

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 07 01 2006 through 07 31 2006

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

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

Signature of Treasurer Electronically Filed by Mr. Bruce C., Frisbie Date 04 19 2007

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		74314.49
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	88671.33									
(c) Total Receipts (from Line 19) .....	60045.90	365305.76								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	148717.23	439620.25								
7. Total Disbursements (from Line 31) .....	47908.68	338811.70								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	100808.55	100808.55								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

Massachusetts Mutual Life Insurance Company Political Action Committee

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	35259.81	237887.10
(i) Itemized (use Schedule A) .....	14003.09	113847.58
(ii) Unitemized .....	49262.90	351734.68
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) .....	49262.90	351734.68
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	10400.00	11400.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	383.00	2171.08
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	60045.90	365305.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	60045.90	365305.76

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	8.68	22.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	8.68	22.54
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	33000.00	315500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	11400.00	11400.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	139.16
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	139.16
29. Other Disbursements.....	3500.00	11750.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	47908.68	338811.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	47908.68	338811.70

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	49262.90	351734.68
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	139.16
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	49262.90	351595.52
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	8.68	22.54
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	8.68	22.54

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 118
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. PAUL FOLEY</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 05 / 2006	
Mailing Address 2 ROMARY CT		<b>Transaction ID: 15780117</b>	
City GLEN ROCK	State NJ	Zip Code 07452	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer SELF	Occupation INSURANCE AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B. DAVIN A. JADER</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 05 / 2006	
Mailing Address 7254 E WILSHIRE DR		<b>Transaction ID: 15780121</b>	
City SCOTTSDALE	State AZ	Zip Code 85257	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer SELF	Occupation INSURANCE AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. ROBERT J. SMITH</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 05 / 2006	
Mailing Address 9130 E KIMBERLY WAY		<b>Transaction ID: 15780122</b>	
City SCOTTSDALE	State AZ	Zip Code 85255	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer SELF	Occupation INSURANCE AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
STEPHEN B. HORRELL, Jr.

Mailing Address 8712 E CLUBHOUSE WAY

City State Zip Code  
SCOTTSDALE AZ 85255

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 05 / 2006

Transaction ID: 15780123

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
SCOTT W. CLIPPINGER

Mailing Address 450 SCENIC DR

City State Zip Code  
EVANSVILLE IN 47715

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 05 / 2006

Transaction ID: 15780125

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
MATTHEW J. PARRINELLO

Mailing Address 6844 BURNS ST APT B4

City State Zip Code  
FOREST HILLS NY 11375

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 05 / 2006

Transaction ID: 15780127

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	900.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
MATTHEW O. HENDERSON

Mailing Address 1544 S COLUMBIA PLAC

City State Zip Code  
TULSA OK 74104

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2006

Transaction ID: 15913178

Amount of Each Receipt this Period  
1500.00

**B.** Full Name (Last, First, Middle Initial)  
COREY A. SCHNEIDER

Mailing Address 20 STRATTON RD

City State Zip Code  
SCARSDALE NY 10583

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2006

Transaction ID: 15913179

Amount of Each Receipt this Period  
1500.00

**C.** Full Name (Last, First, Middle Initial)  
JOHN D. LEVIN

Mailing Address 2455 N BUTTERCUP DRI

City State Zip Code  
TUCSON AZ 85749

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 07 / 2006

Transaction ID: 15913185

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3300.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
STEPHEN R. FRANK

Mailing Address 10515 S JOPLIN AVE

City State Zip Code  
TULSA OK 74137

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 07 / 2006

Transaction ID: 15913186

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
MICHAEL J. ZAGER

Mailing Address 2543 SANCTUARY DR

City State Zip Code  
WESTON FL 33327

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 07 / 2006

Transaction ID: 15913190

Amount of Each Receipt this Period  
500.00

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

Mailing Address PO BOX 823

City State Zip Code  
BELCHERTOWN MA 01007

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 10 / 2006

Transaction ID: 15914602

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1800.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 118
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
PAUL H. ROBB

Mailing Address 11200 E SAINT JAMES

City State Zip Code  
TUCSON AZ 85748

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 11 / 2006

Transaction ID: 15927348

Amount of Each Receipt this Period  
1500.00

**B.** Full Name (Last, First, Middle Initial)  
EDMOND H. JOHNSON

Mailing Address 617 DALE DR

City State Zip Code  
VIRGINIA BEAC VA 23452

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 13 / 2006

Transaction ID: 15954026

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
JERRY D. VESSELL

Mailing Address 470851 LOWAY DRIVE

City State Zip Code  
BRENTWOOD TN 37027

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 12 / 2006

Transaction ID: 15954079

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2800.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
N.L. SCHONEBERGER

Mailing Address 4555 S EXETER ST

City State Zip Code  
CHANDLER AZ 85249

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 12 / 2006

Transaction ID: 15954080

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
JAMES C. MCCLURE

Mailing Address 1350 GREENWOOD AVE

City State Zip Code  
WILMETTE IL 60091

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 12 / 2006

Transaction ID: 15954082

Amount of Each Receipt this Period  
600.00

**C.** Full Name (Last, First, Middle Initial)  
STUART ZALOWITZ

Mailing Address 447 JASON DR

City State Zip Code  
MEMPHIS TN 38120

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 12 / 2006

Transaction ID: 15954085

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1400.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
TIMOTHY J. CORNELL

Mailing Address 1850 WALNUT ST

City OSHKOSH State WI Zip Code 54901

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 17 / 2006

Transaction ID: 16022721

Amount of Each Receipt this Period  
 300.00

**B.** Full Name (Last, First, Middle Initial)  
CATHY MU

Mailing Address 3273 WITHERS AVE

City LAFAYETTE State CA Zip Code 94549

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 17 / 2006

Transaction ID: 16022723

Amount of Each Receipt this Period  
 300.00

**C.** Full Name (Last, First, Middle Initial)  
THOMAS H. WARING, Jr.

Mailing Address 3815 HAMPTON BROOK D

City HAMBURG State NY Zip Code 14075

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 17 / 2006

Transaction ID: 16022724

Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
MR. MICHAEL S ASTONE

Mailing Address 51 EAGLE BROOK DR

City State Zip Code  
SOMERS CT 06071

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

Name of Employer Occupation  
BABSON CAPITAL MANAGEMENT LLC MANAGING DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 17 / 2006

Transaction ID: 16023216

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
JAY R. EAGAN

Mailing Address 6604 OXFORD AVE

City State Zip Code  
LUBBOCK TX 79413

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

Name of Employer Occupation  
SELF INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 18 / 2006

Transaction ID: 16047586

Amount of Each Receipt this Period  
600.00

**C.** Full Name (Last, First, Middle Initial)  
HAWLEY H. MACLEAN

Mailing Address 20 DAY LILY CT

City State Zip Code  
RENO NV 89511

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

Name of Employer Occupation  
SELF INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 18 / 2006

Transaction ID: 16047590

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1150.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MILTON B. GOODMAN</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 21 / 2006	
Mailing Address 107 N MANSFIELD AVE		<b>Transaction ID: 16137441</b>	
City State Zip Code LOS ANGELES CA 90036	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SELF	Occupation INSURANCE AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B. ROBERT J. CUMMINGS</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 21 / 2006	
Mailing Address 1450 THOMPSON AVE		<b>Transaction ID: 16137442</b>	
City State Zip Code SULLIVANS ISL SC 29482	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SELF	Occupation INSURANCE AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C. JACOB PILIBOSIAN</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 21 / 2006	
Mailing Address 23 BRADLEY RD		<b>Transaction ID: 16137446</b>	
City State Zip Code ARLINGTON MA 02474	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SELF	Occupation INSURANCE AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
LARRY G. FOSTER

Mailing Address 10 WINDROCK WAY

City Greensboro State NC Zip Code 27455

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
07 / 21 / 2006

Transaction ID: 16137455

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
CLIFFORD P. POLK, Jr.

Mailing Address 4925 S LIPAN DR

City Englewood State CO Zip Code 80110

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
07 / 26 / 2006

Transaction ID: 16147616

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
HASWELL M. FRANKLIN

Mailing Address 1 GRAY SQUIRREL COUR

City Lutherville State MD Zip Code 21093

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
07 / 26 / 2006

Transaction ID: 16147617

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	950.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
MR. BRUCE H BONSALL

Mailing Address 12 SALVATOR DR

City WESTFIELD State MA Zip Code 01085

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 26 / 2006

Transaction ID: 16147620

Amount of Each Receipt this Period  
475.00

**B.** Full Name (Last, First, Middle Initial)  
MR. JONATHAN PICOULT

Mailing Address 6 TEACHER TURN

City SIMSBURY State CT Zip Code 06070

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 26 / 2006

Transaction ID: 16147624

Amount of Each Receipt this Period  
250.00

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

Mailing Address 11 COBTAIL WAY

City SIMSBURY State CT Zip Code 06070

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1361.15

Date of Receipt  
M M / D D / Y Y Y Y Y

Transaction ID: PR112047547920

Amount of Each Receipt this Period  
388.90

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1113.90

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
MS. DEBRA PALERMINO

Mailing Address 168 CENTERWOOD RD

City State Zip Code  
NEWINGTON CT 06111

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 312.50

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR115627287920

Amount of Each Receipt this Period  
125.00

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

**B.** Full Name (Last, First, Middle Initial)  
MS. ELIZABETH S GAGNE

Mailing Address 6 HITCHCOCK LN

City State Zip Code  
AVON CT 06001

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE INS. VICE PRESIDENT

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 266.64

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR126421947920

Amount of Each Receipt this Period  
133.32

P/R Deduction (\$0.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
ALAN L. MELTZER

Mailing Address 7021 NATALLI WOODS L

City State Zip Code  
BETHESDA MD 20817

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

Name of Employer Occupation  
SELF INSURANCE AGENT

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2916.62

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR78984517920

Amount of Each Receipt this Period  
416.66

P/R Deduction (\$416.66 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>674.98</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 / 118
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

<b>A.</b> Full Name (Last, First, Middle Initial) BRUCE T. RIDDLE Mailing Address 3702 E 63RD ST City TULSA State OK Zip Code 74136 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR78986077920 Amount of Each Receipt this Period 62.50 P/R Deduction (\$62.50 Monthly)
Name of Employer SELF Occupation INSURANCE AGENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 437.50		

<b>B.</b> Full Name (Last, First, Middle Initial) DALE J. SEYMOUR Mailing Address 2401 WEALDSTONE RD City TOLEDO State OH Zip Code 43617 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR78987557920 Amount of Each Receipt this Period 133.33 P/R Deduction (\$125.00 Monthly)
Name of Employer SELF Occupation GENERAL INSURANCE AGENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 933.31		

<b>C.</b> Full Name (Last, First, Middle Initial) DANIEL M. SMITH Mailing Address 90 DOLAN DR City GUILFORD State CT Zip Code 06437 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR78987767920 Amount of Each Receipt this Period 33.33 P/R Deduction (\$33.33 Monthly)
Name of Employer SELF Occupation INSURANCE AGENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 233.31		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>229.16</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
DAVID H. ROOT

Mailing Address 1930 HARRISON ST # 2

City State Zip Code  
HOLLYWOOD FL 33020

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 599.97

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR78988167920

Amount of Each Receipt this Period  
85.71

P/R Deduction (\$83.33 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
DONALD J. HARRINGTON

Mailing Address 4150 VIA DOLCE APT 1

City State Zip Code  
MARINA DEL RE CA 90292

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR78989237920

Amount of Each Receipt this Period  
30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 14 HUBBARD PL

City State Zip Code  
WHEELING WV 26003

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR78990707920

Amount of Each Receipt this Period  
50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **165.71**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
GENE S. TYRRELL

Mailing Address 1657 SOUTHPORT DR

City RIVERSIDE State CA Zip Code 92506

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR78991337920

Amount of Each Receipt this Period  
50.00

P/R Deduction (\$50.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
GEORGE P. BECKNELL, III

Mailing Address 70 NE LOOP 410 STE 7

City SAN ANTONIO State TX Zip Code 78216

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 583.31

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR78991567920

Amount of Each Receipt this Period  
83.33

P/R Deduction (\$83.33 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
GREGORY F. CARROLL

Mailing Address 6016 CAIRN TER

City BETHESDA State MD Zip Code 20817

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

Name of Employer SELF Occupation INSURANCE BROKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR78992147920

Amount of Each Receipt this Period  
100.00

P/R Deduction (\$100.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>233.33</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. HERBERT D. KASS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1500 PALISADE AVE AP		<b>Transaction ID: PR78993057920</b>	
City State Zip Code <b>FORT LEE NJ 07024</b>	Amount of Each Receipt this Period _____ <b>40.00</b>		
FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$40.00 Monthly)		
Name of Employer SELF Occupation <b>INSURANCE AGENT</b>	Aggregate Year-to-Date ▼ _____ <b>280.00</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. HOWARD N. BIENENFELD</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1000 CORPORATE DR #		<b>Transaction ID: PR78993277920</b>	
City State Zip Code <b>FT LAUDERDALE FL 33334</b>	Amount of Each Receipt this Period _____ <b>83.33</b>		
FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$83.33 Monthly)		
Name of Employer SELF Occupation <b>INSURANCE AGENT</b>	Aggregate Year-to-Date ▼ _____ <b>583.31</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. JAMES F. CHAPEL, Jr.</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1609 EMERALD BAY		<b>Transaction ID: PR78994547920</b>	
City State Zip Code <b>LAGUNA BEACH CA 92660</b>	Amount of Each Receipt this Period _____ <b>83.33</b>		
FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$125.00 Monthly)		
Name of Employer SELF Occupation <b>GENERAL INSURANCE AGENT</b>	Aggregate Year-to-Date ▼ _____ <b>583.31</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>206.66</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 118

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. JAMES J. SHAUGHNESSY</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 265 HILLHAVEN RD		<b>Transaction ID: PR78994767920</b>	
City <b>MANCHESTER</b>	State <b>NH</b>	Zip Code <b>03104</b>	Amount of Each Receipt this Period _____ <b>87.50</b>
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer SELF	Occupation <b>GENERAL INSURANCE AGENT</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>612.50</b>		
		P/R Deduction (\$83.33 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. JOHN W. MOLYNEAUX</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 930 GREENWOOD AVE		<b>Transaction ID: PR78997957920</b>	
City <b>WILMETTE</b>	State <b>IL</b>	Zip Code <b>60091</b>	Amount of Each Receipt this Period _____ <b>83.33</b>
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer SELF	Occupation <b>INSURANCE AGENT</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>583.31</b>		
		P/R Deduction (\$83.33 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. JOE E. YOUNG, Jr.</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 32 STONY RDG		<b>Transaction ID: PR78998297920</b>	
City <b>ASHEVILLE</b>	State <b>NC</b>	Zip Code <b>28804</b>	Amount of Each Receipt this Period _____ <b>30.00</b>
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer SELF	Occupation <b>INSURANCE AGENT</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>210.00</b>		
		P/R Deduction (\$30.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>200.83</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER: PAGE 23 / 118  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
KARL J. FEITELBERG

Mailing Address 175 DERBY ST # 33

City State Zip Code  
HINGHAM MA 02043

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 385.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR78998917920

Amount of Each Receipt this Period 55.00

P/R Deduction (\$55.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
LAWRENCE M. TOMCZAK

Mailing Address 5938 SWAN CREEK DR

City State Zip Code  
TOLEDO OH 43614

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 233.31

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR79000177920

Amount of Each Receipt this Period 33.33

P/R Deduction (\$33.33 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
LAWRENCE N. HOLDEN, III

Mailing Address 1040 ARBOR RD

City State Zip Code  
WINSTON-SALEM NC 27104

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR79000187920

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **138.33**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 118
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. LEONARD J. MONTANARI</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 31 FREDERICK ST		<b>Transaction ID: PR79000477920</b>	
City <b>NEWINGTON</b>	State <b>CT</b>	Zip Code <b>06111</b>	Amount of Each Receipt this Period _____ <b>50.00</b>
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer SELF	Occupation <b>INSURANCE AGENT</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>350.00</b>		
		P/R Deduction (\$50.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. LOUIS F. GRAMMES</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 6105 STEPHENS CROSSI		<b>Transaction ID: PR79000907920</b>	
City <b>MECHANICSBURG</b>	State <b>PA</b>	Zip Code <b>17055</b>	Amount of Each Receipt this Period _____ <b>42.12</b>
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer SELF	Occupation <b>INSURANCE AGENT</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>294.84</b>		
		P/R Deduction (\$41.66 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. MICHAEL J. MCDERMID</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 665 MOUNTAIN VIEW DR		<b>Transaction ID: PR79002937920</b>	
City <b>LEWISTON</b>	State <b>NY</b>	Zip Code <b>14092</b>	Amount of Each Receipt this Period _____ <b>85.00</b>
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer SELF	Occupation <b>GENERAL INSURANCE AGENT</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>595.00</b>		
		P/R Deduction (\$85.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>177.12</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MITCHELL B. STARR</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 9800 SW 4TH ST		Transaction ID: PR79003547920	
City PLANTATION	State FL	Zip Code 33324	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SELF	Occupation INSURANCE AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		
		P/R Deduction (\$50.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. NELSON B. AHERN</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 9061 GOLD RIDGE LN		Transaction ID: PR79003837920	
City MECHANICSVILL	State VA	Zip Code 23116	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SELF	Occupation INSURANCE AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		
		P/R Deduction (\$0.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. NICHOLAS B. GAVALAS</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 799 CREEKSIDE DR		Transaction ID: PR79003857920	
City MT PLEASANT	State SC	Zip Code 29464	Amount of Each Receipt this Period 83.33
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SELF	Occupation GENERAL INSURANCE AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.31		
		P/R Deduction (\$83.33 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	183.33
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 118
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. ROBERT R. CUSHING</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 696 COMMERCIAL ST		<b>Transaction ID: PR79005637920</b>	
City WEYMOUTH	State MA	Zip Code 02189	Amount of Each Receipt this Period _____ 30.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SELF	Occupation INSURANCE AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 210.00		
		P/R Deduction (\$83.33 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. RALPH C. FREIBERT, III</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 6100 ARGONNE BLVD		<b>Transaction ID: PR79005737920</b>	
City NEW ORLEANS	State LA	Zip Code 70124	Amount of Each Receipt this Period _____ 33.33
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SELF	Occupation INSURANCE BROKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 233.31		
		P/R Deduction (\$33.33 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. ROBERT M. SMITH</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1487 S CREST DR		<b>Transaction ID: PR79008367920</b>	
City LOS ANGELES	State CA	Zip Code 90035	Amount of Each Receipt this Period _____ 31.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SELF	Occupation INSURANCE AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 217.00		
		P/R Deduction (\$30.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>94.33</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) ROBERT T. SINKS		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 3428 HAMPTON AVE		<b>Transaction ID:</b> PR79008667920	
City NASHVILLE	State TN	Zip Code 37215	Amount of Each Receipt this Period 133.33
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SELF	Occupation GENERAL INSURANCE AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 933.31		
		P/R Deduction (\$33.37 Monthly)	

<b>B.</b> Full Name (Last, First, Middle Initial) RONNIE E. HUIE		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 7740 SWEETWIND CIR		<b>Transaction ID:</b> PR79009557920	
City FAIR OAKS RAN	State TX	Zip Code 78015	Amount of Each Receipt this Period 33.33
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SELF	Occupation INSURANCE AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 233.31		
		P/R Deduction (\$33.33 Monthly)	

<b>C.</b> Full Name (Last, First, Middle Initial) SAMUEL B. LAPSLEY		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 5879 GOODS MILL RD		<b>Transaction ID:</b> PR79009967920	
City HARRISONBURG	State VA	Zip Code 22801	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SELF	Occupation INSURANCE AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00		
		P/R Deduction (\$75.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	241.66
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. SCOTT C. CURRAN</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 9 TRIUMPH CT		<b>Transaction ID: PR79010297920</b>
City <b>FLANDERS</b>	State <b>NJ</b>	Zip Code <b>07836</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>107.77</b>
Name of Employer <b>SELF</b>	Occupation <b>INSURANCE AGENT</b>	P/R Deduction (\$83.33 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>754.39</b>	

Full Name (Last, First, Middle Initial) <b>B. STEPHEN D. ESTLER</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 2177 NE 63RD ST		<b>Transaction ID: PR79010947920</b>
City <b>FT LAUDERDALE</b>	State <b>FL</b>	Zip Code <b>33308</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>113.10</b>
Name of Employer <b>SELF</b>	Occupation <b>INSURANCE AGENT</b>	P/R Deduction (\$83.33 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>434.50</b>	

Full Name (Last, First, Middle Initial) <b>C. MR. THOMAS MONTI</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 117 GROVE ST		<b>Transaction ID: PR79012147920</b>
City <b>WELLESLEY</b>	State <b>MA</b>	Zip Code <b>02482-7803</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>115.38</b>
Name of Employer <b>MML INVESTORS SERVICES, INC.</b>	Occupation <b>PRESIDENT</b>	P/R Deduction (\$57.69 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>865.35</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>336.25</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. THOMAS L. DELEOT</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 987 WELLINGTON RD		<b>Transaction ID: PR79012487920</b>
City WINSTON-SALEM	State NC	Zip Code 27106
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 33.33
Name of Employer SELF	Occupation INSURANCE AGENT	P/R Deduction (\$33.33 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 233.31	

Full Name (Last, First, Middle Initial) <b>B. TODD E. HOLT</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 4816 96TH ST		<b>Transaction ID: PR79013177920</b>
City LUBBOCK	State TX	Zip Code 79424
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 90.00
Name of Employer SELF	Occupation GENERAL INSURANCE AGENT	P/R Deduction (\$83.33 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00	

Full Name (Last, First, Middle Initial) <b>C. MR. ALAN L BLAIS</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 20 SHADY DELL LN		<b>Transaction ID: PR79015187920</b>
City SOMERS	State CT	Zip Code 06071
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.76
Name of Employer CORNERSTONE RE ADVISERS LLC	Occupation DIRECTOR	P/R Deduction (\$15.38 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.70	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>154.09</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. AARON R LAVOIE</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 74 CARDINAL CIR		<b>Transaction ID: PR79015847920</b>	
City <b>LUDLOW</b>	State <b>MA</b>	Zip Code <b>01056</b>	Amount of Each Receipt this Period 30.76
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation ASSISTANT VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.70		
		P/R Deduction (\$15.38 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B. MR. ALAN R FRIDKIN</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 10 RAVINE CIR		<b>Transaction ID: PR79015877920</b>	
City <b>WESTFIELD</b>	State <b>MA</b>	Zip Code <b>01085</b>	Amount of Each Receipt this Period 30.76
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SECOND VP & ASSOC GENERAL COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.70		
		P/R Deduction (\$0.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C. MR. ALAN KULIG</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address PO BOX 98		<b>Transaction ID: PR79015887920</b>	
City <b>WILBRAHAM</b>	State <b>MA</b>	Zip Code <b>01095</b>	Amount of Each Receipt this Period 30.76
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.70		
		P/R Deduction (\$15.38 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	92.28
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: PAGE 31 / 118

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

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

Mailing Address 1183 LONGMEADOW ST

City State Zip Code  
LONGMEADOW MA 01106

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

Name of Employer  
BABSON CAPITAL MANAGEMENT LLC

Occupation  
MANAGING DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1136.27

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR79015937920

Amount of Each Receipt this Period

157.06

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

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

Mailing Address 77 SANFORD ST

City State Zip Code  
E LONGMEADOW MA 01028

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

Name of Employer  
MASSACHUSETTS MUTUAL LIFE INS.

Occupation  
ASSISTANT VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
224.94

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR79015947920

Amount of Each Receipt this Period

30.76

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

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

Mailing Address 10 TENNYSON DR

City State Zip Code  
LONGMEADOW MA 01106

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

Name of Employer  
CORNERSTONE RE ADVISERS LLC

Occupation  
EVP & GENERAL COUNSEL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
339.45

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR79015967920

Amount of Each Receipt this Period

45.26

P/R Deduction (\$22.63 Bi-Weekly)

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

233.08

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 118

(check only one)

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
MS. ANNE MELISSA DOWLING

Mailing Address 37 SUNSET FARM RD

City State Zip Code  
W HARTFORD CT 06107

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

Name of Employer  
MASSACHUSETTS MUTUAL LIFE INS.

Occupation  
SENIOR VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
865.35

Date of Receipt  
M M / D D / Y Y Y Y Y

Transaction ID: PR79015997920

Amount of Each Receipt this Period  
115.38

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

**B.** Full Name (Last, First, Middle Initial)  
MR. BRIAN J PRAST

Mailing Address 47 ELLINGTON ST

City State Zip Code  
LONGMEADOW MA 01106

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

Name of Employer  
MASSACHUSETTS MUTUAL LIFE INS.

Occupation  
SECOND VICE PRESIDENT & ACTUARY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.70

Date of Receipt  
M M / D D / Y Y Y Y Y

Transaction ID: PR79016597920

Amount of Each Receipt this Period  
30.76

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

**C.** Full Name (Last, First, Middle Initial)  
MR. BRUCE A GUILLEMETTE

Mailing Address 497 JEROME AVE

City State Zip Code  
BURLINGTON CT 06013

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

Name of Employer  
MASSACHUSETTS MUTUAL LIFE INS.

Occupation  
ASSISTANT VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.70

Date of Receipt  
M M / D D / Y Y Y Y Y

Transaction ID: PR79016657920

Amount of Each Receipt this Period  
30.76

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

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

176.90

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 118
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MS. BARBARA J ALLEN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 11 FOX HEDGE RD		<b>Transaction ID: PR79016707920</b>	
City State Zip Code E LONGMEADOW MA 01028	Amount of Each Receipt this Period _____ 30.76		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 230.70		P/R Deduction (\$15.38 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. MS. BEVERLY A HOLMES</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 84 PONDVIEW DR		<b>Transaction ID: PR79016787920</b>	
City State Zip Code SPRINGFIELD MA 01118	Amount of Each Receipt this Period _____ 76.92		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SENIOR VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 576.90		P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. MR. BURTON H DIETZ, Jr.</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 40 WHITE OAKS DR		<b>Transaction ID: PR79016877920</b>	
City State Zip Code LONGMEADOW MA 01106	Amount of Each Receipt this Period _____ 30.76		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation ASSISTANT VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 230.70		P/R Deduction (\$15.38 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>138.44</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____





# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

Mailing Address 34 VERPLANK AVE

City State Zip Code  
STAMFORD CT 06902

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

Name of Employer Occupation  
CORNERSTONE RE ADVISERS ASSET MANAGER  
LLC

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 230.70

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR79019267920

Amount of Each Receipt this Period  
30.76

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

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

Mailing Address 69 HIGHLAND CIR

City State Zip Code  
HAMPDEN MA 01036

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 230.70

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR79019677920

Amount of Each Receipt this Period  
30.76

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

**C.** Full Name (Last, First, Middle Initial)  
MR. DANIEL F MURPHY

Mailing Address 69 DEER RUN RD

City State Zip Code  
W SPRINGFIELD MA 01089

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE VICE PRESIDENT  
INS.

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR79020527920

Amount of Each Receipt this Period  
40.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>101.52</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
MR. DAVID L BRASSARD

Mailing Address 175 TANGLEWOOD DR

City State Zip Code  
E LONGMEADOW MA 01028

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

Name of Employer Occupation  
BABSON CAPITAL MANAGEMENT MANAGING DIRECTOR  
LLC

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 576.90

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR79020557920

Amount of Each Receipt this Period  
76.92

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

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

Mailing Address 6 GALE RD

City State Zip Code  
BLOOMFIELD CT 06002

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

Name of Employer Occupation  
BABSON CAPITAL MANAGEMENT MANAGING DIRECTOR  
LLC

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 865.35

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR79020607920

Amount of Each Receipt this Period  
115.38

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

**C.** Full Name (Last, First, Middle Initial)  
MR. DAVID J REILLY

Mailing Address 32 JOSHUA DR

City State Zip Code  
WEST SIMSBURY CT 06092

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

Name of Employer Occupation  
CORNERSTONE RE ADVISERS PRESIDENT & CEO  
LLC

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 865.35

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR79020637920

Amount of Each Receipt this Period  
115.38

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>307.68</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. DEAN R HINDMAN</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 11 CRESCENT HL		Transaction ID: PR79020667920	
City SPRINGFIELD	State MA	Zip Code 01105	Amount of Each Receipt this Period 30.76
FEC ID number of contributing federal political committee. C			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SECOND VP & ASSOC GENERAL COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.70		
		P/R Deduction (\$15.38 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B. MS. DIANA K RUDDICK</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 15 SHODDY MILL RD		Transaction ID: PR79020717920	
City GLASTONBURY	State CT	Zip Code 06033	Amount of Each Receipt this Period 76.92
FEC ID number of contributing federal political committee. C			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.90		
		P/R Deduction (\$38.46 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C. MS. DIANE MACK</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 10 DUNCASTER RD		Transaction ID: PR79020747920	
City BLOOMFIELD	State CT	Zip Code 06002	Amount of Each Receipt this Period 53.84
FEC ID number of contributing federal political committee. C			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VP & ASSOCIATE GENERAL COUNSEL - PT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.80		
		P/R Deduction (\$26.92 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	161.52
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR. DONALD J PHELAN Mailing Address 24 HAMMERSMITH City AVON State CT Zip Code 06001 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR79020787920 Amount of Each Receipt this Period 53.84
Name of Employer BABSON CAPITAL MANAGEMENT LLC Occupation MANAGING DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.80	P/R Deduction (\$26.92 Bi-Weekly)

<b>B.</b> Full Name (Last, First, Middle Initial) MR. DOUGLAS J JANGRAW Mailing Address 17 CLIFFORD LN City LONGMEADOW State MA Zip Code 01106 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR79020827920 Amount of Each Receipt this Period 76.92
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation CORPORATE VP & ACTUARY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)

<b>C.</b> Full Name (Last, First, Middle Initial) MR. E. THOMAS JOHNSON, Jr. Mailing Address 147 MANOMET AVE City HULL State MA Zip Code 02045 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR79020867920 Amount of Each Receipt this Period 115.38
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation SENIOR VICE PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 865.35	P/R Deduction (\$57.69 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>246.14</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. EDWARD D YOUPELL</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 15 KENSINGTON DR		Transaction ID: PR79020957920	
City <b>WILBRAHAM</b>	State <b>MA</b>	Zip Code <b>01095</b>	Amount of Each Receipt this Period 53.84
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation <b>VICE PRESIDENT</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.80		
		P/R Deduction (\$26.92 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B. MR. EDMOND F RYAN</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 19 QUINNEHTUK RD		Transaction ID: PR79021507920	
City <b>LONGMEADOW</b>	State <b>MA</b>	Zip Code <b>01106-2911</b>	Amount of Each Receipt this Period 115.38
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation <b>SENIOR VICE PRESIDENT</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 865.35		
		P/R Deduction (\$0.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C. MR. EDWARD M KLINE</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 119 KNOLLWOOD DR		Transaction ID: PR79021547920	
City <b>LONGMEADOW</b>	State <b>MA</b>	Zip Code <b>01106</b>	Amount of Each Receipt this Period 76.92
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation <b>CORPORATE VICE PRESIDENT &amp; TREASURER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.90		
		P/R Deduction (\$38.46 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	246.14
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 118
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. EDWARD WILCZYNSKI, Jr.</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 140 OVERLOOK DR		<b>Transaction ID: PR79021587920</b>	
City <b>LUDLOW</b>	State <b>MA</b>	Zip Code <b>01056</b>	Amount of Each Receipt this Period _____ <b>53.84</b>
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation <b>VICE PRESIDENT</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>403.80</b>	P/R Deduction (\$26.92 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B. MR. EDWIN J PELIS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 29 MAIN ST		<b>Transaction ID: PR79021597920</b>	
City <b>HATFIELD</b>	State <b>MA</b>	Zip Code <b>01038</b>	Amount of Each Receipt this Period _____ <b>30.76</b>
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation <b>SECOND VICE PRESIDENT</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>230.70</b>	P/R Deduction (\$15.38 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C. MS. ELLEN L DZIURA</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 207 FRONTENAC ST		<b>Transaction ID: PR79021677920</b>	
City <b>CHICOPEE</b>	State <b>MA</b>	Zip Code <b>01020</b>	Amount of Each Receipt this Period _____ <b>76.92</b>
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation <b>VICE PRESIDENT</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>576.90</b>	P/R Deduction (\$38.46 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>161.52</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
MR. FREDERICK C CASTELLANI

Mailing Address PO BOX 3276

City GROTON State CT Zip Code 06340

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2019.15

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR79021997920

Amount of Each Receipt this Period  
269.22

P/R Deduction (\$134.61 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
MR. GARY F FRITZ

Mailing Address 86 TILL ST

City ENFIELD State CT Zip Code 06082

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

Name of Employer BABSON CAPITAL MANAGEMENT LLC  
Occupation MANAGING DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 288.45

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR79022127920

Amount of Each Receipt this Period  
38.46

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

**C.** Full Name (Last, First, Middle Initial)  
MR. GERALD R ROBERTS

Mailing Address 145 ORCHARD RD

City BELCHERTOWN State MA Zip Code 01007

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.70

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR79022417920

Amount of Each Receipt this Period  
30.76

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>338.44</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 118
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR. GARY J BACCHIOCCHI Mailing Address 14 GARY DR City WESTFIELD State MA Zip Code 01085 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR79022737920 Amount of Each Receipt this Period 115.38 P/R Deduction (\$57.69 Bi-Weekly)
Name of Employer: MASSACHUSETTS MUTUAL LIFE INS. Occupation: CORPORATE VICE PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 865.35		

<b>B.</b> Full Name (Last, First, Middle Initial) MR. H BRADFORD HOFFMAN Mailing Address 50 DEVONSHIRE TERR City E LONGMEADOW State MA Zip Code 01028 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR79023147920 Amount of Each Receipt this Period 68.26 P/R Deduction (\$26.92 Bi-Weekly)
Name of Employer: MASSACHUSETTS MUTUAL LIFE INS. Occupation: VICE PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 324.45		

<b>C.</b> Full Name (Last, First, Middle Initial) MR. HENRY M MORIARTY, Jr. Mailing Address 10 WOODCREST RD City SPRINGFIELD State MA Zip Code 01129 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR79023157920 Amount of Each Receipt this Period 30.76 P/R Deduction (\$15.38 Bi-Weekly)
Name of Employer: MASSACHUSETTS MUTUAL LIFE INS. Occupation: SECOND VICE PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.70		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>214.40</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. ISADORE JERMYN</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 18 DUXBURY LN		Transaction ID: PR79023257920	
City LONGMEADOW	State MA	Zip Code 01106	Amount of Each Receipt this Period 116.92
FEC ID number of contributing federal political committee. C			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SVP & ACTUARY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 876.90		
		P/R Deduction (\$58.46 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B. MR. J. SPENCER WILLIAMS</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 78 FISKE HILL RD		Transaction ID: PR79023287920	
City STURBRIDGE	State MA	Zip Code 01566	Amount of Each Receipt this Period 153.84
FEC ID number of contributing federal political committee. C			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SENIOR VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1153.80		
		P/R Deduction (\$76.92 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C. MR. JAMES R WILLIAMS</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address PO BOX 1606		Transaction ID: PR79023687920	
City WARREN	State MA	Zip Code 01083	Amount of Each Receipt this Period 53.84
FEC ID number of contributing federal political committee. C			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SECOND VP & ASSOC GENERAL COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.80		
		P/R Deduction (\$26.92 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	324.60
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MS. JOANNE M DENVER Mailing Address 48 VAIL ST City SPRINGFIELD State MA Zip Code 01118 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR79024497920 Amount of Each Receipt this Period 76.92
Name of Employer BABSON CAPITAL MANAGEMENT LLC Occupation MANAGING DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90		P/R Deduction (\$38.46 Bi-Weekly)

<b>B.</b> Full Name (Last, First, Middle Initial) MR. JOHN E DEITELBAUM Mailing Address 11 MIDDLE RD City ELLINGTON State CT Zip Code 06029 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR79024827920 Amount of Each Receipt this Period 30.76
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VP & ASSOCIATE GENERAL COUNSEL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.70		P/R Deduction (\$30.38 Bi-Weekly)

<b>C.</b> Full Name (Last, First, Middle Initial) MR. JOHN E PATCHET Mailing Address 141 SILVER CREEK DR City SUFFIELD State CT Zip Code 06078 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR79025107920 Amount of Each Receipt this Period 30.76
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation ASSISTANT VICE PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.70		P/R Deduction (\$15.38 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>138.44</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 118
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR. JOSEPH A CALABRESE		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR79025327920	
Mailing Address 28 CANTERBURY LN		Amount of Each Receipt this Period 53.84	
City FEEDING HILLS      State MA      Zip Code 01030	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer BABSON CAPITAL MANAGEMENT LLC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation MANAGING DIRECTOR Aggregate Year-to-Date ▼ 403.80		
		P/R Deduction (\$26.92 Bi-Weekly)	

<b>B.</b> Full Name (Last, First, Middle Initial) MS. JACQUELINE MILLER		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR79025927920	
Mailing Address 9 OAKRIDGE CIR		Amount of Each Receipt this Period 53.84	
City EASTHAMPTON      State MA      Zip Code 01027	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation VICE PRESIDENT Aggregate Year-to-Date ▼ 403.80		
		P/R Deduction (\$26.92 Bi-Weekly)	

<b>C.</b> Full Name (Last, First, Middle Initial) MR. JAMES S COLLINS		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR79025937920	
Mailing Address 439 EAST ST		Amount of Each Receipt this Period 76.92	
City BELCHERTOWN      State MA      Zip Code 01007	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CORPORATE VICE PRESIDENT & ACTUARY Aggregate Year-to-Date ▼ 576.90		
		P/R Deduction (\$38.46 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	184.60
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 118
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. JAMES J NASCIMENTO</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 432 LYON ST		<b>Transaction ID: PR79026027920</b>	
City LUDLOW	State MA	Zip Code 01056	Amount of Each Receipt this Period _____ 53.84
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 403.80		
		P/R Deduction (\$26.92 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B. MR. JAMES D PERCY</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 11 KENT LN		<b>Transaction ID: PR79026037920</b>	
City SOUTH WINDSOR	State CT	Zip Code 06074	Amount of Each Receipt this Period _____ 30.76
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SECOND VP & ASSOC GENERAL COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 230.70		
		P/R Deduction (\$15.38 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C. MR. JAMES P PUHALA, III</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 68 HOLCOMB ST		<b>Transaction ID: PR79026047920</b>	
City EAST GRANBY	State CT	Zip Code 06026	Amount of Each Receipt this Period _____ 53.84
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SECOND VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 403.80		
		P/R Deduction (\$26.92 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>138.44</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. JAMES M RODOLAKIS</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR79026057920	
Mailing Address 26 EVERGREEN DR		Amount of Each Receipt this Period 30.76	
City <b>E LONGMEADOW</b>	State <b>MA</b>	Zip Code <b>01028</b>	P/R Deduction (\$15.38 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.76	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SECOND VP & ASSOC GENERAL COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.70		

Full Name (Last, First, Middle Initial) <b>B. MR. JEFFREY T ROBINSON</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR79026167920	
Mailing Address 28 DONAMOR LN		Amount of Each Receipt this Period 53.84	
City <b>E LONGMEADOW</b>	State <b>MA</b>	Zip Code <b>01028</b>	P/R Deduction (\$26.92 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 53.84	
Name of Employer MASSMUTUAL INTERNATIONAL	Occupation VICE PRESIDENT & ACTUARY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.80		

Full Name (Last, First, Middle Initial) <b>C. MS. JEFFREY A SAWYER</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR79026177920	
Mailing Address 193 SUMNER AVE		Amount of Each Receipt this Period 76.92	
City <b>SPRINGFIELD</b>	State <b>MA</b>	Zip Code <b>01108</b>	P/R Deduction (\$38.46 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 76.92	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.90		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	161.52
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	





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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 118
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. JOHN P MCCLOSKEY</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 9 WARD DR		<b>Transaction ID: PR79026367920</b>	
City <b>WILBRAHAM</b>	State <b>MA</b>	Zip Code <b>01095</b>	Amount of Each Receipt this Period _____ <b>53.84</b>
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation <b>VICE PRESIDENT</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>407.02</b>	P/R Deduction (\$26.92 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B. MR. JOHN MILLER, Jr</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 55 PINE GROVE CIR		<b>Transaction ID: PR79026387920</b>	
City <b>E LONGMEADOW</b>	State <b>MA</b>	Zip Code <b>01028</b>	Amount of Each Receipt this Period _____ <b>76.92</b>
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MASSMUTUAL INTERNATIONAL	Occupation <b>SENIOR VICE PRESIDENT</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>576.90</b>	P/R Deduction (\$38.46 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C. MS. KATHLEEN LYNCH</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 136 MONTCLAIR DR		<b>Transaction ID: PR79027767920</b>	
City <b>WEST HARTFORD</b>	State <b>CT</b>	Zip Code <b>06107</b>	Amount of Each Receipt this Period _____ <b>61.54</b>
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation <b>MANAGING DIRECTOR</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>461.55</b>	P/R Deduction (\$30.77 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>192.30</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. KENNETH S COHEN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 59 WOODLOT RD		<b>Transaction ID: PR79027807920</b>	
City <b>AMHERST</b>	State <b>MA</b>	Zip Code <b>01002</b>	Amount of Each Receipt this Period _____ <b>153.84</b>
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SVP & DEPUTY GENERAL COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>1153.80</b>		
		P/R Deduction (\$76.92 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B. MR. KENNETH L HARGREAVES</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 187 HENRY ST		<b>Transaction ID: PR79027827920</b>	
City <b>AMHERST</b>	State <b>MA</b>	Zip Code <b>01002</b>	Amount of Each Receipt this Period _____ <b>115.38</b>
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>865.35</b>		
		P/R Deduction (\$57.69 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C. MR. KENNETH M RICKSON</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 3 WESTWOOD DR		<b>Transaction ID: PR79027857920</b>	
City <b>WILBRAHAM</b>	State <b>MA</b>	Zip Code <b>01095</b>	Amount of Each Receipt this Period _____ <b>53.84</b>
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>403.80</b>		
		P/R Deduction (\$26.92 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>323.06</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR. KEVIN M SWEENEY		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 14 ERICKA CIR		<b>Transaction ID:</b> PR79027897920	
City State Zip Code E LONGMEADOW MA 01028	Amount of Each Receipt this Period 69.94		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 615.43		P/R Deduction (\$57.69 Bi-Weekly)

<b>B.</b> Full Name (Last, First, Middle Initial) MR. KI NAM KIM		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 335 INVERNESS LN		<b>Transaction ID:</b> PR79027907920	
City State Zip Code LONGMEADOW MA 01106	Amount of Each Receipt this Period 53.84		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.80		P/R Deduction (\$26.92 Bi-Weekly)

<b>C.</b> Full Name (Last, First, Middle Initial) MS. LISA A HOWAT		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 61 EMILY RD		<b>Transaction ID:</b> PR79028667920	
City State Zip Code MARLBOROUGH CT 06447	Amount of Each Receipt this Period 30.76		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CORNERSTONE RE ADVISERS LLC	Occupation DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.70		P/R Deduction (\$15.38 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	154.54
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MS. LISE A HICKS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 22 PINEYWOODS DR		<b>Transaction ID: PR79028727920</b>	
City <b>E LONGMEADOW</b>	State <b>MA</b>	Zip Code <b>01028</b>	Amount of Each Receipt this Period _____ 95.24
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation <b>VICE PRESIDENT</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 476.20		
		P/R Deduction (\$38.46 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B. MS. LAURA M GASTON</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 239 PEASE RD		<b>Transaction ID: PR79029017920</b>	
City <b>E LONGMEADOW</b>	State <b>MA</b>	Zip Code <b>01028</b>	Amount of Each Receipt this Period _____ 53.84
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation <b>SECOND VICE PRESIDENT</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 403.80		
		P/R Deduction (\$26.92 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C. MR. MARK ACKERMAN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 385 GREEN HILL RD		<b>Transaction ID: PR79029607920</b>	
City <b>LONGMEADOW</b>	State <b>MA</b>	Zip Code <b>01106</b>	Amount of Each Receipt this Period _____ 53.84
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation <b>MANAGING DIRECTOR</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 403.80		
		P/R Deduction (\$26.92 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>202.92</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 118
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MS. MARLENE H LAYMAN</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR7902977920	
Mailing Address 54 DRESSEL AVE		Amount of Each Receipt this Period 30.76	
City <b>BELCHERTOWN</b>	State <b>MA</b>	Zip Code <b>01007</b>	P/R Deduction (\$15.38 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	
Occupation <b>SECOND VICE PRESIDENT</b>		Aggregate Year-to-Date ▼ 230.70	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. MR. MATTHEW P NATCHARIAN</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR79030147920	
Mailing Address 22 OVERLOOK DR		Amount of Each Receipt this Period 76.92	
City <b>WILBRAHAM</b>	State <b>MA</b>	Zip Code <b>01095</b>	P/R Deduction (\$38.46 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer BABSON CAPITAL MANAGEMENT LLC	
Occupation <b>MANAGING DIRECTOR</b>		Aggregate Year-to-Date ▼ 576.90	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. MR. MARC A LOUARGAND</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR79030987920	
Mailing Address 1189 PROSPECT AVE		Amount of Each Receipt this Period 115.38	
City <b>HARTFORD</b>	State <b>CT</b>	Zip Code <b>06105</b>	P/R Deduction (\$57.69 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer CORNERSTONE RE ADVISERS LLC	
Occupation <b>MARKET RESEARCH DIRECTOR</b>		Aggregate Year-to-Date ▼ 865.35	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>223.06</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 118
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MS. MARGARET SPERRY</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 16 APPLE HILL RD		<b>Transaction ID: PR79031047920</b>	
City State Zip Code WILBRAHAM MA 01095	Amount of Each Receipt this Period _____ 115.38		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SVP & CHIEF COMPLIANCE OFFICER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 865.35		
		P/R Deduction (\$57.69 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B. MR. MARK A AHMED</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 9 WELLINGTON DR		<b>Transaction ID: PR79031077920</b>	
City State Zip Code E LONGMEADOW MA 01028	Amount of Each Receipt this Period _____ 38.46		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 288.45		
		P/R Deduction (\$19.23 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C. MR. MARK S HIGGINS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1290 OAK GROVE PL		<b>Transaction ID: PR79031107920</b>	
City State Zip Code WESTLAKE VLG CA 91362	Amount of Each Receipt this Period _____ 76.92		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CORNERSTONE RE ADVISERS LLC	Occupation EXECUTIVE VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 576.90		
		P/R Deduction (\$38.46 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>230.76</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 118
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. MARK F WILLIAMS</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR79031137920	
Mailing Address 103 CLIFFWOOD DR		Amount of Each Receipt this Period 53.84	
City SOUTH WINDSOR      State CT      Zip Code 06074	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation VP & ASSOCIATE GENERAL COUNSEL Aggregate Year-to-Date ▼ 403.80		
		P/R Deduction (\$26.92 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B. MS. MARTHA L COWLES</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR79031157920	
Mailing Address 101 CONVERSE ST		Amount of Each Receipt this Period 38.46	
City LONGMEADOW      State MA      Zip Code 01106	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation VICE PRESIDENT Aggregate Year-to-Date ▼ 288.45		
		P/R Deduction (\$19.23 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C. MR. MICHAEL A CHONG</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR79031307920	
Mailing Address 39 KNOLLWOOD N		Amount of Each Receipt this Period 53.84	
City WINDSOR      State CT      Zip Code 06095	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation VP, CHIEF COMPLIANCE OFFICER INSTIT. F Aggregate Year-to-Date ▼ 403.80		
		P/R Deduction (\$26.92 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	146.14
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]









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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 118
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. RICHARD F MCKEEVER</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 178 TANGLEWOOD DR		<b>Transaction ID: PR79033927920</b>	
City State Zip Code <b>E LONGMEADOW MA 01028</b>	Amount of Each Receipt this Period _____ <b>53.84</b>		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer <b>BABSON CAPITAL MANAGEMENT LLC</b>	Occupation <b>MANAGING DIRECTOR</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>403.80</b>		P/R Deduction (\$26.92 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. MS. RHA E A KENNEDY</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 322 OLD FARM RD		<b>Transaction ID: PR79035187920</b>	
City State Zip Code <b>SPRINGFIELD MA 01119</b>	Amount of Each Receipt this Period _____ <b>76.92</b>		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer <b>MASSACHUSETTS MUTUAL LIFE INS.</b>	Occupation <b>VICE PRESIDENT</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>576.90</b>		P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. MR. RICHARD P BARNHART</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 344 WESTCHESTER RD		<b>Transaction ID: PR79035207920</b>	
City State Zip Code <b>COLCHESTER CT 06415</b>	Amount of Each Receipt this Period _____ <b>53.84</b>		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer <b>MASSACHUSETTS MUTUAL LIFE INS.</b>	Occupation <b>SECOND VICE PRESIDENT</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>403.80</b>		P/R Deduction (\$26.92 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>184.60</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 118
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. RICHARD D BOURGEOIS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 11 ECHO HILL RD		<b>Transaction ID: PR79035227920</b>	
City <b>WILBRAHAM</b>	State <b>MA</b>	Zip Code <b>01095</b>	Amount of Each Receipt this Period _____ <b>153.84</b>
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation <b>SENIOR VICE PRESIDENT</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>1153.80</b>		
		P/R Deduction (\$76.92 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B. MR. RICHARD F BUCKLEY, Jr.</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 325 HADLEY ST		<b>Transaction ID: PR79035237920</b>	
City <b>SOUTH HADLEY</b>	State <b>MA</b>	Zip Code <b>01075</b>	Amount of Each Receipt this Period _____ <b>30.76</b>
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation <b>VP AND ASSOCIATE GENERAL COUNSEL</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>230.70</b>		
		P/R Deduction (\$26.92 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C. MR. ROBERT J BRODERICK</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 62 ACADEMY DR		<b>Transaction ID: PR79035317920</b>	
City <b>LONGMEADOW</b>	State <b>MA</b>	Zip Code <b>01106</b>	Amount of Each Receipt this Period _____ <b>53.84</b>
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation <b>MANAGING DIRECTOR</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>403.80</b>		
		P/R Deduction (\$26.92 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>238.44</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 62 / 118
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MR. ROBERT H CUNNINGHAM</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 9 STEBBINS RD		Transaction ID: PR79035337920	
City <b>MONSON</b>	State <b>MA</b>	Zip Code <b>01057</b>	Amount of Each Receipt this Period 53.84
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation <b>SECOND VICE PRESIDENT</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.80		
		P/R Deduction (\$26.92 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B. MR. ROBERT G LABUN</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 84 WILDFLOWER CIR		Transaction ID: PR79035457920	
City <b>WESTFIELD</b>	State <b>MA</b>	Zip Code <b>01085</b>	Amount of Each Receipt this Period 76.92
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation <b>VICE PRESIDENT</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.90		
		P/R Deduction (\$38.46 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C. MR. ROBERT S ROSENTHAL</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 12 SHERWOOD LN		Transaction ID: PR79035547920	
City <b>AVON</b>	State <b>CT</b>	Zip Code <b>06001</b>	Amount of Each Receipt this Period 55.78
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation <b>VP &amp; ASSOCIATE GENERAL COUNSEL</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 393.33		
		P/R Deduction (\$26.92 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	186.54
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. ROGER W CRANDALL</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 107 HAMPDEN RD		<b>Transaction ID: PR79035597920</b>	
City <b>SOMERS</b>	State <b>CT</b>	Zip Code <b>06071</b>	Amount of Each Receipt this Period _____ <b>153.84</b>
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation <b>EVP &amp; CHIEF INVESTMENT OFFICER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>1153.80</b>		
		P/R Deduction (\$151.93 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B. MR. RONALD A COPEES</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 54 BLUEBERRY RDG		<b>Transaction ID: PR79035657920</b>	
City <b>WESTFIELD</b>	State <b>MA</b>	Zip Code <b>01085</b>	Amount of Each Receipt this Period _____ <b>115.38</b>
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation <b>CORPORATE VICE PRESIDENT</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>865.35</b>		
		P/R Deduction (\$57.69 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C. MS. SUSAN A MOORE</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 61 MELHA AVE		<b>Transaction ID: PR79037017920</b>	
City <b>SPRINGFIELD</b>	State <b>MA</b>	Zip Code <b>01104</b>	Amount of Each Receipt this Period _____ <b>166.66</b>
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation <b>MANAGING DIRECTOR</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>583.31</b>		
		P/R Deduction (\$57.69 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>435.88</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 118
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. STEPHEN C DENNEHY</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 124 SAWMILL RD		<b>Transaction ID: PR79037367920</b>	
City State Zip Code W SPRINGFIELD MA 01089	Amount of Each Receipt this Period _____ 53.84		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 403.80	P/R Deduction (\$26.92 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B. MR. STEPHEN L KUHN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 285 FARMINGTON RD		<b>Transaction ID: PR79037407920</b>	
City State Zip Code LONGMEADOW MA 01106	Amount of Each Receipt this Period _____ 153.84		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SVP, SECRETY & DEPUTY GEN. COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1153.80	P/R Deduction (\$76.92 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C. MR. STEVEN P WALLACE</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 134 NAPERVILLE RD		<b>Transaction ID: PR79037437920</b>	
City State Zip Code CLARENDON HLS IL 60514	Amount of Each Receipt this Period _____ 30.76		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CORNERSTONE RE ADVISERS LLC	Occupation MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 230.70	P/R Deduction (\$15.38 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>238.44</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MR. THOMAS P KELLEY</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 114 STEELE RD		<b>Transaction ID: PR79038407920</b>	
City WEST HARTFORD	State CT	Zip Code 06119	Amount of Each Receipt this Period _____ 76.92
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 576.90		
		P/R Deduction (\$38.46 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B. MR. THOMAS F O'CONNOR</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 55 WOODFIELD DR		<b>Transaction ID: PR79038467920</b>	
City TOLLAND	State CT	Zip Code 06084	Amount of Each Receipt this Period _____ 53.84
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRESIDENT & ACTUARY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 403.80		
		P/R Deduction (\$26.92 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C. MS. VICTORIA FORTIER</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 16 GAYLORD RD		<b>Transaction ID: PR79038637920</b>	
City WINDSOR LOCKS	State CT	Zip Code 06096	Amount of Each Receipt this Period _____ 30.76
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 230.70		
		P/R Deduction (\$15.38 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>161.52</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. VICTOR I SHINSKY</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 319 MERRIWEATHER DR		<b>Transaction ID: PR79038667920</b>	
City LONGMEADOW	State MA	Zip Code 01106	Amount of Each Receipt this Period 38.46
FEC ID number of contributing federal political committee. C			
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.45		
		P/R Deduction (\$19.23 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B. MR. VICTOR H LIPMAN</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 70 FERRY HILL RD		<b>Transaction ID: PR79038757920</b>	
City GRANBY	State MA	Zip Code 01033	Amount of Each Receipt this Period 61.54
FEC ID number of contributing federal political committee. C			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.55		
		P/R Deduction (\$30.77 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C. MR. VICTOR WOOLRIDGE</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 146 LONGHILL ST		<b>Transaction ID: PR79038767920</b>	
City SPRINGFIELD	State MA	Zip Code 01108	Amount of Each Receipt this Period 53.84
FEC ID number of contributing federal political committee. C			
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.80		
		P/R Deduction (\$26.92 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	153.84
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 118
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. WILLIAM F CASE</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR79039337920	
Mailing Address 33 OAKRIDGE		Amount of Each Receipt this Period 38.46	
City UNIONVILLE      State CT      Zip Code 06085	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer BABSON CAPITAL MANAGEMENT LLC Occupation MANAGING DIRECTOR	Aggregate Year-to-Date ▼ 288.45		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$19.23 Bi-Weekly)		

Full Name (Last, First, Middle Initial) <b>B. MR. WILLIAM B FISHER</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR79039357920	
Mailing Address 162 FRANKLIN RD		Amount of Each Receipt this Period 115.38	
City LONGMEADOW      State MA      Zip Code 01106	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation CORPORATE VP & ASSOCIATE GENERAL COUNS	Aggregate Year-to-Date ▼ 865.35		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$57.69 Bi-Weekly)		

Full Name (Last, First, Middle Initial) <b>C. MICHAEL J. EMERY, CLU</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR79039537920	
Mailing Address 6155 RYAN VLY		Amount of Each Receipt this Period 50.00	
City BELMONT      State MI      Zip Code 49306	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer SELF Occupation GENERAL INSURANCE AGENT	Aggregate Year-to-Date ▼ 350.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$50.00 Monthly)		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	203.84
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
MICHAEL ANDERSON

Mailing Address 9 BRASHIER LN

City State Zip Code  
INDIANOLA MS 38751

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 238.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR79046737920

Amount of Each Receipt this Period  
34.00

P/R Deduction (\$34.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
ROBERT E. NORMAN

Mailing Address 2513 CAMBERWELL CT

City State Zip Code  
HERNDON VA 20171

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

Name of Employer SELF Occupation GENERAL INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR79052507920

Amount of Each Receipt this Period  
150.00

P/R Deduction (\$125.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MR. JAMES S VIOLA

Mailing Address 208 N FARMS RD

City State Zip Code  
FLORENCE MA 01062

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.70

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR79054397920

Amount of Each Receipt this Period  
30.76

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>214.76</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. THOMAS G DUDECK</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 17 WINTERBERRY RD		<b>Transaction ID: PR79054457920</b>	
City <b>DEEP RIVER</b>	State CT	Zip Code 06417	Amount of Each Receipt this Period _____ 76.92
FEC ID number of contributing federal political committee. C _____			
Name of Employer CORNERSTONE RE ADVISERS LLC	Occupation EXECUTIVE VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 576.90		
		P/R Deduction (\$38.46 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B. MR. JEFFREY R HUG</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 4 WHITCOMB DR		<b>Transaction ID: PR79054517920</b>	
City <b>SIMSBURY</b>	State CT	Zip Code 06070	Amount of Each Receipt this Period _____ 53.84
FEC ID number of contributing federal political committee. C _____			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 403.80		
		P/R Deduction (\$26.92 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C. MR. LAURENCE R COWLES</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 101 CONVERSE ST		<b>Transaction ID: PR79055917920</b>	
City <b>LONGMEADOW</b>	State MA	Zip Code 01106	Amount of Each Receipt this Period _____ 30.76
FEC ID number of contributing federal political committee. C _____			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SECOND VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 230.70		
		P/R Deduction (\$15.38 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>161.52</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 70 / 118
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MS. ANGELA S OTIS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 612 EAST ST		<b>Transaction ID: PR79057407920</b>	
City <b>WILLIAMSBURG</b>	State <b>MA</b>	Zip Code <b>01096</b>	Amount of Each Receipt this Period _____ 53.84
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation <b>VICE PRESIDENT</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 403.80		
		P/R Deduction (\$26.92 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B. MS. KAREN M PHELAN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 48 PINE GROVE CIR		<b>Transaction ID: PR79058747920</b>	
City <b>E LONGMEADOW</b>	State <b>MA</b>	Zip Code <b>01028</b>	Amount of Each Receipt this Period _____ 78.84
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation <b>VICE PRESIDENT</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 566.30		
		P/R Deduction (\$38.46 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C. MR. DOUGLAS M TREVALLION, II</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 30 COVENTRY LN		<b>Transaction ID: PR79059037920</b>	
City <b>AGAWAM</b>	State <b>MA</b>	Zip Code <b>01001</b>	Amount of Each Receipt this Period _____ 76.92
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation <b>MANAGING DIRECTOR</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 576.90		
		P/R Deduction (\$38.46 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>209.60</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 71 / 118
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
MR. ROGER M ROBERGE

Mailing Address 5 EAST RD

City State Zip Code  
BROAD BROOK CT 06016

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

Name of Employer Occupation  
BABSON CAPITAL MANAGEMENT LLC MANAGING DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.90

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR79059457920

Amount of Each Receipt this Period  
76.92

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

**B.** Full Name (Last, First, Middle Initial)  
MR. ROBERT M SHETTLE

Mailing Address 64 PYQUAG LN

City State Zip Code  
GLASTONBURY CT 06033

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

Name of Employer Occupation  
BABSON CAPITAL MANAGEMENT LLC MANAGING DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 288.45

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR79059717920

Amount of Each Receipt this Period  
38.46

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

**C.** Full Name (Last, First, Middle Initial)  
MS. THERESA H FORDE

Mailing Address 5 BRIGHTON LN

City State Zip Code  
SIMSBURY CT 06070

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1153.80

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR79060287920

Amount of Each Receipt this Period  
153.84

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>269.22</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A.** Full Name (Last, First, Middle Initial)  
MR. ROBERT STALEY

Mailing Address 18 MONTGOMERY LN

City NORWICH State CT Zip Code 06360

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

Name of Employer CORNERSTONE RE ADVISERS LLC  
Occupation PORTFOLIO MANAGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 865.35

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR79060887920

Amount of Each Receipt this Period  
115.38

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

**B.** Full Name (Last, First, Middle Initial)  
MS. SHARON HORNE

Mailing Address 20 BRIGHTON DR

City EAST GRANBY State CT Zip Code 06026

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.70

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR79060897920

Amount of Each Receipt this Period  
30.76

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

**C.** Full Name (Last, First, Middle Initial)  
MS. MARSHA WHITEHEAD

Mailing Address 29 SCARBOROUGH LN

City MIDDLETOWN State CT Zip Code 06457

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS.  
Occupation SECOND VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.70

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR79061077920

Amount of Each Receipt this Period  
30.76

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **176.90**

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
MR. JAMES O LACEY

Mailing Address 106 MAGNOLIA TER

City State Zip Code  
SPRINGFIELD MA 01108

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

Name of Employer  
MASSACHUSETTS MUTUAL LIFE INS.

Occupation  
ASSISTANT VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.70

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR79061627920

Amount of Each Receipt this Period  
30.76

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

**B.** Full Name (Last, First, Middle Initial)  
MR. CRAIG HAASE

Mailing Address 1 STONEHENGE DR

City State Zip Code  
SIMSBURY CT 06070

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

Name of Employer  
MASSACHUSETTS MUTUAL LIFE INS.

Occupation  
MANAGING DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.70

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR79062337920

Amount of Each Receipt this Period  
30.76

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

**C.** Full Name (Last, First, Middle Initial)  
MR. JEROME J SPELTZ

Mailing Address 12 ROCK LN

City State Zip Code  
GUILFORD CT 06437

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

Name of Employer  
CORNERSTONE RE ADVISERS LLC

Occupation  
ENGINEER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.70

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR79062627920

Amount of Each Receipt this Period  
30.76

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>92.28</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. MR. JOHN SKAR</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 10 LAUREL LN		Transaction ID: PR79063287920	
City <b>WILBRAHAM</b>	State <b>MA</b>	Zip Code <b>01095</b>	Amount of Each Receipt this Period 153.84
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation <b>SVP &amp; CHIEF ACTUARY</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1153.80		
		P/R Deduction (\$76.92 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B. GREG A. HARVEY</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 15625 S GALLERY ST		Transaction ID: PR79063297920	
City <b>OLATHE</b>	State <b>KS</b>	Zip Code <b>66062</b>	Amount of Each Receipt this Period 66.66
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SELF	Occupation <b>INSURANCE AGENT</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 266.64		
		P/R Deduction (\$50.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. MR. BRIAN T MURDY</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 21 COLORADO CT		Transaction ID: PR79063667920	
City <b>MERIDEN</b>	State <b>CT</b>	Zip Code <b>06450</b>	Amount of Each Receipt this Period 53.84
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CORNERSTONE RE ADVISERS LLC	Occupation <b>PORTFOLIO MANAGER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 401.88		
		P/R Deduction (\$26.92 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	274.34
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 128 RIMFIELD DR

City SOUTH WINDSOR State CT Zip Code 06074

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

Name of Employer CORNERSTONE RE ADVISERS LLC  
Occupation ASSET MANAGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.70

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR79063677920

Amount of Each Receipt this Period  
30.76

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

**B.** Full Name (Last, First, Middle Initial)  
MR. SCOTT C WESTPHAL

Mailing Address 70 WELLS HILL RD

City WESTON State CT Zip Code 06883

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

Name of Employer CORNERSTONE RE ADVISERS LLC  
Occupation MARKET RESEARCH DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 288.45

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR79063747920

Amount of Each Receipt this Period  
38.46

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

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

Mailing Address 95 UPLANDS DR

City WEST HARTFORD State CT Zip Code 06107

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 865.35

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR79063887920

Amount of Each Receipt this Period  
115.38

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>184.60</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR. THOMAS P SHEA		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR79064067920	
Mailing Address 81 GREENMEADOW DR		Amount of Each Receipt this Period 31.50	
City LONGMEADOW	State MA	Zip Code 01106	P/R Deduction (\$19.23 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer BABSON CAPITAL MANAGEMENT LLC	
Occupation MANAGING DIRECTOR		Aggregate Year-to-Date ▼ 327.09	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>B.</b> Full Name (Last, First, Middle Initial) MR. MICHAL L BOBRYK		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR79064157920	
Mailing Address 25 WINTERSET LN		Amount of Each Receipt this Period 76.92	
City SIMSBURY	State CT	Zip Code 06070	P/R Deduction (\$38.46 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer MASSMUTUAL TRUST COMPANY	
Occupation PRESIDENT		Aggregate Year-to-Date ▼ 576.90	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>C.</b> Full Name (Last, First, Middle Initial) MR. ROLAND P FAWTHROP		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR79065827920	
Mailing Address 51 HORSESHOE LN		Amount of Each Receipt this Period 53.84	
City SOMERS	State CT	Zip Code 06071	P/R Deduction (\$26.92 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	
Occupation SECOND VICE PRESIDENT & ACTUARY		Aggregate Year-to-Date ▼ 403.80	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	162.26
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. RAKESH BHARDWAJ</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 96 HORIZON LN		<b>Transaction ID: PR79066137920</b>
City State Zip Code GLASTONBURY CT 06033	Amount of Each Receipt this Period _____ 30.76	
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$15.38 Bi-Weekly)
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SECOND VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 230.70	

Full Name (Last, First, Middle Initial) <b>B. MS. MICHELE M WHITE</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 46 HARVEST HILL RD		<b>Transaction ID: PR79066567920</b>
City State Zip Code SOMERS CT 06071	Amount of Each Receipt this Period _____ 30.76	
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$15.38 Bi-Weekly)
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 230.70	

Full Name (Last, First, Middle Initial) <b>C. MS. MARY ROBINSON</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 77 ARLINGTON RD		<b>Transaction ID: PR79067347920</b>
City State Zip Code LONGMEADOW MA 01106	Amount of Each Receipt this Period _____ 153.84	
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$76.92 Bi-Weekly)
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SENIOR VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1153.80	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>215.36</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR. TODD M GISH Mailing Address 139 MELROSE RD City State Zip Code BROAD BROOK CT 06016 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR79067717920 Amount of Each Receipt this Period 55.76 P/R Deduction (\$26.92 Bi-Weekly)
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 393.20		

<b>B.</b> Full Name (Last, First, Middle Initial) MR. STEVEN S HOLSTEIN Mailing Address 72 OAK HILL DR City State Zip Code SHARON MA 02067 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR79068307920 Amount of Each Receipt this Period 153.84 P/R Deduction (\$76.92 Bi-Weekly)
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation SENIOR VICE PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1153.80		

<b>C.</b> Full Name (Last, First, Middle Initial) MS. JOANNE LEARY Mailing Address 44 COPLEY RD City State Zip Code S GLASTONBURY CT 06073 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR79068407920 Amount of Each Receipt this Period 53.84 P/R Deduction (\$26.92 Bi-Weekly)
Name of Employer CORNERSTONE RE ADVISERS LLC Occupation PORTFOLIO MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 403.80		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>263.44</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 118
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. THOMAS P HAWKINS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2638 PORTLAND AVE		<b>Transaction ID: PR79079187920</b>	
City State Zip Code CHARLOTTE NC 28207	Amount of Each Receipt this Period _____ 57.68		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 432.60		P/R Deduction (\$28.84 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. MS. GRETA A ZIELINSKI</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 134 KRAWSKI DR		<b>Transaction ID: PR79080467920</b>	
City State Zip Code SOUTH WINDSOR CT 06074	Amount of Each Receipt this Period _____ 30.76		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 230.70		P/R Deduction (\$15.38 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. MR. NORMAN A SMITH</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 32 LAUREL ST		<b>Transaction ID: PR79080867920</b>	
City State Zip Code LONGMEADOW MA 01106	Amount of Each Receipt this Period _____ 76.92		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation CORPORATE VICE PRESIDENT & CONTROLLER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 576.90		P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>165.36</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 / 118
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR. JOHN A ANDERSON, III Mailing Address 106 WINNOCKS NECK RD City State Zip Code SCARBOROUGH ME 04074 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR79080907920 Amount of Each Receipt this Period 30.76 P/R Deduction (\$15.38 Bi-Weekly)
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation SECOND VP & ASSOC GENERAL COUNSEL - PT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.70		

<b>B.</b> Full Name (Last, First, Middle Initial) MR. LARRY N PORT Mailing Address 101 ELY WAY City State Zip Code LONGMEADOW MA 01106 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR79081187920 Amount of Each Receipt this Period 153.84 P/R Deduction (\$76.92 Bi-Weekly)
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation SENIOR VICE PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1153.80		

<b>C.</b> Full Name (Last, First, Middle Initial) MR. RODNEY J DILLMAN Mailing Address 15 CATHERINE LN City State Zip Code SUFFIELD CT 06078 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR79081267920 Amount of Each Receipt this Period 115.38 P/R Deduction (\$57.69 Bi-Weekly)
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation CORP VP, ASSOC GEN COUNSEL & ASST SECT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 865.35		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>299.98</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 / 118
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. MR. STEPHEN F LIBERA</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 17 HUNTING RIDGE DR		<b>Transaction ID: PR79081547920</b>	
City State Zip Code SIMSBURY CT 06070	Amount of Each Receipt this Period _____ 76.92		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 576.90		P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. MR. SCOTT PICCONE</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 33 TROTWOOD DR		<b>Transaction ID: PR79081587920</b>	
City State Zip Code WEST HARTFORD CT 06117	Amount of Each Receipt this Period _____ 38.46		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer CORNERSTONE RE ADVISERS LLC	Occupation HOTEL DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 288.45		P/R Deduction (\$19.23 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. MR. KENNEDY W LANE</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 125 HIGH PINE CIRCLE		<b>Transaction ID: PR79082057920</b>	
City State Zip Code WILBRAHAM MA 01095	Amount of Each Receipt this Period _____ 115.38		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation CORPORATE VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 865.35		P/R Deduction (\$57.69 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>230.76</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MARVIN HICKS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 1712 WHITESIDE LN		<b>Transaction ID: PR79096097920</b>
City <b>VIRGINIA BEAC</b>	State <b>VA</b>	Zip Code <b>23454</b>
Amount of Each Receipt this Period _____ <b>30.00</b>		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer SELF	Occupation INSURANCE AGENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>210.00</b>	P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. MR. M DALE JANES</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 37 MOHAWK DR		<b>Transaction ID: PR79113637920</b>
City <b>LONGMEADOW</b>	State <b>MA</b>	Zip Code <b>01106</b>
Amount of Each Receipt this Period _____ <b>76.92</b>		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SENIOR VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>576.90</b>	P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. MS. V. VANESSA WILLIAMS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address PO BOX 491		<b>Transaction ID: PR79114067920</b>
City <b>MARLBOROUGH</b>	State <b>CT</b>	Zip Code <b>06447</b>
Amount of Each Receipt this Period _____ <b>38.46</b>		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation CORPORATE VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>288.45</b>	P/R Deduction (\$19.23 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>145.38</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. MR. PAUL S SZCZYGIEL</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 11023 AMBASSADOR DR		<b>Transaction ID: PR79114447920</b>	
City WESTBOROUGH	State MA	Zip Code 01581	Amount of Each Receipt this Period _____ 153.84
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1153.80		
		P/R Deduction (\$76.92 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B. MR. DAVID L NAGLE</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 7 HIGH MEADOW CIR		<b>Transaction ID: PR79114847920</b>	
City E LONGMEADOW	State MA	Zip Code 01028	Amount of Each Receipt this Period _____ 30.76
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 242.24		
		P/R Deduction (\$15.38 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C. MR. ROBERT BAUMBACH</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address PO BOX 806		<b>Transaction ID: PR79114867920</b>	
City SUDBURY	State MA	Zip Code 01776	Amount of Each Receipt this Period _____ 76.92
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 576.90		
		P/R Deduction (\$38.46 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>261.52</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 / 118
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. CHARLES E LEDOYEN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 9601 NEWTOWN RD		<b>Transaction ID: PR79115607920</b>		
City State Zip Code WAXHAW NC 28173	Amount of Each Receipt this Period _____ 57.69		P/R Deduction (\$57.69 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b> _____				
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation CORPORATE VICE PRESIDENT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 807.66			

Full Name (Last, First, Middle Initial) <b>B. MR. KENNETH KIEFER</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 15324 THOMAS RD		<b>Transaction ID: PR79115627920</b>		
City State Zip Code CHARLOTTE NC 28278	Amount of Each Receipt this Period _____ 76.92		P/R Deduction (\$38.46 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b> _____				
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRESIDENT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 576.90			

Full Name (Last, First, Middle Initial) <b>C. MR. JAMES J O'SHAUGHNESSY</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 591 MAIN ST		<b>Transaction ID: PR79116597920</b>		
City State Zip Code CONCORD MA 01742	Amount of Each Receipt this Period _____ 38.46		P/R Deduction (\$19.23 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b> _____				
Name of Employer CORNERSTONE RE ADVISERS LLC	Occupation HOTEL DIRECTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 288.45			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>173.07</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 / 118
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. STEPHEN K. COLLINS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 341 JOHNSTONE DR		<b>Transaction ID: PR79119157920</b>	
City MADISON	State MS	Zip Code 39110	Amount of Each Receipt this Period _____ 127.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer SELF	Occupation GENERAL INSURANCE AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 862.00		
		P/R Deduction (\$125.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. MR. DOUGLAS W TAYLOR</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 12 ERSKINE DR		<b>Transaction ID: PR79119377920</b>	
City LONGMEADOW	State MA	Zip Code 01106	Amount of Each Receipt this Period _____ 53.84
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SECOND VICE PRESIDENT & ACTUARY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 403.80		
		P/R Deduction (\$26.92 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C. MS. MELISSA MILLAN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 31 SEMINARY RD		<b>Transaction ID: PR79120777920</b>	
City SIMSBURY	State CT	Zip Code 06070	Amount of Each Receipt this Period _____ 115.38
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SENIOR VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 865.35		
		P/R Deduction (\$57.69 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>296.22</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 / 118
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. DAVID W O'LEARY</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 77 LOFGREN RD		<b>Transaction ID: PR79123687920</b>	
City AVON      State CT      Zip Code 06001	Amount of Each Receipt this Period _____ 153.84		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SENIOR VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1153.80		P/R Deduction (\$76.92 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. MR. PAUL BACON</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 11 RAVINE CIR		<b>Transaction ID: PR79127687920</b>	
City WESTFIELD      State MA      Zip Code 01085	Amount of Each Receipt this Period _____ 111.10		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SECOND VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 388.85		P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. MR. TERENCE MILKA</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 10 WOODS LN		<b>Transaction ID: PR79127937920</b>	
City SIMSBURY      State CT      Zip Code 06070	Amount of Each Receipt this Period _____ 30.76		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MML INVESTORS SERVICES, INC.	Occupation SECOND VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 230.70		P/R Deduction (\$15.38 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>295.70</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 / 118
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR. J STEVEN STAGGS Mailing Address 46 GARY DR City WESTFIELD State MA Zip Code 01085 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR79128057920 Amount of Each Receipt this Period 53.84 P/R Deduction (\$26.92 Bi-Weekly)
Name of Employer: BABSON CAPITAL MANAGEMENT LLC Occupation: MANAGING DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 403.80		

<b>B.</b> Full Name (Last, First, Middle Initial) MR. CHRISTOPHER P DOWD Mailing Address 35 SUNSET TER City WEST HARTFORD State CT Zip Code 06107 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR79128117920 Amount of Each Receipt this Period 38.46 P/R Deduction (\$19.23 Bi-Weekly)
Name of Employer: BABSON CAPITAL MANAGEMENT LLC Occupation: MANAGING DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 288.45		

<b>C.</b> Full Name (Last, First, Middle Initial) MR. PATRICK COYNE Mailing Address 20 S RIDGE RD City HAMPDEN State MA Zip Code 01036 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR79130357920 Amount of Each Receipt this Period 30.76 P/R Deduction (\$15.38 Bi-Weekly)
Name of Employer: MASSACHUSETTS MUTUAL LIFE INS. Occupation: SECOND VICE PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.70		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>123.06</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 / 118
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. MICHAEL D BATSIMM</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR79130877920	
Mailing Address 25 HERRICK RD		Amount of Each Receipt this Period 31.66	
City NORTH ANDOVER State MA Zip Code 01845	FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$15.83 Bi-Weekly)
Name of Employer BABSON CAPITAL MANAGEMENT LLC Occupation DIRECTOR	Aggregate Year-to-Date 225.79		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>B. MR. ROBERT WITTNEBEN</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR79132637920	
Mailing Address 343 ANNELOISE AVE		Amount of Each Receipt this Period 30.76	
City SOUTHINGTON State CT Zip Code 06489	FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$15.38 Bi-Weekly)
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation SECOND VICE PRESIDENT	Aggregate Year-to-Date 230.70		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>C. MS. SUSAN E. SCHECHTER</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR79133287920	
Mailing Address 60 LEDGEWOOD RD		Amount of Each Receipt this Period 76.92	
City WEST HARTFRD State CT Zip Code 06107	FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$38.46 Bi-Weekly)
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VP & ASSOCIATE GENERAL COUNSEL	Aggregate Year-to-Date 576.90		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>139.34</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. WILLIAM H JEFFERIS</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR79133477920	
Mailing Address 83 FOX DEN RD		Amount of Each Receipt this Period 38.46	
City AVON	State CT	Zip Code 06001	P/R Deduction (\$19.23 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer BABSON CAPITAL MANAGEMENT LLC	
Occupation MANAGING DIRECTOR		Aggregate Year-to-Date ▼ 288.45	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. MS. AUDREY MEYERLAMPERT</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR79133487920	
Mailing Address 120 LOOMIS ST		Amount of Each Receipt this Period 76.92	
City NORTH GRANBY	State CT	Zip Code 06060	P/R Deduction (\$38.46 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer BABSON CAPITAL MANAGEMENT LLC	
Occupation MANAGING DIRECTOR		Aggregate Year-to-Date ▼ 576.90	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. MR. MICHAEL T ROLLINGS</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR79136587920	
Mailing Address 5 DURHAM ROAD		Amount of Each Receipt this Period 115.38	
City LONGMEADOW	State MA	Zip Code 01106	P/R Deduction (\$57.69 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	
Occupation EXECUTIVE VICE PRESIDENT & CFO		Aggregate Year-to-Date ▼ 865.35	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	230.76
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. MS. GATHIE BEAUSOLEIL</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 12 WOODHENG DR		<b>Transaction ID: PR79138967920</b>
City State Zip Code TOLLAND CT 06084	Amount of Each Receipt this Period _____ 30.76	
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$0.00 Bi-Weekly)
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SECOND VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 230.70	

Full Name (Last, First, Middle Initial) <b>B. MR. ALAN TAYLOR</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 4 RIDGEWOOD RD		<b>Transaction ID: PR79139037920</b>
City State Zip Code BURLINGTON CT 06013	Amount of Each Receipt this Period _____ 76.92	
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$38.46 Bi-Weekly)
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 565.36	

Full Name (Last, First, Middle Initial) <b>C. MR. WILLIAM L RAMSEYER</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 35 WALKER LN		<b>Transaction ID: PR79141887920</b>
City State Zip Code WEST HARTFORD CT 06117	Amount of Each Receipt this Period _____ 76.92	
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$38.46 Bi-Weekly)
Name of Employer CORNERSTONE RE ADVISERS LLC	Occupation MARKET RESEARCH DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 576.90	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>184.60</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 / 118
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
MR. RUSSELL D MORRISON

Mailing Address 15021 BALLANTYNE COUNTRY CLUB DR

City State Zip Code  
CHARLOTTE NC 28277

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

Name of Employer Occupation  
BABSON CAPITAL MANAGEMENT LLC MANAGING DIRECTOR

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 403.80

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR79151117920

Amount of Each Receipt this Period  
53.84

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

**B.** Full Name (Last, First, Middle Initial)  
MR. CHIN-JUNG V YANG

Mailing Address 18524 ROLLINGDALE LN

City State Zip Code  
DAVIDSON NC 28036

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

Name of Employer Occupation  
BABSON CAPITAL MANAGEMENT LLC MANAGING DIRECTOR

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 576.90

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR79151157920

Amount of Each Receipt this Period  
76.92

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

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

Mailing Address 4920 HARDISON RD

City State Zip Code  
CHARLOTTE NC 28226

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

Name of Employer Occupation  
BABSON CAPITAL MANAGEMENT LLC MANAGING DIRECTOR

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1153.80

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR79151197920

Amount of Each Receipt this Period  
153.84

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>284.60</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 95 / 118
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MR. THOMAS A PIACENTINI</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 100 VINING HILL RD		<b>Transaction ID: PR79156657920</b>	
City SOUTHWICK	State MA	Zip Code 01077	Amount of Each Receipt this Period _____ 26.58
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 253.87		
		P/R Deduction (\$15.38 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B. MS. SUSAN W SWEETSER</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 15 CINDY LN		<b>Transaction ID: PR79156677920</b>	
City ESSEX JCT.	State VT	Zip Code 05452	Amount of Each Receipt this Period _____ 53.84
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 403.80		
		P/R Deduction (\$26.92 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C. MS. PATRICIA WALSH</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 127 FRANKLIN ST		<b>Transaction ID: PR79156977920</b>	
City NORTHAMPTON	State MA	Zip Code 01060	Amount of Each Receipt this Period _____ 30.76
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VP & ASSOCIATE GENERAL COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 230.70		
		P/R Deduction (\$15.38 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>111.18</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. NICHOLAS S. PREDDICE</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 3 STONY BROOK DR		<b>Transaction ID: PR79157247920</b>	
City State Zip Code SARATOGA SPRI NY 12866	Amount of Each Receipt this Period _____ 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SELF Occupation GENERAL INSURANCE AGENT	Aggregate Year-to-Date ▼ _____ 700.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		P/R Deduction (\$83.33 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. JAMES K. MCANDREWS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 13310 INDIAN CREEK R		<b>Transaction ID: PR79158567920</b>	
City State Zip Code HOUSTON TX 77079	Amount of Each Receipt this Period _____ 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SELF Occupation GENERAL INSURANCE AGENT	Aggregate Year-to-Date ▼ _____ 700.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		P/R Deduction (\$83.33 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. MR. RICHARD GOLDSTEIN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 197 LYNNWOOD DR		<b>Transaction ID: PR79159167920</b>	
City State Zip Code LONGMEADOW MA 01106	Amount of Each Receipt this Period _____ 76.92		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MASSMUTUAL BENEFITS MGMT, INC. Occupation PRESIDENT & CEO	Aggregate Year-to-Date ▼ _____ 576.90		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		P/R Deduction (\$38.46 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>276.92</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MS. KATHLEEN DALY		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR79160717920	
Mailing Address 52 VOSE HILL RD		Amount of Each Receipt this Period 30.76	
City WESTFORD	State MA	Zip Code 01886	P/R Deduction (\$15.38 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	
Occupation SECOND VICE PRESIDENT		Aggregate Year-to-Date ▼ 230.70	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>B.</b> Full Name (Last, First, Middle Initial) GAVIN D. CHAMBERS		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR79162127920	
Mailing Address 9950 NW ABBEY RD		Amount of Each Receipt this Period 55.55	
City PORTLAND	State OR	Zip Code 97229	P/R Deduction (\$41.66 Monthly)
FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer SELF	
Occupation INSURANCE AGENT		Aggregate Year-to-Date ▼ 388.85	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>C.</b> Full Name (Last, First, Middle Initial) MR. DENNIS MILES		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR79162337920	
Mailing Address 83 OLD BARN RD		Amount of Each Receipt this Period 76.92	
City WEST SPRINGFI	State MA	Zip Code 01089	P/R Deduction (\$38.46 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	
Occupation VICE PRESIDENT		Aggregate Year-to-Date ▼ 576.90	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	163.23
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR. LAWRENCE BOUDREAU		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR79162347920	
Mailing Address 39 RIVERVIEW DR		Amount of Each Receipt this Period 30.76	
City SUFFIELD	State CT	Zip Code 06078	P/R Deduction (\$15.38 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation ASSISTANT VICE PRESIDENT & COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.70		

<b>B.</b> Full Name (Last, First, Middle Initial) MS. MARY S BLOCK		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR79178447920	
Mailing Address 67 PERSHING RD		Amount of Each Receipt this Period 111.10	
City WINDSOR LOCKS	State CT	Zip Code 06096	P/R Deduction (\$38.46 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SECOND VP & ASSOC GENERAL COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 388.85		

<b>C.</b> Full Name (Last, First, Middle Initial) MR. ROBERT ERWIN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR79180027920	
Mailing Address 185 COVENTRY LN		Amount of Each Receipt this Period 53.84	
City LONGMEADOW	State MA	Zip Code 01106	P/R Deduction (\$26.92 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.80		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	195.70
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR. WILLIAM SILVANIC		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR79180047920	
Mailing Address 120 CREAMERY HILL RD.		Amount of Each Receipt this Period 76.92	
City GRANBY	State CT	Zip Code 06035	P/R Deduction (\$38.46 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation CORPORATE VICE PRESIDENT & ACTUARY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.90		

<b>B.</b> Full Name (Last, First, Middle Initial) PETER W. CRIMMINS		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR79180997920	
Mailing Address 2731 E MALLORY ST		Amount of Each Receipt this Period 45.00	
City MESA	State AZ	Zip Code 85213	P/R Deduction (\$41.66 Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer SELF	Occupation INSURANCE AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00		

<b>C.</b> Full Name (Last, First, Middle Initial) MS. KIM DAVIS		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR79188287920	
Mailing Address 1130 WILLIAMS STREET		Amount of Each Receipt this Period 53.84	
City LONGMEADOW	State MA	Zip Code 01106	P/R Deduction (\$26.92 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.80		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	175.76
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
MS. PAMELA MCKOIN

Mailing Address 208 GUINEA RD

City State Zip Code  
STAMFORD CT 06903

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

Name of Employer Occupation  
CORNERSTONE RE ADVISERS ASSISTANT VICE PRESIDENT - PT  
LLC

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 230.70

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR79190147920

Amount of Each Receipt this Period  
30.76

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

**B.** Full Name (Last, First, Middle Initial)  
MR. THOMAS OSWALD

Mailing Address 665 CENTER ST UNIT 713

City State Zip Code  
LUDLOW MA 01056

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 576.90

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR79190327920

Amount of Each Receipt this Period  
76.92

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

**C.** Full Name (Last, First, Middle Initial)  
MR. DOUGLAS ENDORF

Mailing Address 27 STRAWBERRY FIELDS RD

City State Zip Code  
GRANBY CT 06035

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 403.80

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR79193867920

Amount of Each Receipt this Period  
53.84

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>161.52</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR. WILLIAM MONROE		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR79196917920	
Mailing Address 225 GENERAL HOBBS RD		Amount of Each Receipt this Period 53.84	
City State Zip Code JEFFERSON MA 01522	FEC ID number of contributing federal political committee. C		
Name of Employer MML INVESTORS SERVICES, INC.	Occupation VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.80		
		P/R Deduction (\$26.92 Bi-Weekly)	

<b>B.</b> Full Name (Last, First, Middle Initial) MR. MICHAEL W. KELLOGG		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR79197147920	
Mailing Address 10 WESTWOOD RD		Amount of Each Receipt this Period 115.38	
City State Zip Code WELLESLEY MA 02482	FEC ID number of contributing federal political committee. C		
Name of Employer BABSON CAPITAL MANAGEMENT LLC	Occupation MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 865.35		
		P/R Deduction (\$57.69 Bi-Weekly)	

<b>C.</b> Full Name (Last, First, Middle Initial) DEBRA L. GALBRAITH		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR79202487920	
Mailing Address 777 MAIN ST STE 2260		Amount of Each Receipt this Period 62.50	
City State Zip Code FT WORTH TX 76102	FEC ID number of contributing federal political committee. C		
Name of Employer SELF	Occupation INSURANCE AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 437.50		
		P/R Deduction (\$25.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	231.72
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. PETER LAHAIE</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 60 GREENWOOD RD		<b>Transaction ID: PR79204147920</b>	
City <b>HOPKINTON</b>	State <b>MA</b>	Zip Code <b>01748</b>	Amount of Each Receipt this Period _____ <b>53.84</b>
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer MML INVESTORS SERVICES, INC.	Occupation VICE PRESIDENT & CHIEF FINANCIAL OFFIC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>403.80</b>		
		P/R Deduction (\$26.92 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B. MS. DEBORAH FERRITER</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1 WESTERN VIEW RD		<b>Transaction ID: PR79204167920</b>	
City <b>HOLYOKE</b>	State <b>MA</b>	Zip Code <b>01040</b>	Amount of Each Receipt this Period _____ <b>30.76</b>
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation ASSISTANT VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>230.70</b>		
		P/R Deduction (\$15.38 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C. MR. KEVIN B WATERMAN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 110 JOSEPH LN		<b>Transaction ID: PR79206417920</b>	
City <b>SOUTH WINDSOR</b>	State <b>CT</b>	Zip Code <b>06074</b>	Amount of Each Receipt this Period _____ <b>30.76</b>
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation ASSISTANT VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>230.70</b>		
		P/R Deduction (\$15.38 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>115.36</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR. PAUL J STRONG		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 11 ABBEY RD		<b>Transaction ID:</b> PR79211977920	
City BOW	State NH	Zip Code 03304	Amount of Each Receipt this Period 53.84
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRESIDENT & ACTUARY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.80		
		P/R Deduction (\$26.92 Bi-Weekly)	

<b>B.</b> Full Name (Last, First, Middle Initial) MS. ELAINE A SARSYNSKI		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 75 BARNDORR HILLS RD		<b>Transaction ID:</b> PR79667187920	
City SUFFIELD	State CT	Zip Code 06078	Amount of Each Receipt this Period 307.70
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation EXECUTIVE VICE PRESIDENT & CAO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.70		
		P/R Deduction (\$76.92 Bi-Weekly)	

<b>C.</b> Full Name (Last, First, Middle Initial) MR. MARK BURSON		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 9 MARGARET DR		<b>Transaction ID:</b> PR81140187920	
City WILBRAHAM	State MA	Zip Code 01095	Amount of Each Receipt this Period 30.76
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.70		
		P/R Deduction (\$15.38 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>392.30</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 / 118
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
MR. LARIK HALL

Mailing Address 4 HOLCOMB HILL RD

City State Zip Code  
WEST GRANBY CT 06090

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE VICE PRESIDENT  
INS.

Receipt For: Aggregate Year-to-Date ▼  
 Primary     General  
 Other (specify) ▼ 388.85

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR81144467920

Amount of Each Receipt this Period  
111.10

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

**B.** Full Name (Last, First, Middle Initial)  
MR. RICHARD LAVOICE

Mailing Address 126 WOODFORD HILLS DR

City State Zip Code  
AVON CT 06001

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE VICE PRESIDENT  
INS.

Receipt For: Aggregate Year-to-Date ▼  
 Primary     General  
 Other (specify) ▼ 238.10

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR93268257920

Amount of Each Receipt this Period  
47.62

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	158.72
<b>TOTAL</b> This Period (last page this line number only) .....	▶	35259.81



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

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

FOR LINE NUMBER: PAGE 105 / 118  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

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

Mailing Address 1295 State Street

City State Zip Code  
Springfield MA 01111

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
13194.73

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 31 / 2006

**Transaction ID:** 16361197

Amount of Each Receipt this Period  
6.65

July '06 Interest ~ Check-  
ing

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

Mailing Address 1295 State Street

City State Zip Code  
Springfield MA 01111

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
13194.79

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 31 / 2006

**Transaction ID:** 16361199

Amount of Each Receipt this Period  
0.06

July '06 Interest ~ Savin-  
gs

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

Mailing Address 1295 State Street

City State Zip Code  
Springfield MA 01111

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
13571.08

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 31 / 2006

**Transaction ID:** 16361203

Amount of Each Receipt this Period  
376.29

July '06 Interest ~ Money  
Market

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>383.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>383.00</b>

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

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

FOR LINE NUMBER: PAGE 106 / 118  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

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

Mailing Address 1295 State Street

City State Zip Code  
Springfield MA 01111

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 7788.08

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 03 / 2006

**Transaction ID:** 16363058

Amount of Each Receipt this Period  
5000.00

xfer from loan 589-75 (overdraft account)

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

Mailing Address 1295 State Street

City State Zip Code  
Springfield MA 01111

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 13188.08

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 05 / 2006

**Transaction ID:** 16363425

Amount of Each Receipt this Period  
5400.00

xfer from loan 589-75 (overdraft acct)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	10400.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	10400.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 107 / 118

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** MassMutual Federal Credit Union

Mailing Address 1295 State Street

City Springfield State MA Zip Code 01111

Purpose of Disbursement  
x-fer of funds to repay interest for loa

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 18435462

Date of Disbursement

07 / 06 / 2006

Amount of Each Disbursement this Period

8.68

x-fer of funds to repay  
interest for loan

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

8.68

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

8.68

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

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

FOR LINE NUMBER: (check only one)

PAGE 108 / 118

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

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

Full Name (Last, First, Middle Initial) <b>A. Richard E. Neal for Congress Committee</b>		<b>Transaction ID: 15913177</b> Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2006
Mailing Address 76 Magnolia Terrance		Amount of Each Disbursement this Period 5000.00
City Springfield State MA Zip Code 01108	Event: July 11, 2006	
Purpose of Disbursement Event: July 11, 2006		011 Category/ Type
Candidate Name Richard Neal	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 2	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Friends Of Gordon Smith</b>		<b>Transaction ID: 15674562</b> Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2006
Mailing Address 228 S Washington Ste 115		Amount of Each Disbursement this Period 2000.00
City Alexandria State VA Zip Code 22314	Event: July 12, 2006	
Purpose of Disbursement Event: July 12, 2006		011 Category/ Type
Candidate Name Sen. Gordon H. Smith	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 2	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Friends Of Gordon Smith</b>		<b>Transaction ID: 15674565</b> Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2006
Mailing Address 228 S Washington Ste 115		Amount of Each Disbursement this Period 1000.00
City Alexandria State VA Zip Code 22314	Event: July 12, 2006	
Purpose of Disbursement Event: July 12, 2006		011 Category/ Type
Candidate Name Sen. Gordon H. Smith	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 2	
Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 109 / 118

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

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

Full Name (Last, First, Middle Initial) <b>A. Jd Hayworth For Congress</b>		<b>Transaction ID: 15674558</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 6
Mailing Address 14300 N. Northsight Blvd. #105		Amount of Each Disbursement this Period 1000.00
City State Zip Code Scottsdale AZ 85260	Purpose of Disbursement Event: July 12, 2006 Candidate Name Rep. J.D. Hayworth Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 5	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Event: July 12, 2006

Full Name (Last, First, Middle Initial) <b>B. Richard Burr Committee</b>		<b>Transaction ID: 15952579</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6
Mailing Address Post Office Box 5928		Amount of Each Disbursement this Period 1000.00
City State Zip Code Winston-Salem NC 27113	Purpose of Disbursement Candidate Name Sen. Richard M. Burr Category/Type 011	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 2	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Ray Meier For Congress Committee</b>		<b>Transaction ID: 15952962</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 0 6
Mailing Address PO Box 120		Amount of Each Disbursement this Period 500.00
City State Zip Code Utica NY 13503	Purpose of Disbursement Event: July 14, 2006 Candidate Name Mr. Raymond Meier Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Event: July 14, 2006

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 110 / 118

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

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

Full Name (Last, First, Middle Initial) <b>A. Castle Campaign Fund</b>		<b>Transaction ID:</b> 15952580 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6
Mailing Address PO Box 133		Amount of Each Disbursement this Period 2000.00
City Wilmington State DE Zip Code 19899	Event: July 19, 2006	
Purpose of Disbursement Event: July 19, 2006		011 Category/ Type
Candidate Name Rep. Michael N. Castle		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: DE District: 1

Full Name (Last, First, Middle Initial) <b>B. Hatch Election Committee Inc</b>		<b>Transaction ID:</b> 15952723 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 6
Mailing Address 175 South West Temple Suite 650		Amount of Each Disbursement this Period 1000.00
City Salt Lake City State UT Zip Code 84101	Event: July 20, 2006	
Purpose of Disbursement Event: July 20, 2006		011 Category/ Type
Candidate Name Sen. Orrin G. Hatch		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: UT District: 1

Full Name (Last, First, Middle Initial) <b>C. Campaign for America's Future</b>		<b>Transaction ID:</b> 15952830 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 6
Mailing Address 175 S. West Temple, Suite 650		Amount of Each Disbursement this Period 1000.00
City Salt Lake City State UT Zip Code 84101	Sen. Orrin Hatch Leadersh- ip PAC	
Purpose of Disbursement Sen. Orrin Hatch Leadership PAC		011 Category/ Type
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 111 / 118

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

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

Full Name (Last, First, Middle Initial) <b>A. The Hawkeye PAC</b>		Transaction ID: 16132314 Date of Disbursement 07 / 21 / 2006
Mailing Address P.O. Box 7255		Amount of Each Disbursement this Period 3000.00
City Des Moines	State IA Zip Code 50309	
Purpose of Disbursement Senator Chuck Grassley Leadership PAC		Senator Chuck Grassley Leadership PAC
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Dreier For Congress Committee</b>		Transaction ID: 16141489 Date of Disbursement 07 / 24 / 2006
Mailing Address P.O. Box 505		Amount of Each Disbursement this Period 3000.00
City Upland	State CA Zip Code 91785	
Purpose of Disbursement Event: July 24, 2006		Event: July 24, 2006
Candidate Name Rep. David Dreier		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 26		

Full Name (Last, First, Middle Initial) <b>C. Jerry Weller For Congress Inc.</b>		Transaction ID: 16132309 Date of Disbursement 07 / 25 / 2006
Mailing Address P.O. Box 2368		Amount of Each Disbursement this Period 2000.00
City Joliet	State IL Zip Code 60434	
Purpose of Disbursement Event: July 25, 2006		Event: July 25, 2006
Candidate Name Rep. Gerald C. Weller		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL District: 11		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	8000.00
<b>TOTAL</b> This Period (last page this line number only) .....	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial) <b>A. BAC PAC</b>		Transaction ID: 16132311 Date of Disbursement 07 / 25 / 2006	
Mailing Address 704 Fitzhugh Way		Amount of Each Disbursement this Period 2500.00	
City Alexandria	State VA	Zip Code 22314	011 Category/ Type
Purpose of Disbursement Richard Baker Leadership PAC			
Candidate Name		Richard Baker Leadership PAC	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Kline For Congress</b>		Transaction ID: 16132308 Date of Disbursement 07 / 25 / 2006	
Mailing Address 101 Burnsville Parkway Suite 104		Amount of Each Disbursement this Period 2000.00	
City Burnsville	State MN	Zip Code 55337	011 Category/ Type
Purpose of Disbursement Event: July 25, 2006			
Candidate Name Rep. John Kline		Event: July 25, 2006	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MN District: 2			

Full Name (Last, First, Middle Initial) <b>C. Prosperity PAC</b>		Transaction ID: 16132317 Date of Disbursement 07 / 27 / 2006	
Mailing Address 7804 Evening Lane		Amount of Each Disbursement this Period 4000.00	
City Alexandria	State VA	Zip Code 22306	011 Category/ Type
Purpose of Disbursement Rep Paul Ryan Leadership PAC			
Candidate Name		Rep Paul Ryan Leadership PAC	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>8500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** IMPACT

Mailing Address 509 Madison Avenue, Suite 1902

City State Zip Code  
New York NY 10022

Purpose of Disbursement  
Charles Schumer Leadership PAC

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 16137470

Date of Disbursement

07 / 30 / 2006

Amount of Each Disbursement this Period

2000.00

Charles Schumer Leadership  
PAC

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

2000.00

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

33000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** MassMutual Federal Credit Union

Mailing Address 1295 State Street

City Springfield State MA Zip Code 01111

Purpose of Disbursement  
x-fer of funds for loan repayment

Candidate Name

009  
Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 16361204

Date of Disbursement

07 / 06 / 2006

Amount of Each Disbursement this Period

11400.00

x-fer of funds for loan  
repayment

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

11400.00

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

11400.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. LIPAC (Life Insurance Political Action Committee)</b>		<b>Transaction ID:</b> 16132341	
Mailing Address 720 Brazos Street, Suite 1006		Date of Disbursement MM / DD / YYYY 07 / 24 / 2006	
City Austin	State TX	Zip Code 78701	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Ohians for Blackwell</b>		<b>Transaction ID:</b> 16132310	
Mailing Address 172 East State Street, No. 203		Date of Disbursement MM / DD / YYYY 07 / 25 / 2006	
City Columbus	State OH	Zip Code 43215	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Ken Blackwell, SECRETARY OF STATE OH		011 Category/ Type	
Candidate Name Mr. Ken Blackwell			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Ken Blackwell, SECRETARY OF STATE OH
State: OH District:			

Full Name (Last, First, Middle Initial) <b>C. Friends of Senator Don White</b>		<b>Transaction ID:</b> 16132585	
Mailing Address P.O. Box 363		Date of Disbursement MM / DD / YYYY 07 / 25 / 2006	
City Indiana	State PA	Zip Code 15701	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Donald White, STATE SENATE PA		011 Category/ Type	
Candidate Name PA Sen. Donald White			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Donald White, STATE SENATE PA
State: PA District: 41			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** John Suthers for Attorney General Committee

Mailing Address P.O. Box 40267

City State Zip Code  
Denver CO 80204

Purpose of Disbursement  
John Suthers, ATTORNEY GENERAL CO

Candidate Name  
Mr. John W. Suthers

**011**  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼

State: CO District:

**Transaction ID: 16132326**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

John Suthers, ATTORNEY GE-  
NERAL CO

Full Name (Last, First, Middle Initial)

**B.** John Suthers for Attorney General Committee

Mailing Address P.O. Box 40267

City State Zip Code  
Denver CO 80204

Purpose of Disbursement  
John Suthers, ATTORNEY GENERAL CO

Candidate Name  
Mr. John W. Suthers

**011**  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼

State: CO District:

**Transaction ID: 16132331**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

John Suthers, ATTORNEY GE-  
NERAL CO

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

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

**SCHEDULE C (FEC Form 3X)**

**LOANS**

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

PAGE 117 / 118  
FOR LINE 13 OF FORM 3X

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

Transaction ID: 19847930

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

MassMutual Federal Credit Union

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address 1295 State Street

City Springfield State MA ZIP Code 01111

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
11400.00	11400.00	0.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M  M 06    
  D  D 30    
  Y  Y  Y  Y 2006    
 20060730    
 12.00 % (apr)    
 Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input type="text" value="0.00"/>

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

# LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for  
 Information found on  
 Page 118 / 118 of Schedule C

Federal Election Commission, Washington, D.C. 20463

Name of Committee (in Full) <b>Massachusetts Mutual Life Insurance Company Political Action Committee</b>	FEC IDENTIFICATION NUMBER C00118943
Back Ref ID: 19847930	

LENDING INSTITUTION (LENDER) Full Name MassMutual Federal Credit Union	Amount of Loan 11400.00	Interest Rate (APR) 12.00 %
------------------------------------------------------------------------------	----------------------------	--------------------------------

Mailing Address 1295 State Street	Date Incurred or Established 06 30 2006
City Springfield      State MA      Zip Code 01111	Date Due 20060730

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

B. If line of credit,      Total Outstanding balance :  
 Amount of this Draw: 10400.00      0.00

C. Are other parties secondarily liable for the debt incurred?  
 No  Yes (Endorsers and guarantors must be reported on Sch. 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?  
 No  Yes If yes, specify: Monthly payroll & ACH deposits

What is the value of this collateral?  
25000.00

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  Yes If yes, specify: \_\_\_\_\_

What is the estimated value?  
0.00

A depository account must be established pursuant to 11 CFR 100.82 and 100.142.

Date account established: [ ][ ] [ ][ ] [ ][ ]      Location of account \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

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      Mr. Bruce C., Frisbie Signature _____	DATE 04 17 2007
------------------------------------------------------------------------------------	--------------------

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 this 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 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name      Lee Craig Signature _____	DATE 04 17 2007
Title Vice President	