and the Owner signature(s) as shown above compare(s) correctly with the Depository's files.

The Depository hereby acknowledges that it has no interest in the Collateral and waives its rights of setoff with respect thereto.

DEPOSITORY:

FLEET NATIONAL BANK

By: _____

Name: Robert E. Meditz
Title: Assistant Vice President

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was recived.

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☐	Received from the Senate Office of Public Records	Date of Receipt
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☐	Electronic Filing	

lds — PREPARER

11-19-97 — DATE PREPARED

(7/97)