

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Massachusetts Mutual Life Insurance Company Political Action Committee	FILED COLLECTION APR 17 11 25 AM '97
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1295 State Street	2. FEC IDENTIFICATION NUMBER C 00118943
CITY, STATE and ZIP CODE Springfield, Massachusetts 01111-0001	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M) Prior to January 1, 1994

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- Monthly Report Due On:
- | | | |
|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input checked="" type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- Twelfth day report preceding _____ (Type of Election)
 election on _____ in the State of _____
- Thirtieth day report following the General Election on _____
 in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>Mar 1, 1997</u> through <u>Mar 31, 1997</u>		
6. (a) Cash on Hand January 1, 19 <u>97</u>		\$ 16,714.36
(b) Cash on Hand at Beginning of Reporting Period	\$ 24,811.90	
(c) Total Receipts (from Line 19)	\$ 38,180.76	\$ 104,126.11
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 62,992.66	\$ 120,840.47
7. Total Disbursements (from Line 30)	\$ 29,300.00	\$ 87,147.81
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 33,692.66	\$ 33,692.66
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ - 0 -	

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

Type or Print Name of Treasurer Bruce C. Frieble	Date 4/15/97
Signature of Treasurer <i>Bruce C. Frieble</i>	

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

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE Massachusetts Mutual Life Insurance Co. Political Action Committee		REPORT COVERING PERIOD FROM Mar 1, 1997 TO Mar 31, 1997	
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	28,753.30	64,794.93	11(a)(i)
ii. Unitemized	9,379.84	39,218.33	11(a)(ii)
iii. Total (add i and ii) >	38,133.14	104,013.26	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a ii, b and c) >	38,133.14	104,013.26	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	47.62	112.85	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	38,180.76	104,126.11	19
20. Total Federal Receipts (subtract line 18 from line 19) >	38,180.76	104,126.11	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures	120.00	267.81	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	120.00	267.81	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	29,000.00	71,300.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made		15,000.00	26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	180.00	580.00	28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) >	180.00	580.00	28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	29,300.00	87,147.81	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	29,300.00	87,147.81	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	38,133.14	104,013.30	32
33. Total Contribution Refunds (from line 28d)	180.00	580.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	37,953.14	103,433.30	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	120.00	267.81	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) >	120.00	267.81	37

SCHEDULE A ITEMIZED RECEIPTS
(Contributions from Employees)

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

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ADORNATO, PAUL 418 LONGHILL STREET SPRINGFIELD, MA 01108	Massachusetts Mutual Life Insurance Company	MONTHLY PAYROLL DEDUCTION	\$83.33
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation SENIOR VICE PRESIDENT	Aggregate Year-to-Date -->\$ 249.99	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ALFANO, SUSAN A. 22 RIDGEWOOD ROAD SOMERS, CT 06071	Massachusetts Mutual Life Insurance Company	MONTHLY PAYROLL DEDUCTION	\$125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation SENIOR VICE PRESIDENT	Aggregate Year-to-Date -->\$ 375.00	
C. Full Name, Mailing Address and Zip Code	Member of	Date (month, day, year)	Amount of Each Receipt this Period
ARBUCKLE, BETTY R. 4348 VERPLANCK PLACE, NW WASHINGTON, DC 20016	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation AGENT	Aggregate Year-to-Date -->\$ 250.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BAILEY, ROBERT W. 912 ELMINGTON COURT BRENTWOOD, TN 37027	Massachusetts Mutual Life Insurance Company	3/13/97	\$750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT	Aggregate Year-to-Date -->\$ 750.00	
E. Full Name, Mailing Address and Zip Code	Member of	Date (month, day, year)	Amount of Each Receipt this Period
BARLEY, CHARLES J. 2801 SALEM DRIVE CINNAMINSON, NJ 08077	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation AGENT	Aggregate Year-to-Date -->\$ 250.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BAUM, DANIEL S. 6068 OLD QUARRY PLACE FAYETTEVILLE, NY 13066-8742	Massachusetts Mutual Life Insurance Company	3/13/97	\$750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT	Aggregate Year-to-Date -->\$ 750.00	
G. Full Name, Mailing Address and Zip Code	Member of	Date (month, day, year)	Amount of Each Receipt this Period
BAYER, HARRY H. 3424 BROOKWOOD TRACE BIRMINGHAM, AL 35273	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation AGENT	Aggregate Year-to-Date -->\$ 250.00	

SUBTOTAL of Receipts This Page (optional).....> \$1,708.33

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

SCHEDULE A

ITEMIZED RECEIPTS
(Contributions from Employees)

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

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BELLAVIA, SAL J. 124 MARANGALE ROAD MANLIUS, NY 13202	Massachusetts Mutual Life Insurance Company	3/17/97	\$750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT	Aggregate Year-to-Date --->\$ 750.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BERLIN, STEPHEN C. 100 HUNDREDS ROAD WELLESLEY, MA 02161	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT	Aggregate Year-to-Date ---->\$ 750.00	
C. Full Name, Mailing Address and Zip Code	Member of	Date (month, day, year)	Amount of Each Receipt this Period
BRAUN, WILLIAM J. 4606 POWERS BLVD DECATOR, IL 62521	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation AGENT	Aggregate Year-to-Date ---->\$ 250.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BUCHHOLZ, WILLIAM M. 5712 ODANA ROAD MADISON, WI 53719	Massachusetts Mutual Life Insurance Company	3/13/97	\$400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT	Aggregate Year-to-Date ---->\$ 400.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BURKETT, LAWRENCE V. JR. 26 CRESCENT CIRCLE WESTFIELD, MA 01085	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation EXECUTIVE VP & GEN. COUNCIL	Aggregate Year-to-Date ---->\$ 2,000.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BURKE, ROBERT P. 1700 STONE CHURCH COURT VIRGINIA BEACH, VA 23455	Massachusetts Mutual Life Insurance Company	3/13/97	\$400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT	Aggregate Year-to-Date ---->\$ 400.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CAREY, PETER G. 12 WHITMAN ROAD SIMSBURY, CT 06070	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT	Aggregate Year-to-Date ---->\$ 750.00	

SUBTOTAL of Receipts This Page (optional).....> 51,550.00

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

SCHEDULE A ITEMIZED RECEIPTS
(Contributions from Employees)

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

A. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
CARROLL, GREGORY F. 18 BAY VIEW TERRACE GENEVA, NY 14456	Occupation AGENT	3/28/97	\$100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date -->\$ 300.00		
B. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
CASTELLANI, FREDERICK 47 BLUE RIDGE DRIVE SIMSBURY, CT 06070	Occupation SENIOR VICE PRESIDENT	MONTHLY PAYROLL DEDUCTION	\$83.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date -->\$ 260.02		
C. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
CHAPEL, JAMES F. JR 307 SOMERSET ROAD BALTIMORE, MD 21210	Occupation GENERAL AGENT	3/17/97	\$400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date -->\$ 400.00		
D. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
COHEN, KENNETH 59 WOODLOT ROAD AMHERST, MA 01102	Occupation VICE PRESIDENT	MONTHLY PAYROLL DEDUCTION	\$83.33
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date -->\$ 248.88		
E. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
CONNOR, ALAN M. 1 WEBSTER LANE WILBRAHAM, MA 01085	Occupation CHIEF INVESTMENT OFFICER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date -->\$ 500.00		
F. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
CUOZZO, PETER D. 86 GREAT POND ROAD SOUTH GLASTONBURY, CT 06073	Occupation VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date -->\$ 700.00		
G. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
DAMIS, RAY R. 820 AMUNDSON DRIVE STILLWATER, MN 55062	Occupation AGENT	3/13/97	\$400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date -->\$ 400.00		

SUBTOTAL of Receipts This Page (optional).....> \$1,065.67

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

SCHEDULE A ITEMIZED RECEIPTS
(Contributions from Employees)

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Massachusetts Mutual Life Insurance Company Political Action Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVIES, JOHN B. 2440 N. VERMONT AVE. LOS ANGELES, CA 90010	Massachusetts Mutual Life Insurance Company	MONTHLY PAYROLL DEDUCTION	\$200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation EXECUTIVE VICE PRESIDENT	Aggregate Year-to-Date -->\$ 600.00	
DeVALLE, ROBERT J. 236 STATE STREET, APT 303 SPRINGFIELD, MA 01103	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT	Aggregate Year-to-Date -->\$ 750.00	
DORMAN, STEVEN W. 7912 RIVER FALLS DRIVE POTOMAC, MD 20854	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT	Aggregate Year-to-Date -->\$ 750.00	
EAGAN, JAY 6604 OXFORD STREET LUBBOCK, TX 79413	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT	Aggregate Year-to-Date -->\$ 750.00	
FIORE, DENNIS 4760 SURFWOOD DRIVE COMMERCE TOWNSHIP, MI 48382	Massachusetts Mutual Life Insurance Company	3/20/97	\$300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT	Aggregate Year-to-Date -->\$ 300.00	
FITZGERALD, DANIEL J. 8 WARD DRIVE WILBRAHAM, MA 01095	Massachusetts Mutual Life Insurance Company	MONTHLY PAYROLL DEDUCTION	\$168.88
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation EXECUTIVE VICE PRESIDENT	Aggregate Year-to-Date -->\$ 499.98	
FLANAGAN, TIMOTHY C. 437 UPPER GULPH ROAD RADNOR, PA 19087	Massachusetts Mutual Life Insurance Company	3/27/97	\$750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT	Aggregate Year-to-Date -->\$ 750.00	

SUBTOTAL of Receipts This Page (optional).....>	\$1,418.88
TOTAL This Period (last page this line number only).....>	

SCHEDULE A

ITEMIZED RECEIPTS
(Contributions from Employees)

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FLORE, ROGER 23 VAN WYCK LANE LLOYD HARBOR, NY 11743	Massachusetts Mutual Life Insurance Company	3/17/97	\$750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT		
	Aggregate Year-to-Date -->\$	750.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FOLEY, DAVID E. 4500 REDMOND ROAD SPRINGFIELD, OH 45505	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation AGENT		
	Aggregate Year-to-Date -->\$	260.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FORD, MAUREEN R. 79 ANVIL DRIVE AVON, CT 06001	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation SENIOR VICE PRESIDENT		
	Aggregate Year-to-Date -->\$	500.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FRASER, GRANT D. 238 HILLGREEN PLACE ARCADIA, CA 91008	Massachusetts Mutual Life Insurance Company	3/13/97	\$750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT		
	Aggregate Year-to-Date -->\$	750.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GALE, JEFFREY S. 3129 CHATHAM COURT WESTLAKE, OH 44145	Massachusetts Mutual Life Insurance Company	3/13/97	\$750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT		
	Aggregate Year-to-Date -->\$	750.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GAYALAS, NICHOLAS B. 799 CREEKSIDE DRIVE MT. PLEASANT, SC 29464	Massachusetts Mutual Life Insurance Company	3/13/97	\$750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT		
	Aggregate Year-to-Date -->\$	750.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GIANQUITTO, RICHARD M. 705 SACHEM CIRCLE SLINGERLANDS, NY 12159	Massachusetts Mutual Life Insurance Company	3/17/97	\$750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT		
	Aggregate Year-to-Date -->\$	750.00	

SUBTOTAL of Receipts This Page (optional).....>	\$3,750.00
TOTAL This Period (last page this line number only).....>	

SCHEDULE A ITEMIZED RECEIPTS
(Contributions from Employees)

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

A. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
GREENBERG, PETER W. 700 HEMPSTEAD AVE ROCKVILLE, CENTRE, NY 11577	Occupation AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA		Aggregate Year-to-Date -->\$	250.00
B. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
HAMBLEN, JEFFERY D. 10805 HANNAH FARM ROAD OAKTON, VA 22124	Occupation AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA		Aggregate Year-to-Date -->\$	850.00
C. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
HARGREAVES, KENNETH 40 ENGLEWOOD ROAD LONGMEADOW, MA 01108	Occupation SENIOR VICE PRESIDENT	MONTHLY PAYROLL DEDUCTION	\$83.33
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA		Aggregate Year-to-Date -->\$	249.99
D. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
HARRIS, MARILYN S. 7426 HIDDEN CREEK DRIVE DALLAS, TX 75252	Occupation GENERAL AGENT	3/17/97	\$400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA		Aggregate Year-to-Date -->\$	400.00
E. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
HAYS, MICHAEL D. 118 TRIMMER LANE WESTFIELD, MA 01085	Occupation GENERAL AGENT	MONTHLY PAYROLL DEDUCTION	\$83.33
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA		Aggregate Year-to-Date -->\$	249.99
F. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
HEISLER, MARK A. 12427 BAYHILL DRIVE CARMEL, IN 46033	Occupation AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA		Aggregate Year-to-Date -->\$	250.00
G. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
HENDERSON, JON A. 902 WEST BUTTERFIELD COURT PEORIA, IL 61614	Occupation GENERAL AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA		Aggregate Year-to-Date -->\$	750.00
SUBTOTAL of Receipts This Page (optional).....>			\$586.66
TOTAL This Period (last page this line number only).....>			

SCHEDULE A

ITEMIZED RECEIPTS
(Contributions from Employees)

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HERTZ, DOUGLAS N. P.O. BOX 383 WILBRAHAM, MA 01095	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation EXECUTIVE VICE PRESIDENT		
	Aggregate Year-to-Date --->\$	700.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HINRICHS, IVAN C. 5200 McALPINE FARM ROAD CHARLOTTE, NC 28228	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT		
	Aggregate Year-to-Date --->\$	750.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HITCHCOCK, JOHN 1933 BEACON RIDGE COURT WALNUT CREEK, CA 94596	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT	3/13/97	\$400.00
	Aggregate Year-to-Date --->\$	400.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HOLLAND, ALAN L. 10618 NORTH EVERS PARK HOUSTON, TX 77024	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT	3/5/97	\$400.00
	Aggregate Year-to-Date --->\$	400.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HOLLIS, KEN P.O. BOX 6522 METAIRIE, LA 70009	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT		
	Aggregate Year-to-Date --->\$	750.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HUFFMAN, GARY T. 4 WHITMAN POND ROAD SIMSBURY, CT 06070	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation SENIOR VICE PRESIDENT		
	Aggregate Year-to-Date --->\$	1,000.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HULICK, JERRY L. 4862 SLATESTONE COURT FAIRFAX, VA 22030	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT		
	Aggregate Year-to-Date --->\$	750.00	
SUBTOTAL of Receipts This Page (optional).....>			\$800.00
TOTAL This Period (last page this line number only).....>			

SCHEDULE A ITEMIZED RECEIPTS
(Contributions from Employees)

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

PAGE 8 OF 18
FOR LINE NUMBER 11a(i)

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHNSON, GARY 103 DEL NORTE VISTA COURT FOLSOM, CA 95830	Massachusetts Mutual Life Insurance Company	3/13/97	\$750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT	Aggregate Year-to-Date --->\$ 750.00	
B. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
JOHNSON, JOEL A. 7018-82ND AVENUE SE MERCER ISLAND, WA 98040	Occupation AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date --->\$ 420.00		
C. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
KUHN, DON A. 5923 CAMELBACK CT. INDIANAPOLIS, IND 46250	Occupation AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date --->\$ 250.00		
D. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
LARGE, GREGORY K. 61 W. 62ND STREET, APT 21D NEW YORK, NY 10023	Occupation AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date --->\$ 350.00		
E. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
LAU, DAVID F. 6215 WINLANE DRIVE BLOOMFIELD HILLS, MI 48302	Occupation AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date --->\$ 350.00		
F. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
LECCE, VINCENT 1127 MOHEGAN ROAD NISKAYUNA, NY 12309	Occupation AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date --->\$ 250.00		
G. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
LEE, RONALD B. 18 CARRIAGE ROAD ROSLYN, NY 11576	Occupation GENERAL AGENT	3/13/87	\$750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date --->\$ 750.00		

SUBTOTAL of Receipts This Page (optional).....> \$1,500.00

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

SCHEDULE A

ITEMIZED RECEIPTS
(Contributions from Employees)

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LEVIN, GARY J. 12135 CLEAR HARBOR DRIVE TAMPA, FL 33626	Massachusetts Mutual Life Insurance Company	3/17/97	\$750.00
Occupation GENERAL AGENT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date --->\$	750.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LEWIS, GARY E. 810 CRESTWOOD DRIVE NASHVILLE, TN 37204	Massachusetts Mutual Life Insurance Company	3/13/97	\$750.00
Occupation GENERAL AGENT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date --->\$	750.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LOMELI, P. ANN FUTTER 68 OUTLOOK AVE WEST HARTFORD, CT 06119	Massachusetts Mutual Life Insurance Company		
Occupation VP & ASSOC GENERAL COUNCIL			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date --->\$	425.00	
D. Full Name, Mailing Address and Zip Code	Member of	Date (month, day, year)	Amount of Each Receipt this Period
LOVE, PAUL F. 8318 SPRINGKELWOOD LANE POTOMAC, MD 20854	Massachusetts Mutual Life Insurance Company		
Occupation AGENT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date --->\$	250.00	
E. Full Name, Mailing Address and Zip Code	Member of	Date (month, day, year)	Amount of Each Receipt this Period
LYON, DAVID L. 3604 WESTBURY ROAD BIRMINGHAM, AL 35223	Massachusetts Mutual Life Insurance Company		
Occupation AGENT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date --->\$	250.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARCUCCILLI, J. BRINKE 43 LORD DAVID LANE AVON, CT 06001	Massachusetts Mutual Life Insurance Company		
Occupation SENIOR VICE PRESIDENT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date --->\$	333.32	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARSHALL, J. EUGENE 801 HERB RIVER DRIVE SAVANNA, GA 31406	Massachusetts Mutual Life Insurance Company		
Occupation GENERAL AGENT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date --->\$	750.00	

SUBTOTAL of Receipts This Page (optional).....>	\$1,500.00
TOTAL This Period (last page this line number only).....>	

SCHEDULE A

ITEMIZED RECEIPTS
(Contributions from Employees)

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

A. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company Occupation	Date (month, day, year)	Amount of Each Receipt this Period
MAYER, ROSS 37 MANNS HILL ROAD SHARON, MA 02067	AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date -->\$	250.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
McADAMS, MICHAEL Q. 6720 REGAL BLUFF DRIVE DALLAS, TX 75248	Massachusetts Mutual Life Insurance Company GENERAL AGENT	3/27/97	\$750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date -->\$	750.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
McCASKILL, TOM 6202 EAST MURDOCK WICHITA, KS 67208	Massachusetts Mutual Life Insurance Company GENERAL AGENT	3/13/97	\$400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date -->\$	400.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
McDERMID, MICHAEL J. 666 MOUNTAIN VIEW DRIVE LEWISTON, NY 14092	Massachusetts Mutual Life Insurance Company GENERAL AGENT	3/28/97	\$65.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date -->\$	255.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
MEAGHER, WILLIAM P. 501 DEXTER AVE BIRMINGHAM, AL 35213	Massachusetts Mutual Life Insurance Company GENERAL AGENT	3/13/97	\$400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date -->\$	400.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
MEEHAN, THOMAS G. 324 SAFFIRE BALBOA PARK, CA 92662	Massachusetts Mutual Life Insurance Company GENERAL AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date -->\$	750.00	
G. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company Occupation	Date (month, day, year)	Amount of Each Receipt this Period
MELTZER, ALAN L. 11215 LOCKWOOD DRIVE SILVER SPRINGS, MD 20901	AGENT	3/28/97	\$418.88
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date -->\$	1,249.88	

SUBTOTAL of Receipts This Page (optional).....> \$2,051.66

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

SCHEDULE A ITEMIZED RECEIPTS
(Contributions from Employees)

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICELI, ANDREW M. 106 STRATHMORE PLACE LOS GATOS, CA 85030	Massachusetts Mutual Life Insurance Company	3/20/87	\$400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT	Aggregate Year-to-Date --->\$ 400.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MILLER, MADELYN K. 432 BIRNI AVENUE WEST SPRINGFIELD, MA 01069	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation MANAGER DIRECTOR	Aggregate Year-to-Date --->\$ 300.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MINGONE, NICHOLAS J. 7 BOSTAIL RUN BROOMALL, PA 19008-4420	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT	Aggregate Year-to-Date --->\$ 400.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MORRISON, RICHARD C. 6 HICKORY HILL WEST SPRINGFIELD, MA 01089	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation VICE PRESIDENT	Aggregate Year-to-Date --->\$ 425.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MOSHER, HAROLD K. 2727 WEST BLUFF #105 FRESNO, CA 93711	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT	Aggregate Year-to-Date --->\$ 300.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NAUGHTON, JOHN M. 75 CHURCHILL DRIVE LONGMEADOW, MA 01106	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation EXECUTIVE VICE PRESIDENT	Aggregate Year-to-Date --->\$ 333.32	
G. Full Name, Mailing Address and Zip Code	Member of	Date (month, day, year)	Amount of Each Receipt this Period
NOLAN, DICK 27 GATEHOUSE ROAD BEDMINSTER, NJ 07921	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation AGENT	Aggregate Year-to-Date --->\$ 750.00	

SUBTOTAL of Receipts This Page (optional).....> \$400.00

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

SCHEDULE A ITEMIZED RECEIPTS
(Contributions from Employees)

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

PAGE 12 OF 18
FOR LINE NUMBER 11a(i)

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NOVAK, PETER 9 SKYTDP LANE PITTSFORD, NY 14534	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT		
	Aggregate Year-to-Date --->\$	400.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ODOM, FARRELL D. 203 PRINZ DRIVE SAN ANTONIO, TX 78213	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT		
	Aggregate Year-to-Date --->\$	750.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ORPHAN, NICHOLAS J. 7420 PRINCETON, TRACE ATLANTA, GA 30328	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT	3/13/97	\$425.00
	Aggregate Year-to-Date --->\$	425.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
OSGOOD, CHRISTINE 100 GREEN HILL ROAD LONGMEADOW, MA 01108-2838	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation VICE PRESIDENT	3/5/97	\$500.00
	Aggregate Year-to-Date --->\$	500.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
OTWELL, JAMES WOODARD 9507 REDINGTON DRIVE GREENSBORO, NC 27410	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT	3/27/97	\$750.00
	Aggregate Year-to-Date --->\$	750.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PAJAK, JOHN 31 MARYLAND AVENUE CHICOPEE, MA 01020	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation VICE CHAIRMAN & CHIEF ADMIN.	MONTHLY PAYROLL DEDUCTION	\$166.67
	Aggregate Year-to-Date --->\$	500.01	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PARISI, VINCENT A. 7 SOUTH PARK COURT HOLMDEL, NJ 07733	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT	3/20/97	\$750.00
	Aggregate Year-to-Date --->\$	750.00	

SUBTOTAL of Receipts This Page (optional).....> \$2,591.67

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

SCHEDULE A

ITEMIZED RECEIPTS
(Contributions from Employees)

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PETRINI, LEO V. 1632 VALECROFT AVENUE WEBTLAKE VILLAGE, CA 91361	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT		
	Aggregate Year-to-Date -->\$	1,200.00	
B. Full Name, Mailing Address and Zip Code	Member of	Date (month, day, year)	Amount of Each Receipt this Period
PLIMACK, ROBERT 345 EAST 88TH ST. APT 6B NEW YORK, NY 10028	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation AGENT	3/17/97	\$250.00
	Aggregate Year-to-Date -->\$	250.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
POLK, CLIFF P. JR. 7 MEADOWVIEW LANE LITTLETON, CO 80121	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT	3/5/97	\$400.00
	Aggregate Year-to-Date -->\$	400.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PRIBRAMSKY, STEVEN R. 199 PEREGRINE LANE HAWTHORNE WOODS, IL 60047	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT	3/13/97	\$400.00
	Aggregate Year-to-Date -->\$	400.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PUGH, BURVIN E. 8 EASTWOOD DRIVE WILBRAHAM, MA 01096	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation REGIONAL VICE PRESIDENT		
	Aggregate Year-to-Date -->\$	1,000.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARDS, BRUCE C. 12202 NE 31ST PLACE BELLEVUE, WA 98005	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT		
	Aggregate Year-to-Date -->\$	750.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROGERS, WILLIAM J. II 1381 WESLEY PKWY NW ATLANTA, GA 30327	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT		
	Aggregate Year-to-Date -->\$	750.00	

SUBTOTAL of Receipts This Page (optional).....>	\$1,050.00
TOTAL This Period (last page this line number only).....>	

SCHEDULE A

ITEMIZED RECEIPTS
(Contributions from Employees)

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

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROOKS, DEBORAH G. 14746 SE 117TH AVE CLACKAMAS, OR 97015	Massachusetts Mutual Life Insurance Company	3/13/97	\$360.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT	Aggregate Year-to-Date -->\$ 750.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROSS, WILLIAM C. 32 LOCUST AVE TROY, NY 12180	Massachusetts Mutual Life Insurance Company	3/13/97	\$750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT	Aggregate Year-to-Date -->\$ 750.00	
C. Full Name, Mailing Address and Zip Code	Member of	Date (month, day, year)	Amount of Each Receipt this Period
RUNNETTE, ROBERT G. 114 HILLCREST ROAD PITTSBURGH, PA 15238	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation AGENT	Aggregate Year-to-Date -->\$ 750.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RYAN, EDMOND F. 19 QUINNEHTUK ROAD LONGMEADOW, MA 01108	Massachusetts Mutual Life Insurance Company	MONTHLY PAYROLL DEDUCTION	\$83.33
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation SENIOR VICE PRESIDENT	Aggregate Year-to-Date -->\$ 248.99	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SALVO, SALVADORE R. 8 SPRING LANE WARREN, NJ 07060	Massachusetts Mutual Life Insurance Company	3/13/97	\$750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT	Aggregate Year-to-Date -->\$ 750.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SCHIEFELBEIN, ALLEN H. 11 BONNIE BRAE HINSDALE, IL 60521	Massachusetts Mutual Life Insurance Company	3/17/97	\$750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT	Aggregate Year-to-Date -->\$ 750.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SCHINKE, THOMAS C. 5802 WINDSONA CIRCLE MADISON, WI 53711	Massachusetts Mutual Life Insurance Company	3/20/97	\$750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT	Aggregate Year-to-Date -->\$ 750.00	

SUBTOTAL of Receipts This Page (optional).....> \$3,433.33

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

SCHEDULE A ITEMIZED RECEIPTS
(Contributions from Employees)

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SCHULMAN, DAVID B. 9513 SEA TURTLE DRIVE PLANTATION, FL 33319	Massachusetts Mutual Life Insurance Company	3/13/97	\$750.00
Occupation GENERAL AGENT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA		Aggregate Year-to-Date --->\$	750.00
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SCHULTE, PETER L. 8589 136TH COURT WEST APPLE VALLEY, MN 55124	Massachusetts Mutual Life Insurance Company	3/13/97	\$750.00
Occupation GENERAL AGENT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA		Aggregate Year-to-Date --->\$	750.00
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SEYMOUR, DALE J. 2401 WEALDSTONE ROAD TOLEDO, OH 43617	Massachusetts Mutual Life Insurance Company	3/28/97	\$85.00
Occupation GENERAL AGENT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA		Aggregate Year-to-Date --->\$	255.00
D. Full Name, Mailing Address and Zip Code	Member of	Date (month, day, year)	Amount of Each Receipt this Period
SMITH, ROBERT W. 2128 NORTH BELL CHICAGO, IL 60647	Massachusetts Mutual Life Insurance Company		
Occupation AGENT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA		Aggregate Year-to-Date --->\$	250.00
E. Full Name, Mailing Address and Zip Code	Member of	Date (month, day, year)	Amount of Each Receipt this Period
SPADA, JOSEPH W. 17 STONEGATE DRIVE ROSELAND, NJ 07054	Massachusetts Mutual Life Insurance Company		
Occupation AGENT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA		Aggregate Year-to-Date --->\$	650.00
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SQUIRES, STEPHEN 325 SHARPE LANE ALPHARETTA, GA 30202	Massachusetts Mutual Life Insurance Company	3/13/97	\$400.00
Occupation GENERAL AGENT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA		Aggregate Year-to-Date --->\$	400.00
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ST. JEAN, RICHARD A. JR. 20 DROMAN STREET HUNTINGTON, NY 11743	Massachusetts Mutual Life Insurance Company		
Occupation GENERAL AGENT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA		Aggregate Year-to-Date --->\$	400.00

SUBTOTAL of Receipts This Page (optional).....>	\$1,985.00
TOTAL This Period (last page this line number only).....>	

SCHEDULE A

ITEMIZED RECEIPTS
(Contributions from Employees)

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SUDETH, STEVE M. 2106 N. 21ST ROAD ARLINGTON, VA 22201	Massachusetts Mutual Life Insurance Company Occupation: GENERAL AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date -->\$ 500.00		
B. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
SUTER, RICHARD 3 PERRIN ROAD BROOKLINE, MA 02146	Occupation: AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date -->\$ 250.00		
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TINDALL WILLIAM L. 312 ARDSLEY ROAD LONGMEADOW, MA 01106	Massachusetts Mutual Life Insurance Company Occupation: SENIOR VICE PRESIDENT	MONTHLY PAYROLL DEDUCTION	\$83.33
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date -->\$ 248.99		
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TRAPANI, MICHAEL A. 1613 COTSWOLD CIRCLE SANDY, UT 84093	Massachusetts Mutual Life Insurance Company Occupation: GENERAL AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date -->\$ 400.00		
E. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
TREADWELL, BARBARA 20 WATERSIDE PLAZA NEW YORK, NY 10010	Occupation: AGENT	5/13/97	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date -->\$ 500.00		
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VAN HOUTEN, JAMES A. 5229 E. FANFOL DRIVE PARADISE VALLEY, AZ 85020	Massachusetts Mutual Life Insurance Company Occupation: GENERAL AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date -->\$ 750.00		
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VANDERVEEN, MICHAEL 249 REGAL COURT S.W. GRANDVILLE, MI 49418	Massachusetts Mutual Life Insurance Company Occupation: GENERAL AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date -->\$ 750.00		

SUBTOTAL of Receipts This Page (optional).....>	\$583.33
TOTAL This Period (last page this line number only).....>	

SCHEDULE A

ITEMIZED RECEIPTS
(Contributions from Employees)

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WALCOTT, EUSTIS 287 ARDSLEY ROAD LONGMEADOW, MA 01106	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation VICE PRESIDENT		
		Aggregate Year-to-Date -->\$	500.00
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WEBSTER, JAMES M. JR 5912 CHARLESMEAD ROAD BALTIMORE, MD 21212	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation AGENT		
		Aggregate Year-to-Date -->\$	650.00
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WENDLANDT, GARY E. 55 SCULLY ROAD SOMERS, CT 06071	Massachusetts Mutual Life Insurance Company	MONTHLY PAYROLL DEDUCTION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation EXECUTIVE VICE PRESIDENT		\$168.66
		Aggregate Year-to-Date -->\$	488.98
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WHEELER, THOMAS 288 PARK DRIVE SPRINGFIELD, MA 01106	Massachusetts Mutual Life Insurance Company	MONTHLY PAYROLL DEDUCTION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation PRESIDENT & CHAIRMAN & CEO		\$83.33
		Aggregate Year-to-Date -->\$	249.99
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WHIPPLE, CHARLES J. 947 FROG HOLLOW TERRACE RYDAL, PA 19048	Massachusetts Mutual Life Insurance Company	3/13/87	\$750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT		
		Aggregate Year-to-Date -->\$	750.00
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WIENKEN, GARY 2850 MYRTLE DRIVE MECHANICSBURG, PA 17055	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT		
		Aggregate Year-to-Date -->\$	750.00
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLARD, JOE 8009 SOUTH ATLANTA COURT TULSA, OK 74104	Massachusetts Mutual Life Insurance Company	3/17/87	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT		
		Aggregate Year-to-Date -->\$	1,000.00

SUBTOTAL of Receipts This Page (optional).....>	\$1,859.99
TOTAL This Period (last page this line number only).....>	

SCHEDULE A ITEMIZED RECEIPTS
(Other Receipts - Interest Earned)

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

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MassMutual Employee Credit Union 1295 State Street Springfield, MA 01111	Interest on Savings Account	3/31/97	\$47.62
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date -->\$ 112.85	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MassMutual Employee Credit Union 1295 State Street Springfield, MA 01111	Interest on Money Market Account		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date -->\$	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date -->\$		
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date -->\$		
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date -->\$		
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date -->\$		
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date -->\$		

SUBTOTAL of Receipts This Page (optional).....> \$47.62
TOTAL This Period (last page this line number only).....> \$47.62

SCHEDULE B ITEMIZED DISBURSEMENTS
(Other Federal Operating Expenditures)

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Fleet National Bank P.O. Box 5091 Hartford, CT 06102	Interest Payment Incurred on Loan Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) NA	-	- 0 -
Fleet National Bank (IRS Depository Bank) P.O. Box 5091 Hartford, CT 06102	Federal Income Tax Payment for 1996 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) NA	3/12/97	\$120.00
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period

SUBTOTAL of Receipts This Page (optional)	\$120.00
TOTAL This Period (last page this line number only)	\$120.00

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

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

PAGE 1 OF 3
 FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
BARBARA KENNELLY FOR CONGRESS P.O. BOX 3719, CENTRAL STATION HARTFORD, CT 06103	CONTRIBUTION - HOUSE 1st CT - 11/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	03/12/97	\$1,000.00
CITIZENS FOR RON KLUNK P.O. BOX 75214 WASHINGTON, DC 20013-5214	CONTRIBUTION - HOUSE PA 4TH - 11/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	03/11/97	\$500.00
COMMITTEE TO RE-ELECT NANCY JOHNSON P.O. BOX 1986 NEW BRITAIN, CT 06050	CONTRIBUTION - HOUSE CT 6TH - 11/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	03/04/97	\$1,000.00
DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE 430 SOUTH CAPITOL STREET, S.E. WASHINGTON, DC 20003	CONTRIBUTION TO POLITICAL COMMITTEE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) PAC	03/18/97	\$5,000.00
EARL POMEROY FOR CONGRESS P.O. BOX 746 BISMARCK, ND 58502	CONTRIBUTION - HOUSE ND - 11/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	03/04/97	\$500.00
FRIENDS OF BYRON DORGAN 420 C. STREET, NE BASEMENT WASHINGTON, DC 20002	CONTRIBUTION - SENATE ND - 11/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	03/19/97	\$1,000.00
FRIENDS OF JIM HOLDEN P.O. BOX 523024 SPRINGFIELD, VA 22152	CONTRIBUTION - HOUSE PA 8TH - 11/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	03/19/97	\$500.00
FRIENDS OF KENT CONRAD P.O. BOX 612 BISMARCK, ND 58502	CONTRIBUTION - SENATE ND - 11/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	03/10/97	\$1,000.00
FRIENDS OF NEWT GINGRICH 1085 HOLCOMB BRIDGE, SUITE 190A ROSWELL, GA 30077	CONTRIBUTION - HOUSE 8TH GA - 11/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	03/18/97	\$1,000.00

SUBTOTAL of Receipts This Page (optional).....> \$11,500.00
 TOTAL This Period (last page this line number only).....>

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

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

PAGE 2 OF 3
FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
HULSHOF FOR CONGRESS P.O. BOX 18021 ALEXANDRIA, VA 22302	CONTRIBUTION - HOUSE MO 9TH - 11/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/11/97	\$500.00
JOHN BREAUX SENATE COMMITTEE 110 B EAST BROAD STREET FALLS CHURCH, VA 22048	CONTRIBUTION - SENATE LA - 11/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/18/97	\$1,000.00
J.D. HAYWORTH FOR CONGRESS COMMITTEE P.O. BOX 14273 SCOTTSDALE, AZ 85281	CONTRIBUTION - HOUSE AZ 8TH - 11/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/05/97	\$500.00
LAZIO FOR CONGRESS 4451 BROOKFIELD CORP DR STE 200 CHANTILLY, VA 22021-1652	CONTRIBUTION - HOUSE 2nd NY - 11/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/13/97	\$500.00
NATIONAL REPUBLICAN CONGRESSIONAL COMM. 320 FIRST STREET, SE WASHINGTON, DC 20003	CONTRIBUTION TO POLITICAL COMMITTEE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) PAC	03/18/97	\$5,000.00
NATIONAL REPUBLICAN SENATORIAL COMMITTEE 425 2ND ST NE WASHINGTON, DC 20002	CONTRIBUTION TO POLITICAL COMMITTEE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) PAC	03/18/97	\$5,000.00
RE-ELECT CONGRESSMAN JOE MOAKLEY COMMITTEE 99 SUMMER ST, SUITE 1250 BOSTON, MA 02110	CONTRIBUTION - HOUSE 9th MA - 11/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/11/97	\$500.00
RICHARD E. NEAL FOR CONGRESS COMMITTEE 78 MAGNOLIA TERRACE SPRINGFIELD, MA 01108	CONTRIBUTION - HOUSE 2nd MA - 11/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/18/97	\$2,500.00
THE BLUE DOG PAC P.O. BOX 7668 WASHINGTON, DC 20044-7668	CONTRIBUTION TO POLITICAL COMMITTEE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) PAC	03/05/97	\$1,000.00

SUBTOTAL of Receipts This Page (optional).....> \$16,500.00

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

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

Use separate schedule(s)
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 Detailed Summary Page

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
VOLUNTEERS FOR SHIMKUS 4451 BROOKFIELD CORPORATE, SUITE 200 CHANTILLY, VA 20151-1652	CONTRIBUTION - HOUSE IL 20TH - 11/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/18/97	\$500.00
WELLER FOR CONGRESS 4451 BROOKFIELD CORPORATE, SUITE 200 CHANTILLY, VA 20151-1652	CONTRIBUTION - HOUSE IL 11TH - 11/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/18/97	\$500.00
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period

SUBTOTAL of Receipts This Page (optional).....>	\$1,000.00
TOTAL This Period (last page this line number only).....>	\$20,000.00

SCHEDULE B ITEMIZED DISBURSEMENTS

(Refund of Contribution to Individuals/
Persons other than Political Committees)

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

PAGE 1 OF 1
FOR LINE NUMBER 28a

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

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Phil Heesen 11304 Markham Court Richmond, VA 23233	Refund of Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) NA	03/05/87	\$180.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period

SUBTOTAL of Receipts This Page (optional).....>	\$180.00
TOTAL This Period (last page this line number only).....>	\$180.00

SCHEDULE C
(Revised 3/80)

LOANS

Name of Committee (in Full) Massachusetts Mutual Life Insurance Company Political Action Committee			
A. Full Name, Mailing Address and ZIP Code of Loan Source Fleet Bank 777 Main Street, MSN 0250 Hartford, CT 06115	Original Amount of Loan \$15,000.00	Cumulative Payment To Date \$15,000.00	Balance Outstanding at Close of This Period - 0 -
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <u>10/23/96</u> Date Due <u>9/30/97</u> Interest Rate <u>Base Rate</u> <u>8.25%</u> <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source			
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (APR) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional)			- 0 -
TOTALS This Period (last page in this line only)			- 0 -
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

Hand Delivered

DATE OF RECEIPT

4-17-97

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

No Postmark

Postmark Illegible

Received from the House Office of Records
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

SES
PREPARER

4-17-97
DATE PREPARED