

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 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 C 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 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on in the State of

5. Covering Period 06 / 01 / 2014 through 06 / 30 / 2014

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 Mr. Bruce C. Frisbie [Electronically Filed] Date 07 / 20 / 2014

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**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Massachusetts Mutual Life Insurance Company Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="140099.03"/>	<input type="text" value="140099.03"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="180818.51"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="62481.23"/>	<input type="text" value="387004.88"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="243299.74"/>	<input type="text" value="527103.91"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="115402.69"/>	<input type="text" value="399206.86"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="127897.05"/>	<input type="text" value="127897.05"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Massachusetts Mutual Life Insurance Company Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	45289.91	268138.77
(ii) Unitemized	17153.26	117044.16
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	62443.17	385182.93
(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)	62443.17	385182.93
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	1586.77
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	38.06	235.18
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	62481.23	387004.88
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	62481.23	387004.88

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	257.69	4235.92
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	257.69	4235.92
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	115000.00	393500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	145.00	1190.51
(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)).....	145.00	1190.51
29. Other Disbursements	0.00	280.43
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	115402.69	399206.86
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	115402.69	399206.86

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	62443.17	385182.93
34. Total Contribution Refunds (from Line 28(d))	145.00	1190.51
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	62298.17	383992.42
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	257.69	4235.92
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	1586.77
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	257.69	2649.15

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 119
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. GEORGE S. KINIGOPOULOS
 Full Name (Last, First, Middle Initial)
 Mailing Address 3028 SENECA CHIEF TRL
 City ELLICOTT CITY State MD Zip Code 21042-1418
 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 ▼ 277.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : 20066814
 Amount of Each Receipt this Period
 111.12

B. KENT L. WYSE
 Full Name (Last, First, Middle Initial)
 Mailing Address 3359 MARVIN DR
 City ADRIAN State MI Zip Code 49221-9290
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2014
Transaction ID : 60424439
 Amount of Each Receipt this Period
 50.00

C. TIMOTHY DANIELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 8151 LA RUE LN
 City OOLTEWAH State TN Zip Code 37363-6679
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2014
Transaction ID : 60424440
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	211.12
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. SYLVIA C. YOUNG

Mailing Address 9211 63RD PL W

City MUKILTEO State WA Zip Code 98275-3531

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 ▼ **333.35**

Date of Receipt **06 / 24 / 2014**

Transaction ID : 60424442

Amount of Each Receipt this Period **66.67**

Full Name (Last, First, Middle Initial)
B. DAVID M. MORRIS

Mailing Address 205 PADDINGTON RD

City BALTIMORE State MD Zip Code 21212-3438

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 ▼ **2500.00**

Date of Receipt **06 / 24 / 2014**

Transaction ID : 60424445

Amount of Each Receipt this Period **2500.00**

Full Name (Last, First, Middle Initial)
C. DONALD G. SCULLY

Mailing Address 11133 S LAKESIDE OAKS AVE

City BATON ROUGE State LA Zip Code 70810-3068

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

Name of Employer SELF Occupation GENERAL INSURANCE AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.10**

Date of Receipt **06 / 24 / 2014**

Transaction ID : 60424446

Amount of Each Receipt this Period **166.70**

SUBTOTAL of Receipts This Page (optional)..... **2733.37**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 119
	<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. DANIEL J. SHANAHAN
Full Name (Last, First, Middle Initial)

Mailing Address 8412 NORMAN ESTATES WAY

City RALEIGH State NC Zip Code 27613-5963

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

Name of Employer SELF Occupation GENERAL INSURANCE AGENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.36

Date of Receipt
06 / 24 / 2014
Transaction ID : 60424448

Amount of Each Receipt this Period
41.67

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

Mailing Address 32651 GREYSTONE CIR

City AVON LAKE State OH Zip Code 44012-3330

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 ▼ 625.00

Date of Receipt
06 / 24 / 2014
Transaction ID : 60424449

Amount of Each Receipt this Period
125.00

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

Mailing Address 5 AUBURN RD

City FRANKLIN State MA Zip Code 02038-3456

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation AVP AGENCY FOCUS TEAM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
06 / 30 / 2014
Transaction ID : 60571380

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 566.67

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 119
	<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. MS. ALISON B WEISS
Full Name (Last, First, Middle Initial)

Mailing Address 1209 GATEWOOD DR

City ALEXANDRIA State VA Zip Code 22307-2031

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT - FEDERAL GOV RELATIO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
06 / 30 / 2014
Transaction ID : 60767320

Amount of Each Receipt this Period
1500.00

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

Mailing Address 80 WRIGHT ST

City WESTPORT State CT Zip Code 06880-3117

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
06 / 30 / 2014
Transaction ID : 60768732

Amount of Each Receipt this Period
1000.00

C. CRAIG D. CHAMBERS
Full Name (Last, First, Middle Initial)

Mailing Address 5411 SW VIEW POINT TER

City PORTLAND State OR Zip Code 97239-3961

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
06 / 30 / 2014
Transaction ID : 60768734

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3500.00

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

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

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

FOR LINE NUMBER: PAGE 10 OF 119
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. THOMAS MICHAELS

Mailing Address 876 INCOCHEE WOODS DR

City State Zip Code
TRAVERSE CITY MI 49684-1490

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

Name of Employer Occupation
INSURANCE AGENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2014
Transaction ID : 60768736

Amount of Each Receipt this Period
350.00

Full Name (Last, First, Middle Initial)
B. LISA L. RAPFOGEL OSTROFF

Mailing Address 6908 WINTERWOOD LN

City State Zip Code
DALLAS TX 75248-5157

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 M / D D D / Y Y Y Y Y Y
06 / 30 / 2014
Transaction ID : 60768737

Amount of Each Receipt this Period
300.00

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

Mailing Address 6036 POST OAK GREEN LN

City State Zip Code
HOUSTON TX 77055-5500

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 M / D D D / Y Y Y Y Y Y
06 / 30 / 2014
Transaction ID : 60768739

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 950.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 119
	<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. NATHAN G. BRINKMAN
Full Name (Last, First, Middle Initial)

Mailing Address 9217 EAGLEWOOD DR

City VERONA State WI Zip Code 53593-7803

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 Y
 06 / 30 / 2014

Transaction ID : 60768740

Amount of Each Receipt this Period
 300.00

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

Mailing Address 1100 ELINOR RD

City HEWLETT State NY Zip Code 11557-2506

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 Y
 06 / 30 / 2014

Transaction ID : 60768741

Amount of Each Receipt this Period
 600.00

C. BRIAN J. ROELL
Full Name (Last, First, Middle Initial)

Mailing Address 1872 RIVER LAKES RD S

City OCONOMOWOC State WI Zip Code 53066-4857

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 Y
 06 / 30 / 2014

Transaction ID : 60768742

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1900.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 119
	<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. IVAN VALDES
Full Name (Last, First, Middle Initial)

Mailing Address 2001 WAYHAVEN CT

City MAITLAND State FL Zip Code 32751-4924

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
06 / 30 / 2014
Transaction ID : 60768743

Amount of Each Receipt this Period
500.00

B. RICHARD P. OTIS
Full Name (Last, First, Middle Initial)

Mailing Address 8014 FOREST MESA DR

City AUSTIN State TX Zip Code 78759-8750

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 ▼ 360.00

Date of Receipt
06 / 30 / 2014
Transaction ID : 60768744

Amount of Each Receipt this Period
360.00

C. FREDERICK T. SCRUGGS Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 1113 BLUE HERON CIR

City FOREST State VA Zip Code 24551-1993

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
06 / 30 / 2014
Transaction ID : 60768745

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional).....▶	2360.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 119
	<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. REVA Z. AZEEZ
Full Name (Last, First, Middle Initial)

Mailing Address 28511 PEWTER KNOLLS DR

City KATY State TX Zip Code 77494-0674

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 Y
 06 / 30 / 2014

Transaction ID : 60769271

Amount of Each Receipt this Period
 300.00

B. EDWARD M. WATKINS
Full Name (Last, First, Middle Initial)

Mailing Address 2424 HUNTER MILL RD

City VIENNA State VA Zip Code 22181-3007

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 Y
 06 / 30 / 2014

Transaction ID : 60769274

Amount of Each Receipt this Period
 600.00

C. JEREMY P. DICKER
Full Name (Last, First, Middle Initial)

Mailing Address 7535 SHORE CLIFF DR

City LOS ANGELES State CA Zip Code 90045-4856

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 ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 27 / 2014

Transaction ID : 60769742

Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....▶	3400.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. ORAN J. TSAKOPULOS III		Date of Receipt
Mailing Address 902 PERSIAN GDN		M M / D D / Y Y Y Y 06 / 27 / 2014
City	State	Zip Code
SAN ANTONIO	TX	78260-6658
FEC ID number of contributing federal political committee.		Transaction ID : 60777540
C		Amount of Each Receipt this Period
		350.00
Name of Employer	Occupation	
SELF	INSURANCE AGENT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	350.00	

Full Name (Last, First, Middle Initial) B. JOHN W. WHEELER		Date of Receipt
Mailing Address 1075 ASTER LN		M M / D D / Y Y Y Y 06 / 27 / 2014
City	State	Zip Code
WEST CHICAGO	IL	60185-1750
FEC ID number of contributing federal political committee.		Transaction ID : 60777541
C		Amount of Each Receipt this Period
		300.00
Name of Employer	Occupation	
SELF	INSURANCE AGENT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	300.00	

Full Name (Last, First, Middle Initial) C. STANLEY L. MEAD		Date of Receipt
Mailing Address 5544 W VILLAGE DR		M M / D D / Y Y Y Y 06 / 27 / 2014
City	State	Zip Code
HIGHLAND	UT	84003-9633
FEC ID number of contributing federal political committee.		Transaction ID : 60777553
C		Amount of Each Receipt this Period
		250.00
Name of Employer	Occupation	
SELF	INSURANCE AGENT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 119
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. RUSSELL C. JACOBS
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 STEVENS RD
 City SAINT SIMONS IS State GA Zip Code 31522-5831
 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 M / D D D / Y Y Y Y Y Y
 06 / 27 / 2014
Transaction ID : 60777554
 Amount of Each Receipt this Period
 300.00

B. JASON E. HELLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1738 NE 7TH ST
 City FORT LAUDERDALE State FL Zip Code 33304-3469
 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 M / D D D / Y Y Y Y Y Y
 06 / 27 / 2014
Transaction ID : 60777570
 Amount of Each Receipt this Period
 600.00

C. DAVID T. CLARKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 29741 GLENEAGLES RD
 City PERRYSBURG State OH Zip Code 43551-3519
 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 M / D D D / Y Y Y Y Y Y
 06 / 27 / 2014
Transaction ID : 60777575
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MR. KENNETH S LANGEVIN		Date of Receipt
Mailing Address 49 FLORENCE ST		M M / D D / Y Y Y Y 06 / 27 / 2014
City	State	Zip Code
CHICOPEE	MA	01013-1407
FEC ID number of contributing federal political committee.	Transaction ID : 60855090	
	Amount of Each Receipt this Period	
	700.00	
Name of Employer	Occupation	
MASSACHUSETTS MUTUAL LIFE INS.	VP, FINANCIAL REPORTING & ACCTG POLI	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	1700.00	

Full Name (Last, First, Middle Initial) B. TONY FELICIANO		Date of Receipt
Mailing Address 323 CANDLELIGHT DR		M M / D D / Y Y Y Y 06 / 27 / 2014
City	State	Zip Code
MECHANICSBURG	PA	17055-8005
FEC ID number of contributing federal political committee.	Transaction ID : 60855091	
	Amount of Each Receipt this Period	
	1000.00	
Name of Employer	Occupation	
SELF	INSURANCE AGENT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	1000.00	

Full Name (Last, First, Middle Initial) C. BAXTER H. MAFFETT		Date of Receipt
Mailing Address 23 GLEN HOLW		M M / D D / Y Y Y Y 06 / 25 / 2014
City	State	Zip Code
WEST HARTFORD	CT	06117-3023
FEC ID number of contributing federal political committee.	Transaction ID : 60855097	
	Amount of Each Receipt this Period	
	800.00	
Name of Employer	Occupation	
SELF	INSURANCE AGENT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	800.00	

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 119
	<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. JEFFREY KEIM
Full Name (Last, First, Middle Initial)

Mailing Address 6127 FOREST EDGE DR

City WHITEHOUSE State OH Zip Code 43571-9744

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 ▼
-95.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : 60855330

Amount of Each Receipt this Period
 0.00

[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$145.00 This changes the YTD Total to \$-95.00

B. RICARDO M. ALFONSO
Full Name (Last, First, Middle Initial)

Mailing Address 11 KENSINGTON DR

City NORTH BARRINGTON State IL Zip Code 60010-6960

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 ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : PR1120127734147

Amount of Each Receipt this Period
 100.00

P/R Deduction (\$100.00 Monthly)

C. BRADLEY D. ATKINS
Full Name (Last, First, Middle Initial)

Mailing Address 52 MONTROSE RD

City MT PLEASANT State SC Zip Code 29464-6676

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 ▼
833.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : PR1120467834147

Amount of Each Receipt this Period
 416.70

P/R Deduction (\$416.70 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	516.70
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MR. ERIC H WIETSMA
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 VALLEY VIEW DR
 City WILBRAHAM State MA Zip Code 01095-2363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation SVP - RS SALES & WORKSITE EDUCATION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 349.96

Date of Receipt 06 / 30 / 2014
Transaction ID : PR1120474534147
 Amount of Each Receipt this Period 53.84
 P/R Deduction (\$26.92 Bi-Weekly)

B. MR. MARK ROELLIG
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 COBTAIL WAY
 City SIMSBURY State CT Zip Code 06070-2530
 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 ▼ 2499.90

Date of Receipt 06 / 30 / 2014
Transaction ID : PR1120475434147
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

C. ANDREW W. TODD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8374 LABONT WAY
 City EDEN PRAIRIE State MN Zip Code 55344-4305
 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 ▼ 750.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR1135598734147
 Amount of Each Receipt this Period 125.00
 P/R Deduction (\$62.50 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 563.44
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 119
<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. MS. DEBRA PALERMINO
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 NEW ST APT 225
 City WEST HARTFORD State CT Zip Code 06107-4230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation EVP - HUMAN RESOURCES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2014
Transaction ID : PR1156272834147
 Amount of Each Receipt this Period 192.30
 P/R Deduction (\$96.15 Bi-Weekly)

B. SEAN GOODEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 10151 WOODROSE LN
 City HIGHLANDS RANCH State CO Zip Code 80129-5404
 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 ▼ 750.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR1233883034147
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$250.00 Monthly)

C. WILLIAM D. COSTELLO
 Full Name (Last, First, Middle Initial)
 Mailing Address 37 PEWTER ROCK
 City WEBSTER State NY Zip Code 14580-2465
 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 ▼ 833.40

Date of Receipt 06 / 30 / 2014
Transaction ID : PR1285635134147
 Amount of Each Receipt this Period 416.70
 P/R Deduction (\$416.70 Monthly)

SUBTOTAL of Receipts This Page (optional).....	859.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 119
	<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. MS. ALETHEA O'DONNELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 172 SNELL ST
 City AMHERST State MA Zip Code 01002-2556
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation AVP COMPLIANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.35

Date of Receipt 06 / 30 / 2014
Transaction ID : PR1285752334147
 Amount of Each Receipt this Period 53.90
 P/R Deduction (\$26.95 Bi-Weekly)

B. MR. BRADLEY LUCIDO
 Full Name (Last, First, Middle Initial)
 Mailing Address 65 ROSEWOOD DR
 City SUFFIELD State CT Zip Code 06078-2014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation SVP CHIEF COMPLIANCE OFF & DEP GEN C
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2014
Transaction ID : PR1285753934147
 Amount of Each Receipt this Period 192.30
 P/R Deduction (\$96.15 Bi-Weekly)

C. MR. JOHN PHILLIPS
 Full Name (Last, First, Middle Initial)
 Mailing Address 49 MENDON RD
 City SUTTON State MA Zip Code 01590-1135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CORNERSTONE RE ADVISERS LLC Occupation VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 349.96

Date of Receipt 06 / 30 / 2014
Transaction ID : PR1285754134147
 Amount of Each Receipt this Period 53.84
 P/R Deduction (\$26.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.04
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 21 OF 119
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 33 HILLSIDE RD

City NORTHAMPTON State MA Zip Code 01060-2119

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

Name of Employer **BABSON CAPITAL MANAGEMENT LLC** Occupation **MANAGING DIRECTOR**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : PR1334223434147

Amount of Each Receipt this Period
76.92

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

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

Mailing Address 150 N BEACON ST

City HARTFORD State CT Zip Code 06105-2247

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

Name of Employer **MASSACHUSETTS MUTUAL LIFE INS.** Occupation **VP & CHIEF COMP OFFICER INST. FUNDS**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **349.96**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : PR1342766134147

Amount of Each Receipt this Period
53.84

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

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

Mailing Address 10 HENLEY COMMONS

City FARMINGTON State CT Zip Code 06032-1553

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.35**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : PR1342771934147

Amount of Each Receipt this Period
153.90

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

SUBTOTAL of Receipts This Page (optional)..... ▶ **284.66**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 119
	<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	<input type="checkbox"/> 17

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

A. MR. JOHN W CHANDLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 118 COLONY RD
 City State Zip Code
 LONGMEADOW MA 01106-1216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MASSACHUSETTS MUTUAL LIFE INS. SENIOR VICE PRESIDENT - MARKETING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR1355574334147
 Amount of Each Receipt this Period
 153.90
 P/R Deduction (\$76.95 Bi-Weekly)

B. MR. MICHAEL R FANNING
 Full Name (Last, First, Middle Initial)
 Mailing Address 140 COLONIAL AVE
 City State Zip Code
 NORTH ANDOVER MA 01845-6349
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MASSACHUSETTS MUTUAL LIFE INS. EVP - U.S. INSURANCE GROUP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 2499.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR1360837734147
 Amount of Each Receipt this Period
 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

C. MR. HUGH BARRETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 58 PONDVIEW DR
 City State Zip Code
 SPRINGFIELD MA 01118-1145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MASSACHUSETTS MUTUAL LIFE INS. AVP GOVERNMENT RELATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR1386532034147
 Amount of Each Receipt this Period
 38.50
 P/R Deduction (\$19.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	577.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 119
	<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. MS. CHRISTINE PEASLEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 38 CIDER MILL HTS
 City NORTH GRANBY State CT Zip Code 06060-1430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VP CORPORATE SECRETARY & COUNSEL
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **499.98**

Date of Receipt **06 / 30 / 2014**
Transaction ID : PR1387601134147
 Amount of Each Receipt this Period **76.92**
 P/R Deduction (\$38.46 Bi-Weekly)

B. MS. PAULA T RYAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 28 BELDENWOOD RD
 City SIMSBURY State CT Zip Code 06070-2145
 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 **499.98**

Date of Receipt **06 / 30 / 2014**
Transaction ID : PR1391580634147
 Amount of Each Receipt this Period **76.92**
 P/R Deduction (\$38.46 Bi-Weekly)

C. DAVID GRODIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 15134 ANDOVER ST
 City SAN LEANDRO State CA Zip Code 94579-1752
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation INSURANCE AGENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 30 / 2014**
Transaction ID : PR1417170834147
 Amount of Each Receipt this Period **50.00**
 P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... **203.84**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MR. JOHN VACCARO
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 ANNA MARIE LN
 City State Zip Code
 E LONGMEADOW MA 01028-3018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MASSACHUSETTS MUTUAL LIFE INS. SENIOR VP - SALES & DISTRIBUTION
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR1434639334147
 Amount of Each Receipt this Period
 153.90
 P/R Deduction (\$76.95 Bi-Weekly)

B. MR. DAVID J COUTU
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 MELLISSA CIR
 City State Zip Code
 GREENVILLE RI 02828-1025
 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 ▼
 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR1479403834147
 Amount of Each Receipt this Period
 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

C. MR. ROGER PUTNAM
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 THE GLADE
 City State Zip Code
 SIMSBURY CT 06070-1041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MASSACHUSETTS MUTUAL LIFE INS. SENIOR VICE PRESIDENT - OPERATIONS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1249.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR1479403934147
 Amount of Each Receipt this Period
 192.30
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	423.12
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MR. WILLIAM D OBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 99 POKANOKET LN
 City MARSHFIELD State MA Zip Code 02050-8238
 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 ▼ 500.11

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR1479405034147
 Amount of Each Receipt this Period 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

B. MR. MICHAEL MCKENZIE
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 WESTCHESTER DR
 City CANTON State MA Zip Code 02021-2449
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation SENIOR VICE PRESIDENT - RS OPERATION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR1491588234147
 Amount of Each Receipt this Period 77.00
 P/R Deduction (\$38.50 Bi-Weekly)

C. MR. DOUGLAS RUSSELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 347 N STEELE RD
 City WEST HARTFORD State CT Zip Code 06117-2232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation SVP - STRATEGY AND CORP DEVELOPMEN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR1500908534147
 Amount of Each Receipt this Period 153.90
 P/R Deduction (\$76.95 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	307.84
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 7 LAMPERCOCK LN

City LINCORN State RI Zip Code 02865-4201

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 ▼ 349.96

Date of Receipt 06 / 30 / 2014
Transaction ID : PR1541043534147

Amount of Each Receipt this Period 53.84

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

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

Mailing Address 481 MAIN ST

City WILBRAHAM State MA Zip Code 01095-1662

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation AVP INVESTMENT OPERATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.25

Date of Receipt 06 / 30 / 2014
Transaction ID : PR1541058534147

Amount of Each Receipt this Period 38.50

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

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

Mailing Address 8600 SW 84TH AVE

City MIAMI State FL Zip Code 33143-6912

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 ▼ 398.68

Date of Receipt 06 / 30 / 2014
Transaction ID : PR1541766134147

Amount of Each Receipt this Period 66.66

P/R Deduction (\$33.33 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 159.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MARGEE D. MARTINEZ			Date of Receipt
Mailing Address 11051 SW 46TH ST			<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : PR1541766434147
MIAMI	FL	33165-4732	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="41.70"/>
Name of Employer	Occupation		P/R Deduction (\$20.85 Semi-Monthly)
SELF	INSURANCE AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		
	<input type="text" value="229.31"/>		

Full Name (Last, First, Middle Initial) B. MS. TARYN LEONARD			Date of Receipt
Mailing Address 49 MAGAZINE ST			<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : PR1560527834147
CAMBRIDGE	MA	02139-3909	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="53.90"/>
Name of Employer	Occupation		P/R Deduction (\$26.95 Bi-Weekly)
BABSON CAPITAL MANAGEMENT LLC	MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		
	<input type="text" value="350.35"/>		

Full Name (Last, First, Middle Initial) C. MR. HUGH O'TOOLE			Date of Receipt
Mailing Address 402 SUMMER HILL RD			<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : PR1560531834147
MADISON	CT	06443-1852	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="153.90"/>
Name of Employer	Occupation		P/R Deduction (\$76.95 Bi-Weekly)
MASSACHUSETTS MUTUAL LIFE INS.	SENIOR VP - SALES & CLIENT MANAGEMEN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		
	<input type="text" value="1000.35"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="249.50"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MR. TODD PICKEN		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2014
Mailing Address 4 HAMILTON LN		Transaction ID : PR1560539234147
City WEATOGUE	State CT	Zip Code 06089-9764
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 30.80
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation CORPORATE VICE PRESIDENT - TREASURI	P/R Deduction (\$15.40 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.20	

Full Name (Last, First, Middle Initial) B. MS. RACHEL JAEGGI		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2014
Mailing Address 4 PINE ACRES DR		Transaction ID : PR1564484334147
City CANTON	State CT	Zip Code 06019-2134
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 77.00
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRESIDENT - OPERATIONS	P/R Deduction (\$38.50 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.50	

Full Name (Last, First, Middle Initial) C. MR. KEVIN RASCH		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2014
Mailing Address 48 FOX DEN RD		Transaction ID : PR1569232334147
City WEST SIMSBURY	State CT	Zip Code 06092-2217
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 115.40
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VP & ASSISTANT GENERAL COUNSEL	P/R Deduction (\$57.70 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.10	

SUBTOTAL of Receipts This Page (optional).....▶	223.20
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 29 OF 119
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. MS. ANNE-MARIE SZMYT

Mailing Address 49 GLENN DR

City State Zip Code
WILBRAHAM MA 01095-1439

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

Name of Employer Occupation
MASSACHUSETTS MUTUAL LIFE INS. VICE PRESIDENT - IT PROFESSIONAL SER

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.25

Date of Receipt
06 / 30 / 2014

Transaction ID : PR1581875034147

Amount of Each Receipt this Period
38.50

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

Full Name (Last, First, Middle Initial)
B. MR. DAMON BATES

Mailing Address 5 INGRAHAM RD

City State Zip Code
WELLESLEY MA 02482-6905

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

Name of Employer Occupation
MASSACHUSETTS MUTUAL LIFE INS. VICE PRESIDENT - MARKETING

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
349.96

Date of Receipt
06 / 30 / 2014

Transaction ID : PR1581880034147

Amount of Each Receipt this Period
53.84

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

Full Name (Last, First, Middle Initial)
C. MR. GARETH ROSS

Mailing Address 82 COTTAGE ST

City State Zip Code
AMHERST MA 01002-2125

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

Name of Employer Occupation
MASSACHUSETTS MUTUAL LIFE INS. VP - ADVANCED BUSINESS ANALYTICS

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
499.98

Date of Receipt
06 / 30 / 2014

Transaction ID : PR1596854834147

Amount of Each Receipt this Period
76.92

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

SUBTOTAL of Receipts This Page (optional)..... ▶ **169.26**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 119
	<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. MS. LORIE VALLE-YANEZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 575 MOUNTAIN RD
 City WEST HARTFORD State CT Zip Code 06117-1842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT - DIVERSITY & INCLUSION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR1606911934147
 Amount of Each Receipt this Period 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

B. MR. HERBERT WI WHITAKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 58 INDIAN FIELD RD
 City HEBRON State CT Zip Code 06248-1337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation AVP CHANGE LEADER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR1606915934147
 Amount of Each Receipt this Period 38.50
 P/R Deduction (\$19.25 Bi-Weekly)

C. MR. KEVIN P SHERIDAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 44 COUNTRY CLUB LN
 City EAST GRANBY State CT Zip Code 06026-9637
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VP - WORKSITE UNDERWRITING & ENROLL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.11

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR1606916134147
 Amount of Each Receipt this Period 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	192.36
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MR. MICHAEL HICKS			Date of Receipt MM / DD / YYYY 06 / 30 / 2014
Mailing Address 204 CONE MEADOW CT			Transaction ID : PR1606919134147
City WEST GRANBY	State CT	Zip Code 06090-1421	Amount of Each Receipt this Period 53.90
FEC ID number of contributing federal political committee. C			P/R Deduction (\$26.95 Bi-Weekly)
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRESIDENT - IT EFFECTIVENESS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.35		

Full Name (Last, First, Middle Initial) B. MR. J SCOTT PALMER			Date of Receipt MM / DD / YYYY 06 / 30 / 2014
Mailing Address 25 DARTMOUTH LN			Transaction ID : PR1645210034147
City E LONGMEADOW	State MA	Zip Code 01028-3105	Amount of Each Receipt this Period 77.00
FEC ID number of contributing federal political committee. C			P/R Deduction (\$38.50 Bi-Weekly)
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SENIOR VICE PRESIDENT - RS SYSTEMS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.50		

Full Name (Last, First, Middle Initial) C. MR. SRINIVAS DRONAMRAJU			Date of Receipt MM / DD / YYYY 06 / 30 / 2014
Mailing Address 28 ALLEN RIDGE DR			Transaction ID : PR1645210234147
City ELLINGTON	State CT	Zip Code 06029-3666	Amount of Each Receipt this Period 115.40
FEC ID number of contributing federal political committee. C			P/R Deduction (\$57.70 Bi-Weekly)
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation SVP - ENTERPRISE INFORMATION RISK MC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.10		

SUBTOTAL of Receipts This Page (optional).....▶	246.30
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. BRAD SOMMA		Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2014 Transaction ID : PR1645254234147
Mailing Address 96 INDIAN RD		Amount of Each Receipt this Period 87.00
City PORT CHESTER	State NY	Zip Code 10573-2222
FEC ID number of contributing federal political committee. C		P/R Deduction (\$100.00 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 ▼ 1447.80	

Full Name (Last, First, Middle Initial) B. MATTHEW A. GRIFFITH		Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2014 Transaction ID : PR1645265334147
Mailing Address 517 NW 156TH CIR		Amount of Each Receipt this Period 66.66
City EDMOND	State OK	Zip Code 73013-2087
FEC ID number of contributing federal political committee. C		P/R Deduction (\$33.33 Semi-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 ▼ 399.96	

Full Name (Last, First, Middle Initial) C. MS. AMY LY FERRERO		Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2014 Transaction ID : PR1663791234147
Mailing Address 42 STONEHILL RD		Amount of Each Receipt this Period 53.84
City E LONGMEADOW	State MA	Zip Code 01028-1367
FEC ID number of contributing federal political committee. C		P/R Deduction (\$26.92 Bi-Weekly)
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRESIDENT - CAPABILITY DELIVERY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 349.96	

SUBTOTAL of Receipts This Page (optional).....▶	207.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 119
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. MS. HEATHER SMILEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 62 KENDALL HILL RD
 City STERLING State MA Zip Code 01564-1515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation SVP - RS MARKETING & COMMUNICATIONS
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 750.10

Date of Receipt 06 / 30 / 2014
Transaction ID : PR1663792534147
 Amount of Each Receipt this Period 115.40
 P/R Deduction (\$57.70 Bi-Weekly)

B. MICHAEL J. SACHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1861 LINDSEY LN
 City CINCINNATI State OH Zip Code 45230-2198
 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 377.80

Date of Receipt 06 / 30 / 2014
Transaction ID : PR1672298134147
 Amount of Each Receipt this Period 111.12
 P/R Deduction (\$111.15 Monthly)

C. MR. SCOTT BUFFINGTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 13 MARTINS COVE RD
 City HINGHAM State MA Zip Code 02043-1042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT - RS NATIONAL SALES
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.50

Date of Receipt 06 / 30 / 2014
Transaction ID : PR1688809834147
 Amount of Each Receipt this Period 77.00
 P/R Deduction (\$38.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **303.52**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MS. SANDRA SEARS			Date of Receipt
Mailing Address 10 GARDNER ST			<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : PR1702290334147
MANCHESTER	CT	06040-5625	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="38.50"/>
Name of Employer	Occupation		P/R Deduction (\$19.25 Bi-Weekly)
MASSACHUSETTS MUTUAL LIFE INS.	AVP PROJECT MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		
	<input type="text" value="250.25"/>		

Full Name (Last, First, Middle Initial) B. MS. JENNIFER ORZELL			Date of Receipt
Mailing Address 44 WESTWOODS DR			<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : PR1717732334147
CANTON	CT	06019-4500	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="76.92"/>
Name of Employer	Occupation		P/R Deduction (\$38.46 Bi-Weekly)
MASSACHUSETTS MUTUAL LIFE INS.	VICE PRESIDENT & ACTUARY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		
	<input type="text" value="499.98"/>		

Full Name (Last, First, Middle Initial) C. MS. WENDY BENSON			Date of Receipt
Mailing Address 270 ALLERTON COMMONS LN			<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : PR1728095734147
BRAINTREE	MA	02184-8248	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="76.92"/>
Name of Employer	Occupation		P/R Deduction (\$38.46 Bi-Weekly)
MASSACHUSETTS MUTUAL LIFE INS.	VICE PRESIDENT - SALES OPERATIONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		
	<input type="text" value="499.98"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="192.34"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 119
	<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. BAVY U. LOPEZ
Full Name (Last, First, Middle Initial)

Mailing Address 2060 ELIZA GLYNNE LN

City KNOXVILLE State TN Zip Code 37931-3681

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 06 / 30 / 2014
Transaction ID : PR1762108034147

Amount of Each Receipt this Period 50.00

P/R Deduction (\$25.00 Semi-Monthly)

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

Mailing Address 46 PINEWOOD DR

City LONGMEADOW State MA Zip Code 01106-1638

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT - COMPLIANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2014
Transaction ID : PR1779022334147

Amount of Each Receipt this Period 76.92

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

C. JUDITH O BRIEN
Full Name (Last, First, Middle Initial)

Mailing Address 2748 LIVE OAK LN

City MIDLOTHIAN State VA Zip Code 23113-3100

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 ▼ 348.87

Date of Receipt 06 / 30 / 2014
Transaction ID : PR1841478534147

Amount of Each Receipt this Period 52.50

P/R Deduction (\$52.50 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 179.42

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 119
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. MR. CHARLES DA TATRO
 Full Name (Last, First, Middle Initial)
 Mailing Address 49 GEORGE ST
 City MENDON State MA Zip Code 01756-1139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation SVP & ACTUARY - PRODUCT DEVEL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.11

Date of Receipt 06 / 30 / 2014
Transaction ID : PR1853990034147
 Amount of Each Receipt this Period 76.94
 P/R Deduction (\$38.47 Bi-Weekly)

B. MR. DONALD L LEVI
 Full Name (Last, First, Middle Initial)
 Mailing Address 6802 MINUTEMAN CIR
 City CRYSTAL LAKE State IL Zip Code 60012-3142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation SYSTEMS DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.20

Date of Receipt 06 / 30 / 2014
Transaction ID : PR1869386234147
 Amount of Each Receipt this Period 30.80
 P/R Deduction (\$15.40 Bi-Weekly)

C. MR. JOHN FR KENNEDY
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 GREAT POND RD
 City SIMSBURY State CT Zip Code 06070-1902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT - DISTRIBUTION STRATEC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2014
Transaction ID : PR1913873334147
 Amount of Each Receipt this Period 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	184.66
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. MR. MELVIN TI CORBETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 MOUNTAIN SPRING RD
 City FARMINGTON State CT Zip Code 06032-1612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation EVP & CHIEF INVESTMENT OFFICER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2607.30**

Date of Receipt **06 / 30 / 2014**
Transaction ID : PR192995834147
 Amount of Each Receipt this Period **384.60**
 P/R Deduction (\$192.30 Bi-Weekly)

B. MS. CHRISTINE FREDERICK
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 EMERSON LN
 City GRANBY State CT Zip Code 06035-2713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation SENIOR VICE PRESIDENT - COMPLIANCE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **375.05**

Date of Receipt **06 / 30 / 2014**
Transaction ID : PR1934313134147
 Amount of Each Receipt this Period **57.70**
 P/R Deduction (\$28.85 Bi-Weekly)

C. DANIEL GOLDSMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 1667 ARONA ST
 City SAINT PAUL State MN Zip Code 55108-2351
 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 **687.50**

Date of Receipt **06 / 30 / 2014**
Transaction ID : PR1934322534147
 Amount of Each Receipt this Period **62.50**
 P/R Deduction (\$62.50 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... **504.80**
TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. MR. DOMINIC BLUE
Full Name (Last, First, Middle Initial)

Mailing Address 28 EASTHAM LANE

City LONGMEADOW State MA Zip Code 01106-2342

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 349.96

Date of Receipt 06 / 30 / 2014
Transaction ID : PR1947062934147

Amount of Each Receipt this Period 53.84

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

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

Mailing Address 863 REMSENS LN

City OYSTER BAY State NY Zip Code 11771-4508

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 ▼ 229.31

Date of Receipt 06 / 30 / 2014
Transaction ID : PR1947068534147

Amount of Each Receipt this Period 41.70

P/R Deduction (\$20.85 Semi-Monthly)

C. STEVEN E. CHICK
Full Name (Last, First, Middle Initial)

Mailing Address 124 ELM ST

City WILLIAMSTOWN State MA Zip Code 01267-2576

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 ▼ 275.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR1965200734147

Amount of Each Receipt this Period 50.00

P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 145.54

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. MR. IAN M FOWLER
Full Name (Last, First, Middle Initial)

Mailing Address 301 CHEROKEE RD

City LAKE FOREST State IL Zip Code 60045-3062

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 ▼ 500.50

Date of Receipt 06 / 30 / 2014
Transaction ID : PR2006647534147

Amount of Each Receipt this Period 77.00

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

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

Mailing Address 3101 PAR ST N

City FARGO State ND Zip Code 58102-1731

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 ▼ 250.16

Date of Receipt 06 / 30 / 2014
Transaction ID : PR2006660434147

Amount of Each Receipt this Period 41.70

P/R Deduction (\$20.85 Semi-Monthly)

C. TOMASZ ALEMANY ROJAS
Full Name (Last, First, Middle Initial)

Mailing Address 145 GABLES BLVD

City WESTON State FL Zip Code 33326-5501

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 06 / 30 / 2014
Transaction ID : PR2008497834147

Amount of Each Receipt this Period 50.00

P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 168.70

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. MR. MARC R BELLETSKY
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 MOOSEHORN HILL RD
 City WEST GRANBY State CT Zip Code 06090-1007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation ADVANCED MARKETS CONSULTANT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **200.20**

Date of Receipt **06 / 30 / 2014**
Transaction ID : PR2012004134147
 Amount of Each Receipt this Period **30.80**
 P/R Deduction (\$15.40 Bi-Weekly)

B. MS. LOUISE PROVENZANO
 Full Name (Last, First, Middle Initial)
 Mailing Address 316 WOLCOTT STREET
 City BRISTOL State CT Zip Code 06010-6427
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation MARKETING CONSULTANT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **200.20**

Date of Receipt **06 / 30 / 2014**
Transaction ID : PR2030698634147
 Amount of Each Receipt this Period **30.80**
 P/R Deduction (\$15.40 Bi-Weekly)

C. MR. LUIS O CONCEPCION
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 HAWKS RIDGE
 City AVON State CT Zip Code 06001-4417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation AVP & COUNSEL
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.25**

Date of Receipt **06 / 30 / 2014**
Transaction ID : PR2030723134147
 Amount of Each Receipt this Period **38.50**
 P/R Deduction (\$19.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **100.10**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MR. WILLIAM T. ABRAMOWICZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 723 TAFT ROAD
 City HINSDALE State IL Zip Code 60521-4834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation REGIONAL SALES MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.25

Date of Receipt 06 / 30 / 2014
Transaction ID : PR2030743234147
 Amount of Each Receipt this Period 38.50
 P/R Deduction (\$19.25 Bi-Weekly)

B. MS. RACHEL AY PARENT
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 PEMBROKE DR
 City SUFFIELD State CT Zip Code 06078-2096
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT PROGRAM MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 277.80

Date of Receipt 06 / 30 / 2014
Transaction ID : PR2052377634147
 Amount of Each Receipt this Period 111.12
 P/R Deduction (\$55.56 Bi-Weekly)

C. MR. MICHAEL E HENDERLONG
 Full Name (Last, First, Middle Initial)
 Mailing Address 41 BEAVER CREEK CT
 City FAR HILLS State NJ Zip Code 07931-2594
 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 ▼ 500.50

Date of Receipt 06 / 30 / 2014
Transaction ID : PR2052379334147
 Amount of Each Receipt this Period 77.00
 P/R Deduction (\$38.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 226.62
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 119
	<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	<input type="checkbox"/> 17

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

A. MS. SUSAN JE GARRETT
Full Name (Last, First, Middle Initial)

Mailing Address 11 SOMERSET LN

City SIMSBURY State CT Zip Code 06070-1716

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT - BUSINESS CONSULTING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.75

Date of Receipt 06 / 30 / 2014
Transaction ID : PR2076523934147

Amount of Each Receipt this Period 166.70

P/R Deduction (\$83.35 Bi-Weekly)

B. MR. SCOTT DA BROWN
Full Name (Last, First, Middle Initial)

Mailing Address 479 CHESTNUT ST

City WABAN State MA Zip Code 02468-1204

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

Name of Employer Occupation MANAGING DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 694.45

Date of Receipt 06 / 30 / 2014
Transaction ID : PR2166460234147

Amount of Each Receipt this Period 277.78

P/R Deduction (\$138.89 Bi-Weekly)

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

Mailing Address 6500 ROCK SPRING DR

City BETHESDA State MD Zip Code 20817-1105

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 ▼ 2391.40

Date of Receipt 06 / 30 / 2014
Transaction ID : PR789845134147

Amount of Each Receipt this Period 434.80

P/R Deduction (\$217.40 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 879.28

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 119
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. BRYAN S. HANNING
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 N SANDPIPER ST
 City WICHITA State KS Zip Code 67230-6626
 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 ▼ 250.05

Date of Receipt 06 / 30 / 2014
Transaction ID : PR789861034147
 Amount of Each Receipt this Period 83.35
 P/R Deduction (\$83.35 Monthly)

B. CHRISTOPHE L. HEERDEGEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 6862 SECTION RD
 City OTTAWA LAKE State MI Zip Code 49267-9551
 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 ▼ 275.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR789871334147
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Semi-Monthly)

C. COREY A. SCHNEIDER
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 STRATTON RD
 City SCARSDALE State NY Zip Code 10583-7555
 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 ▼ 1250.04

Date of Receipt 06 / 30 / 2014
Transaction ID : PR789873234147
 Amount of Each Receipt this Period 208.34
 P/R Deduction (\$104.17 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	341.69
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. DALE J. SEYMOUR

Mailing Address 2401 WEALDSTONE RD

City Toledo State OH Zip Code 43617-1304

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 ▼ **833.40**

Date of Receipt **06 / 30 / 2014**

Transaction ID : PR789875534147

Amount of Each Receipt this Period **416.70**

P/R Deduction (\$416.70 Monthly)

Full Name (Last, First, Middle Initial)
B. DAVID L. DAVIS

Mailing Address 4211 83RD AVE SE

City MERCER ISLAND State WA Zip Code 98040-4015

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 **06 / 30 / 2014**

Transaction ID : PR789882234147

Amount of Each Receipt this Period **100.00**

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)
C. DONALD G. OLSEN

Mailing Address 709 JEFFERSON ST

City HANOVER State IL Zip Code 61041-9678

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 ▼ **212.50**

Date of Receipt **06 / 30 / 2014**

Transaction ID : PR789891834147

Amount of Each Receipt this Period **25.00**

P/R Deduction (\$12.50 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... **541.70**

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

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

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

FOR LINE NUMBER: PAGE 45 OF 119
(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. GEORGE P. BECKNELL III
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 CRESCENT ST
 City SAN ANTONIO State TX Zip Code 78209-4406
 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 ▼ 250.05

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR789915634147
 Amount of Each Receipt this Period 83.35
 P/R Deduction (\$83.35 Monthly)

B. GREGORY F. CARROLL
 Full Name (Last, First, Middle Initial)
 Mailing Address 6016 CAIRN TER
 City BETHESDA State MD Zip Code 20817-5406
 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 ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR789921434147
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Monthly)

C. HOWARD N. BIENENFELD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5921 SW 33RD LN
 City FT LAUDERDALE State FL Zip Code 33312-6364
 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 ▼ 250.05

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR789932734147
 Amount of Each Receipt this Period 83.35
 P/R Deduction (\$83.35 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 266.70
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 119
<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. IVAN C. HINRICHS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2418 LA MAISON DR
 City CHARLOTTE State NC Zip Code 28226-6200
 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 ▼ 250.18

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR789935234147
 Amount of Each Receipt this Period 41.70
 P/R Deduction (\$20.85 Semi-Monthly)

B. JAMES M. JENSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 7903 COPELAND RD
 City ODESSA State FL Zip Code 33556-3261
 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 M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR789937134147
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Semi-Monthly)

C. JOHN C. SKOOG
 Full Name (Last, First, Middle Initial)
 Mailing Address 4945 PINE LN
 City EAGAN State MN Zip Code 55123-4911
 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 ▼ 250.18

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR789968734147
 Amount of Each Receipt this Period 41.70
 P/R Deduction (\$20.85 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	133.40
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 47 OF 119
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. JOHN R. DEGEN

Mailing Address 1231 W 66TH ST

City KANSAS CITY State MO Zip Code 64113-1805

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
 06 / 30 / 2014
Transaction ID : PR789976834147

Amount of Each Receipt this Period
 50.00

P/R Deduction (\$25.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)
B. RALEIGH H. LANG

Mailing Address 6727 RAINBOW AVE

City MISSION HILLS State KS Zip Code 66208-2265

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 ▼
 250.05

Date of Receipt
 06 / 30 / 2014
Transaction ID : PR790056934147

Amount of Each Receipt this Period
 83.35

P/R Deduction (\$83.35 Monthly)

Full Name (Last, First, Middle Initial)
C. RICHARD P. VANBENSCHOTEN

Mailing Address 875 5TH AVE APT 3A

City NEW YORK State NY Zip Code 10065-4952

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 ▼
 500.04

Date of Receipt
 06 / 30 / 2014
Transaction ID : PR790069034147

Amount of Each Receipt this Period
 83.34

P/R Deduction (\$41.67 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 216.69

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. ROBERT T. SINKS

Mailing Address 3428 HAMPTON AVE

City NASHVILLE State TN Zip Code 37215-1408

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

Name of Employer SELF Occupation GENERAL INSURANCE AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **833.40**

Date of Receipt **06 / 30 / 2014**

Transaction ID : PR790086634147

Amount of Each Receipt this Period **416.70**

P/R Deduction (\$416.70 Monthly)

Full Name (Last, First, Middle Initial)
B. SCOTT C. CURRAN

Mailing Address 9 TRIUMPH CT

City FLANDERS State NJ Zip Code 07836-4404

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 ▼ **250.05**

Date of Receipt **06 / 30 / 2014**

Transaction ID : PR790102934147

Amount of Each Receipt this Period **83.35**

P/R Deduction (\$83.35 Monthly)

Full Name (Last, First, Middle Initial)
C. STEPHEN D. ESTLER

Mailing Address 2177 NE 63RD ST

City FT LAUDERDALE State FL Zip Code 33308-1330

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 ▼ **999.96**

Date of Receipt **06 / 30 / 2014**

Transaction ID : PR790109434147

Amount of Each Receipt this Period **166.66**

P/R Deduction (\$83.33 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... **666.71**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 49 OF 119
	(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"/> 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. TODD J. MCDONALD
Full Name (Last, First, Middle Initial)

Mailing Address 11 EAGLE RIDGE DR

City TROY State NY Zip Code 12180-7167

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 ▼ 500.04

Date of Receipt 06 / 30 / 2014
Transaction ID : PR790131834147

Amount of Each Receipt this Period 83.34

P/R Deduction (\$41.67 Semi-Monthly)

B. W G MC PHERSON
Full Name (Last, First, Middle Initial)

Mailing Address 1276 PARNELL AVE NE

City LOWELL State MI Zip Code 49331-9768

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 ▼ 219.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR790135534147

Amount of Each Receipt this Period 20.00

P/R Deduction (\$10.00 Semi-Monthly)

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

Mailing Address 20 SHADY DELL LN

City SOMERS State CT Zip Code 06071-2136

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

Name of Employer CORNERSTONE RE ADVISERS LLC Occupation DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 349.96

Date of Receipt 06 / 30 / 2014
Transaction ID : PR790151834147

Amount of Each Receipt this Period 53.84

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

SUBTOTAL of Receipts This Page (optional).....▶ 157.18

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 119
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. MR. ANDREW C DICKEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1183 LONGMEADOW ST
 City State Zip Code
 LONGMEADOW MA 01106-2201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MASSACHUSETTS MUTUAL LIFE INS. SVP & DEPUTY CHIEF INVESTMENT OFFIC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.35

Date of Receipt
 06 / 30 / 2014
Transaction ID : PR790159334147
 Amount of Each Receipt this Period
 153.90
 P/R Deduction (\$76.95 Bi-Weekly)

B. MR. ANDREW C WILLIAMS
 Full Name (Last, First, Middle Initial)
 Mailing Address 53 SUNSET BEACH RD
 City State Zip Code
 BRANFORD CT 06405-5028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CORNERSTONE RE ADVISERS LLC MANAGING DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 249.99

Date of Receipt
 06 / 30 / 2014
Transaction ID : PR790159634147
 Amount of Each Receipt this Period
 38.46
 P/R Deduction (\$19.23 Bi-Weekly)

C. MR. CLIFFORD M NOREEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 95 BENT TREE DR
 City State Zip Code
 E LONGMEADOW MA 01028-1365
 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 ▼
 1250.08

Date of Receipt
 06 / 30 / 2014
Transaction ID : PR790184134147
 Amount of Each Receipt this Period
 192.32
 P/R Deduction (\$96.16 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	384.68
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 51 OF 119
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MR. CRAIG WADDINGTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 SPRING MEADOW DR
 City GRANBY State CT Zip Code 06035-1327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VP & ACTUARY - LIFE PRODUCT MANAGEM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 06 / 30 / 2014
Transaction ID : PR790184534147
 Amount of Each Receipt this Period 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

B. MR. DAVID J ECHEVERRIA
 Full Name (Last, First, Middle Initial)
 Mailing Address 36 FARMINGTON AVE
 City LONGMEADOW State MA Zip Code 01106-1433
 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 ▼ 349.96

Date of Receipt
 06 / 30 / 2014
Transaction ID : PR790188634147
 Amount of Each Receipt this Period 53.84
 P/R Deduction (\$26.92 Bi-Weekly)

C. MR. DAVID D WHARMBY
 Full Name (Last, First, Middle Initial)
 Mailing Address 34 VERPLANK AVE
 City STAMFORD State CT Zip Code 06902-8216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CORNERSTONE RE ADVISERS LLC Occupation MANAGING DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 06 / 30 / 2014
Transaction ID : PR790192634147
 Amount of Each Receipt this Period 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 207.68
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 32 JOSHUA DR

City WEST SIMSBURY State CT Zip Code 06092-2124

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

Name of Employer CORNERSTONE RE ADVISERS LLC Occupation MANAGING DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.35

Date of Receipt 06 / 30 / 2014
Transaction ID : PR790206334147

Amount of Each Receipt this Period 153.90

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

B. MR. DONALD J PHELAN
Full Name (Last, First, Middle Initial)

Mailing Address 24 HAMMERSMITH

City AVON State CT Zip Code 06001-2915

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

Name of Employer CORNERSTONE RE ADVISERS LLC Occupation VICE PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 349.96

Date of Receipt 06 / 30 / 2014
Transaction ID : PR790207834147

Amount of Each Receipt this Period 53.84

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

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

Mailing Address 15 KENSINGTON DR

City WILBRAHAM State MA Zip Code 01095-2800

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT-BROKERAGE/ALLIANCE S

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.10

Date of Receipt 06 / 30 / 2014
Transaction ID : PR790209534147

Amount of Each Receipt this Period 115.40

P/R Deduction (\$57.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 323.14

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 119
	<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. MS. ELIZABETH CANAVAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 HAVENHURST RD
 City WEST SPRINGFIELD State MA Zip Code 01089-2160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation AVP PROGRAM MGMT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.25**

Date of Receipt **06 / 30 / 2014**
Transaction ID : PR790211634147
 Amount of Each Receipt this Period **38.50**
 P/R Deduction (\$19.25 Bi-Weekly)

B. MR. HARVEY BR HOFFMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 50 DEVONSHIRE TER
 City E LONGMEADOW State MA Zip Code 01028-3139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation CORP VICE PRESIDENT - GENERAL RISK M
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1250.08**

Date of Receipt **06 / 30 / 2014**
Transaction ID : PR790231434147
 Amount of Each Receipt this Period **192.32**
 P/R Deduction (\$96.16 Bi-Weekly)

C. MR. ISADORE JERMYN
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 DUXBURY LN
 City LONGMEADOW State MA Zip Code 01106-2006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation SENIOR VICE PRESIDENT & CHIEF ACTUAR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **750.10**

Date of Receipt **06 / 30 / 2014**
Transaction ID : PR790232534147
 Amount of Each Receipt this Period **115.40**
 P/R Deduction (\$57.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	346.22
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 54 OF 119
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MR. JAMES R WILLIAMS
 Full Name (Last, First, Middle Initial)
 Mailing Address 3938 DIANE RD
 City State Zip Code
 BIG PINE KEY FL 33043-6105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MASSACHUSETTS MUTUAL LIFE INS. SECOND VP & ASSOC. GENERAL COUNSEL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 349.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR790236834147
 Amount of Each Receipt this Period
 53.84
 P/R Deduction (\$26.92 Bi-Weekly)

B. MR. JEFFREY A COELHO
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 MEADOWLARK CIR
 City State Zip Code
 LUDLOW MA 01056-1446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MASSACHUSETTS MUTUAL LIFE INS. AVP SYSTEMS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 125.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR790240934147
 Amount of Each Receipt this Period
 19.24
 P/R Deduction (\$9.62 Bi-Weekly)

C. MS. JOANNE M DENVER
 Full Name (Last, First, Middle Initial)
 Mailing Address 48 VAIL ST
 City State Zip Code
 SPRINGFIELD MA 01118-2161
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CORNERSTONE RE ADVISERS LLC VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR790244934147
 Amount of Each Receipt this Period
 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 55 OF 119
(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. MR. JOHN E DEITELBAUM
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 MIDDLE RD
 City ELLINGTON State CT Zip Code 06029-3615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation SVP & DEPUTY GEN COUNS USIG LAW
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.06

Date of Receipt 06 / 30 / 2014
Transaction ID : PR790248234147
 Amount of Each Receipt this Period 269.24
 P/R Deduction (\$134.62 Bi-Weekly)

B. MR. JOHN R TAILLIE
 Full Name (Last, First, Middle Initial)
 Mailing Address 151 MCKENZIE DR
 City SOUTHLINGTON State CT Zip Code 06489-4117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CORNERSTONE RE ADVISERS LLC Occupation VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR790252034147
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

C. MR. JOSEPH A CALABRESE
 Full Name (Last, First, Middle Initial)
 Mailing Address 28 CANTERBURY LN
 City FEEDING HILLS State MA Zip Code 01030-1718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation AVP SYSTEMS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 349.96

Date of Receipt 06 / 30 / 2014
Transaction ID : PR790253234147
 Amount of Each Receipt this Period 53.84
 P/R Deduction (\$26.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 373.08
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 56 OF 119
(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. MR. JAMES J NASCIMENTO
 Full Name (Last, First, Middle Initial)
 Mailing Address 432 LYON ST
 City LUDLOW State MA Zip Code 01056-1133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CORNERSTONE RE ADVISERS LLC Occupation VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 349.96

Date of Receipt 06 / 30 / 2014
Transaction ID : PR790260234147
 Amount of Each Receipt this Period 53.84
 P/R Deduction (\$26.92 Bi-Weekly)

B. MR. JAMES P PUHALA III
 Full Name (Last, First, Middle Initial)
 Mailing Address 68 HOLCOMB ST
 City EAST GRANBY State CT Zip Code 06026-9531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT - COMPLIANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 349.96

Date of Receipt 06 / 30 / 2014
Transaction ID : PR790260434147
 Amount of Each Receipt this Period 53.84
 P/R Deduction (\$26.92 Bi-Weekly)

C. MR. JEFFREY T ROBINSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 28 DONAMOR LN
 City E LONGMEADOW State MA Zip Code 01028-2220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MASSMUTUAL INTERNATIONAL Occupation MANAGING DIRECTOR - MMI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 349.96

Date of Receipt 06 / 30 / 2014
Transaction ID : PR790261634147
 Amount of Each Receipt this Period 53.84
 P/R Deduction (\$26.92 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 119
	<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. MS. KATHY S REEVE
Full Name (Last, First, Middle Initial)

Mailing Address EDGEMERE HILLS BLDG 14
85 N MAIN ST UNIT 14A

City EAST HAMPTON State CT Zip Code 06424-1448

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

Name of Employer BABSON CAPITAL MANAGEMENT LLC Occupation DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2014
Transaction ID : PR790272734147

Amount of Each Receipt this Period 38.46

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

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

Mailing Address 136 MONTCLAIR DR

City WEST HARTFORD State CT Zip Code 06107-1255

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 ▼ 400.01

Date of Receipt 06 / 30 / 2014
Transaction ID : PR790277634147

Amount of Each Receipt this Period 61.54

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

C. MR. KENNETH M RICKSON
Full Name (Last, First, Middle Initial)

Mailing Address 7 CYPRESS LN

City WILBRAHAM State MA Zip Code 01095-1507

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT - SALES RISK MANAGEME

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 349.96

Date of Receipt 06 / 30 / 2014
Transaction ID : PR790278534147

Amount of Each Receipt this Period 53.84

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 153.84

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

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

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

FOR LINE NUMBER: PAGE 58 OF 119
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MR. MARK ACKERMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 385 GREEN HILL RD
 City State Zip Code
 LONGMEADOW MA 01106-2943
 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 ▼
 350.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR790296034147
 Amount of Each Receipt this Period
 53.90
 P/R Deduction (\$26.95 Bi-Weekly)

B. MR. MATTHEW P NATCHARIAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 RIDGEBURY RD
 City State Zip Code
 AVON CT 06001-3825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BABSON CAPITAL MANAGEMENT LLC MANAGING DIRECTOR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR790301434147
 Amount of Each Receipt this Period
 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

C. MR. MICHAEL H GATELY
 Full Name (Last, First, Middle Initial)
 Mailing Address 134 FAIRVIEW TER
 City State Zip Code
 S GLASTONBURY CT 06073-3304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CORNERSTONE RE ADVISERS LLC MANAGING DIRECTOR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR790304934147
 Amount of Each Receipt this Period
 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 207.74
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MR. MICHAEL L KLOFAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 64 WINDHAM DR
 City State Zip Code
 E LONGMEADOW MA 01028-2668
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BABSON CAPITAL MANAGEMENT LLC MANAGING DIRECTOR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR790314034147
 Amount of Each Receipt this Period
 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

B. MS. PAMELA J DELANEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 72 HILLCREST RD
 City State Zip Code
 WINDSOR CT 06095-3301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MASSACHUSETTS MUTUAL LIFE INS. VP - STRATEGY & BUS DEVEL
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR790320634147
 Amount of Each Receipt this Period
 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

C. MR. PAUL T PROKO
 Full Name (Last, First, Middle Initial)
 Mailing Address 49 TIMBER LN
 City State Zip Code
 HOLDEN MA 01520-1943
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MASSACHUSETTS MUTUAL LIFE INS. VICE PRESIDENT - CLAIMS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR790332234147
 Amount of Each Receipt this Period
 38.46
 P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	192.30
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MR. ROBERT CASALE		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2014
Mailing Address 30 THISTLE LN		Transaction ID : PR790342234147
City BRISTOL	State CT	Zip Code 06010-8057
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 384.60
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation EVP & CHIEF INFORMATION OFFICER	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.90	

Full Name (Last, First, Middle Initial) B. MS. RHA E A KENNEDY		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2014
Mailing Address 322 OLD FARM RD		Transaction ID : PR790351834147
City SPRINGFIELD	State MA	Zip Code 01119-2825
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.92
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRESIDENT - INVESTMENT ANALYSIS	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	

Full Name (Last, First, Middle Initial) C. MR. RICHARD P BARNHART		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2014
Mailing Address 344 WESTCHESTER RD		Transaction ID : PR790352034147
City COLCHESTER	State CT	Zip Code 06415-2426
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 53.90
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VP, ACCTG STANDARDS & IND RELATIONS	P/R Deduction (\$26.95 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.35	

SUBTOTAL of Receipts This Page (optional).....▶	515.42
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 11 ECHO HILL RD

City State Zip Code
WILBRAHAM MA 01095-2663

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.35**

Date of Receipt
06 / 30 / 2014

Transaction ID : PR790352234147

Amount of Each Receipt this Period
153.90

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

B. MR. RICHARD F BUCKLEY Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 1 CEDAR RDG

City State Zip Code
SOUTH HADLEY MA 01075-1795

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 ▼ **349.96**

Date of Receipt
06 / 30 / 2014

Transaction ID : PR790352334147

Amount of Each Receipt this Period
53.84

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

C. MR. ROBERT J BRODERICK
Full Name (Last, First, Middle Initial)

Mailing Address 62 ACADEMY DR

City State Zip Code
LONGMEADOW MA 01106-2154

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

Name of Employer Occupation
CORNERSTONE RE ADVISERS LLC VICE PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **349.96**

Date of Receipt
06 / 30 / 2014

Transaction ID : PR790353134147

Amount of Each Receipt this Period
53.84

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

SUBTOTAL of Receipts This Page (optional)..... **261.58**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MR. ROBERT G LABUN
Full Name (Last, First, Middle Initial)

Mailing Address 84 WILDFLOWER CIR

City WESTFIELD State MA Zip Code 01085-4590

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT, INVESTMENT ACCOUNTI

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2014
Transaction ID : PR790354534147

Amount of Each Receipt this Period 76.92

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

B. MR. ROBERT S ROSENTHAL
Full Name (Last, First, Middle Initial)

Mailing Address 12 SHERWOOD LN

City AVON State CT Zip Code 06001-3215

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.10

Date of Receipt 06 / 30 / 2014
Transaction ID : PR790355434147

Amount of Each Receipt this Period 115.40

P/R Deduction (\$57.70 Bi-Weekly)

C. MR. ROGER W CRANDALL
Full Name (Last, First, Middle Initial)

Mailing Address 165 CONVERSE ST APT 13

City LONGMEADOW State MA Zip Code 01106-1755

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation CHAIRMAN PRESIDENT & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2014
Transaction ID : PR790355934147

Amount of Each Receipt this Period 384.60

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 576.92

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 119
	<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. MS. SUSAN A MOORE
 Full Name (Last, First, Middle Initial)
 Mailing Address 70 BROOKS RD
 City State Zip Code
 LONGMEADOW MA 01106-2129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BABSON CAPITAL MANAGEMENT LLC MANAGING DIRECTOR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1750.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR790370134147
 Amount of Each Receipt this Period
 269.24
 P/R Deduction (\$134.62 Bi-Weekly)

B. MR. STEVEN N LAVALLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 31 WEST ST
 City State Zip Code
 EASTHAMPTON MA 01027-1325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MASSACHUSETTS MUTUAL LIFE INS. SECOND VP - MARKETING RESEARCH
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 200.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR790374534147
 Amount of Each Receipt this Period
 30.80
 P/R Deduction (\$15.40 Bi-Weekly)

C. MR. THOMAS H JURKOWSKI
 Full Name (Last, First, Middle Initial)
 Mailing Address 40 OLD SAWMILL RD
 City State Zip Code
 BELCHERTOWN MA 01007-9344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MASSACHUSETTS MUTUAL LIFE INS. VICE PRESIDENT - SALES & DISTRIBUTION
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR790378534147
 Amount of Each Receipt this Period
 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	376.96
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 119
	<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. TIMOTHY C. FLANAGAN Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2007 MAYNARD RD
 City CHARLOTTE State NC Zip Code 28270-0007
 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 ▼ 833.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR790380334147
 Amount of Each Receipt this Period 416.70
 P/R Deduction (\$416.70 Monthly)

B. MR. VICTOR WOOLRIDGE
 Full Name (Last, First, Middle Initial)
 Mailing Address 146 LONGHILL ST
 City SPRINGFIELD State MA Zip Code 01108-1438
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CORNERSTONE RE ADVISERS LLC Occupation VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 349.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR790387634147
 Amount of Each Receipt this Period 53.84
 P/R Deduction (\$26.92 Bi-Weekly)

C. JEFFREY C. DOLLARHIDE
 Full Name (Last, First, Middle Initial)
 Mailing Address 9646 E LAUREL LN
 City SCOTTSDALE State AZ Zip Code 85260-5956
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation GENERAL INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1666.67

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR790394934147
 Amount of Each Receipt this Period 416.67
 P/R Deduction (\$416.67 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	887.21
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 119
	<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. KEN C. KOWALSKI
Full Name (Last, First, Middle Initial)

Mailing Address 3620 WILLOW LAWN DR

City LYNCHBURG State VA Zip Code 24503-3022

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 ▼ 200.50

Date of Receipt 06 / 30 / 2014
Transaction ID : PR790397434147

Amount of Each Receipt this Period 50.00

P/R Deduction (\$25.00 Semi-Monthly)

B. BRIAN W. MARTIN
Full Name (Last, First, Middle Initial)

Mailing Address 12217 CLEGHORN RD

City COCKEYSVILLE State MD Zip Code 21030-2218

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 ▼ 294.15

Date of Receipt 06 / 30 / 2014
Transaction ID : PR790404134147

Amount of Each Receipt this Period 117.66

P/R Deduction (\$58.83 Semi-Monthly)

C. STEPHEN G. DEBACKER
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 226

City PREEMPTION State IL Zip Code 61276-0226

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 06 / 30 / 2014
Transaction ID : PR790425334147

Amount of Each Receipt this Period 70.00

P/R Deduction (\$70.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 237.66

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 119
	<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. STEFAN E. GREENBERG
Full Name (Last, First, Middle Initial)

Mailing Address 27 BAILIWICK RD

City GREENWICH State CT Zip Code 06831-3609

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 M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : PR790448834147

Amount of Each Receipt this Period
 50.00

P/R Deduction (\$25.00 Semi-Monthly)

B. BRETT M. GARBUT
Full Name (Last, First, Middle Initial)

Mailing Address 33 FARMINGTON LN

City MELVILLE State NY Zip Code 11747-4016

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 ▼ 250.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : PR790451334147

Amount of Each Receipt this Period
 41.70

P/R Deduction (\$20.85 Semi-Monthly)

C. STEVEN R. SEROTTE
Full Name (Last, First, Middle Initial)

Mailing Address 1041 ERICA RD

City MILL VALLEY State CA Zip Code 94941-3748

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 ▼ 500.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : PR790451634147

Amount of Each Receipt this Period
 83.34

P/R Deduction (\$41.67 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 175.04

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 119
	<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. T J SHAUGHNESSY
Full Name (Last, First, Middle Initial)

Mailing Address 133 RIVERWALK WAY

City MANCHESTER State NH Zip Code 03101-2642

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 ▼ 325.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR790463034147

Amount of Each Receipt this Period 112.50

P/R Deduction (\$56.25 Semi-Monthly)

B. ROBERT M. CORNETT
Full Name (Last, First, Middle Initial)

Mailing Address 115 STEELMAN RD

City PURVIS State MS Zip Code 39475-3325

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 ▼ 399.96

Date of Receipt 06 / 30 / 2014
Transaction ID : PR790467734147

Amount of Each Receipt this Period 66.66

P/R Deduction (\$33.33 Semi-Monthly)

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

Mailing Address 911 CALLOWAY DR

City BRENTWOOD State TN Zip Code 37027-6539

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 ▼ 458.37

Date of Receipt 06 / 30 / 2014
Transaction ID : PR790470134147

Amount of Each Receipt this Period 83.34

P/R Deduction (\$41.67 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 262.50

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

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

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

FOR LINE NUMBER: PAGE 68 OF 119
(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. ALBERTO GUTIERREZ
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 431621
 City MIAMI State FL Zip Code 33243-1621
 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 ▼ 366.63

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR790522234147
 Amount of Each Receipt this Period 66.66
 P/R Deduction (\$33.33 Semi-Monthly)

B. WALTER W. WOLAK
 Full Name (Last, First, Middle Initial)
 Mailing Address 525 ANGELO DR
 City BETHLEHEM State PA Zip Code 18017-3735
 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 ▼ 504.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR790525734147
 Amount of Each Receipt this Period 167.00
 P/R Deduction (\$167.00 Monthly)

C. ROBERT L. BELVEDERE
 Full Name (Last, First, Middle Initial)
 Mailing Address 74 WINDHAM RD
 City ROCKVILLE CENTRE State NY Zip Code 11570-1232
 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 ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR790530234147
 Amount of Each Receipt this Period 125.00
 P/R Deduction (\$125.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 358.66
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 119
	<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. JASON H. JONES
Full Name (Last, First, Middle Initial)

Mailing Address 8555 VALEMONT DR

City ATLANTA State GA Zip Code 30350-2850

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 ▼ 250.18

Date of Receipt
06 / 30 / 2014
Transaction ID : PR790541534147

Amount of Each Receipt this Period 41.70

P/R Deduction (\$20.85 Semi-Monthly)

B. MR. THOMAS G DUDECK
Full Name (Last, First, Middle Initial)

Mailing Address 17 WINTERBERRY RD

City DEEP RIVER State CT Zip Code 06417-2126

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

Name of Employer CORNERSTONE RE ADVISERS LLC Occupation MANAGING DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 749.97

Date of Receipt
06 / 30 / 2014
Transaction ID : PR790544534147

Amount of Each Receipt this Period 115.38

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

C. MR. JEFFREY R HUG
Full Name (Last, First, Middle Initial)

Mailing Address 4 WHITCOMB DR

City SIMSBURY State CT Zip Code 06070-1119

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VP - EXECUTIVE BENEFITS RESEARCH/SUF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 349.96

Date of Receipt
06 / 30 / 2014
Transaction ID : PR790545134147

Amount of Each Receipt this Period 53.84

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 210.92

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. MR. DEAN DULCHINOS			Date of Receipt
Mailing Address 20 ABBEY LN			<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : PR790568534147
E LONGMEADOW	MA	01028-3206	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="77.00"/>
Name of Employer	Occupation		P/R Deduction (\$38.50 Bi-Weekly)
CORNERSTONE RE ADVISERS LLC	VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		
	<input type="text" value="500.50"/>		

Full Name (Last, First, Middle Initial) B. MS. KATHLEEN L KRAEZ			Date of Receipt
Mailing Address 111 ASHFORD RD			<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : PR790579434147
LONGMEADOW	MA	01106-2515	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="53.84"/>
Name of Employer	Occupation		P/R Deduction (\$26.92 Bi-Weekly)
BABSON CAPITAL MANAGEMENT LLC	MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		
	<input type="text" value="349.96"/>		

Full Name (Last, First, Middle Initial) C. MR. DOUGLAS M TREVALLION II			Date of Receipt
Mailing Address 30 COVENTRY LN			<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : PR790590334147
AGAWAM	MA	01001-3569	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="76.92"/>
Name of Employer	Occupation		P/R Deduction (\$38.46 Bi-Weekly)
BABSON CAPITAL MANAGEMENT LLC	MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		
	<input type="text" value="499.98"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="207.76"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MR. ROGER M ROBERGE
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 ROCKINGHAM CIR
 City EAST LONGMEADOW State MA Zip Code 01028-3197
 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 ▼ 499.98

Date of Receipt 06 / 30 / 2014
Transaction ID : PR790594534147
 Amount of Each Receipt this Period 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

B. MR. ROBERT M SHETTLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 65 KELSEY LN
 City GLASTONBURY State CT Zip Code 06033-5040
 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 ▼ 249.99

Date of Receipt 06 / 30 / 2014
Transaction ID : PR790597134147
 Amount of Each Receipt this Period 38.46
 P/R Deduction (\$19.23 Bi-Weekly)

C. MR. JAMES O LACEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 106 MAGNOLIA TER
 City SPRINGFIELD State MA Zip Code 01108-2533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VP - COMMUNICATIONS & MEDIA RELATION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 349.96

Date of Receipt 06 / 30 / 2014
Transaction ID : PR790616234147
 Amount of Each Receipt this Period 53.84
 P/R Deduction (\$26.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	169.22
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MR. SCOTT C WESTPHAL
 Full Name (Last, First, Middle Initial)
 Mailing Address 70 WELLS HILL RD
 City WESTON State CT Zip Code 06883-2625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CORNERSTONE RE ADVISERS LLC Occupation MANAGING DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2014
Transaction ID : PR790637434147
 Amount of Each Receipt this Period 38.46
 P/R Deduction (\$19.23 Bi-Weekly)

B. MR. ROLAND P FAWTHROP
 Full Name (Last, First, Middle Initial)
 Mailing Address 51 HORSESHOE LN
 City SOMERS State CT Zip Code 06071-2235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation SECOND VP & ACTUARY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 349.96

Date of Receipt 06 / 30 / 2014
Transaction ID : PR790658234147
 Amount of Each Receipt this Period 53.84
 P/R Deduction (\$26.92 Bi-Weekly)

C. MS. MICHELE M WHITE
 Full Name (Last, First, Middle Initial)
 Mailing Address 40109 N CANDLEWYCK LN
 City PHOENIX State AZ Zip Code 85086-2903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT - POLICYHOLDER SERVIC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.50

Date of Receipt 06 / 30 / 2014
Transaction ID : PR790665634147
 Amount of Each Receipt this Period 77.00
 P/R Deduction (\$38.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 169.30
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 119
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. MR. TODD M GISH
 Full Name (Last, First, Middle Initial)
 Mailing Address 57 MIDDLE RD
 City ELLINGTON State CT Zip Code 06029-3615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT - FINANCE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **499.98**

Date of Receipt **06 / 30 / 2014**
Transaction ID : PR790677134147
 Amount of Each Receipt this Period **76.92**
 P/R Deduction (\$38.46 Bi-Weekly)

B. JOHN N. BYERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 4680 MEDINA LAKE DR
 City HAMEL State MN Zip Code 55340-4610
 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 **750.00**

Date of Receipt **06 / 30 / 2014**
Transaction ID : PR790684834147
 Amount of Each Receipt this Period **125.00**
 P/R Deduction (\$62.50 Semi-Monthly)

C. DAVID S. FEHRS
 Full Name (Last, First, Middle Initial)
 Mailing Address 191 BUCKTHORN DR
 City BADEN State PA Zip Code 15005-2561
 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 **1249.92**

Date of Receipt **06 / 30 / 2014**
Transaction ID : PR790708634147
 Amount of Each Receipt this Period **208.32**
 P/R Deduction (\$104.16 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... **410.24**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 119
	<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. EDWARD I. WIGHT
Full Name (Last, First, Middle Initial)

Mailing Address 804 KATESFORD RD

City COCKEYSVILLE State MD Zip Code 21030-2246

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 ▼ 500.04

Date of Receipt 06 / 30 / 2014
Transaction ID : PR790710934147

Amount of Each Receipt this Period 83.34

P/R Deduction (\$41.67 Semi-Monthly)

B. KENNETH C. THOMALLA
Full Name (Last, First, Middle Initial)

Mailing Address 122 FOREST EDGE CT

City PALOS PARK State IL Zip Code 60464-1948

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 ▼ 625.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR790731134147

Amount of Each Receipt this Period 312.50

P/R Deduction (\$156.25 Semi-Monthly)

C. MS. SYLENA G ECHEVARRIA
Full Name (Last, First, Middle Initial)

Mailing Address 35 CLEMENT ST

City SPRINGFIELD State MA Zip Code 01118-1511

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation AVP POLICYHOLDER SVC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.25

Date of Receipt 06 / 30 / 2014
Transaction ID : PR790779934147

Amount of Each Receipt this Period 38.50

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 434.34

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MR. DONALD G CARTEN
Full Name (Last, First, Middle Initial)
Mailing Address 654 MOUNTAIN RD
City CHESHIRE State CT Zip Code 06410-3306
FEC ID number of contributing federal political committee. **C**
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT - IT SERVICE MANAGEME
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 349.96

Date of Receipt 06 / 30 / 2014
Transaction ID : PR790808234147
Amount of Each Receipt this Period 53.84
P/R Deduction (\$26.92 Bi-Weekly)

B. MR. NORMAN A SMITH
Full Name (Last, First, Middle Initial)
Mailing Address 32 LAUREL ST
City LONGMEADOW State MA Zip Code 01106-1124
FEC ID number of contributing federal political committee. **C**
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation SENIOR VICE PRESIDENT - USIG FINANCE
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 749.97

Date of Receipt 06 / 30 / 2014
Transaction ID : PR790808634147
Amount of Each Receipt this Period 115.38
P/R Deduction (\$57.69 Bi-Weekly)

C. MR. DAVID S ALLEN
Full Name (Last, First, Middle Initial)
Mailing Address 8 WINHALL LN
City HARTFORD State CT Zip Code 06105-1000
FEC ID number of contributing federal political committee. **C**
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation SVP-DEP GEN COUN DISP RES & CORP TA.
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.10

Date of Receipt 06 / 30 / 2014
Transaction ID : PR790809734147
Amount of Each Receipt this Period 115.40
P/R Deduction (\$57.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 284.62
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MR. SCOTT PICCONE
Full Name (Last, First, Middle Initial)

Mailing Address 33 TROTWOOD DR

City WEST HARTFORD State CT Zip Code 06117-1644

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

Name of Employer CORNERSTONE RE ADVISERS LLC Occupation MANAGING DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2014
Transaction ID : PR790815834147

Amount of Each Receipt this Period 38.46

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

B. HAROLD F. JARVIS
Full Name (Last, First, Middle Initial)

Mailing Address 190 MAIN ST

City CHICHESTER State NH Zip Code 03258-6511

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 06 / 30 / 2014
Transaction ID : PR790849834147

Amount of Each Receipt this Period 200.00

P/R Deduction (\$0.00 Semi-Monthly)

C. DAVID A. BRACKENBURY
Full Name (Last, First, Middle Initial)

Mailing Address 3236 GREEN MEADOW DR

City BETHLEHEM State PA Zip Code 18017-1943

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 ▼ 250.05

Date of Receipt 06 / 30 / 2014
Transaction ID : PR790933834147

Amount of Each Receipt this Period 83.35

P/R Deduction (\$83.35 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	321.81
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 77 OF 119
	(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"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. MR. JAMES J O'SHAUGHNESSY			Date of Receipt
Mailing Address 591 MAIN ST			<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : PR791165934147
CONCORD	MA	01742-3303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="38.46"/>
Name of Employer	Occupation		P/R Deduction (\$19.23 Bi-Weekly)
CORNERSTONE RE ADVISERS LLC	MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		
	<input type="text" value="249.99"/>		

Full Name (Last, First, Middle Initial) B. STEPHEN K. COLLINS			Date of Receipt
Mailing Address 236 STANFORD DR			<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : PR791191534147
SAN ANTONIO	TX	78212-2010	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="250.00"/>
Name of Employer	Occupation		P/R Deduction (\$250.00 Monthly)
SELF	GENERAL INSURANCE AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		
	<input type="text" value="750.00"/>		

Full Name (Last, First, Middle Initial) C. MR. DOUGLAS W TAYLOR			Date of Receipt
Mailing Address 12 ERSKINE DR			<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : PR791193734147
LONGMEADOW	MA	01106-1614	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="53.84"/>
Name of Employer	Occupation		P/R Deduction (\$26.92 Bi-Weekly)
MASSACHUSETTS MUTUAL LIFE INS.	VICE PRESIDENT & ACTUARY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		
	<input type="text" value="349.96"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="342.30"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 119
	<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. MS. MELISSA MILLAN
Full Name (Last, First, Middle Initial)

Mailing Address 31 SEMINARY RD

City SIMSBURY State CT Zip Code 06070-2010

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation SVP - WORKSITE AND VOLUNTARY INSUR/

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.06

Date of Receipt 06 / 30 / 2014
Transaction ID : PR791207734147

Amount of Each Receipt this Period 269.24

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

B. DARREN J. WRIGHT
Full Name (Last, First, Middle Initial)

Mailing Address 6020 E CALLE DEL MEDIA

City SCOTTSDALE State AZ Zip Code 85251-3018

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 ▼ 500.04

Date of Receipt 06 / 30 / 2014
Transaction ID : PR791221234147

Amount of Each Receipt this Period 83.34

P/R Deduction (\$41.67 Semi-Monthly)

C. MR. MICHAEL J STCLAIR
Full Name (Last, First, Middle Initial)

Mailing Address 27 E RED BRIDGE LN

City SOUTH HADLEY State MA Zip Code 01075-2287

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT - SALES & DISTRIBUTION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.50

Date of Receipt 06 / 30 / 2014
Transaction ID : PR791235434147

Amount of Each Receipt this Period 77.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 429.58

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 79 OF 119
	(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"/> 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. MS. DEBRA L ANDERSON
Full Name (Last, First, Middle Initial)

Mailing Address 46 GLENDALE RD

City HAMPDEN State MA Zip Code 01036-9121

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

Name of Employer MASSMUTUAL TRUST COMPANY Occupation VICE PRESIDENT - TRUST OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.35

Date of Receipt
06 / 30 / 2014
Transaction ID : PR791239034147

Amount of Each Receipt this Period 53.90

P/R Deduction (\$26.95 Bi-Weekly)

B. JULIA L. BIRD
Full Name (Last, First, Middle Initial)

Mailing Address 605 RANCHO LAREDO TRL

City SOUTHLAKE State TX Zip Code 76092-0300

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
06 / 30 / 2014
Transaction ID : PR791255834147

Amount of Each Receipt this Period 50.00

P/R Deduction (\$25.00 Semi-Monthly)

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

Mailing Address 11 RAVINE CIR

City WESTFIELD State MA Zip Code 01085-5005

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT - STRATEGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt
06 / 30 / 2014
Transaction ID : PR791276834147

Amount of Each Receipt this Period 76.92

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 180.82

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

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

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

FOR LINE NUMBER: PAGE 80 OF 119
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MR. CHRISTOPHER P DOWD
 Full Name (Last, First, Middle Initial)
 Mailing Address 35 SUNSET TER
 City WEST HARTFORD State CT Zip Code 06107-2737
 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 ▼ 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR791281134147
 Amount of Each Receipt this Period 38.46
 P/R Deduction (\$19.23 Bi-Weekly)

B. GREG P. WOOD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4344 S LEWIS PL
 City TULSA State OK Zip Code 74105-5190
 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 ▼ 500.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR791295734147
 Amount of Each Receipt this Period 83.34
 P/R Deduction (\$41.67 Semi-Monthly)

C. MS. DEBBIE L COTE
 Full Name (Last, First, Middle Initial)
 Mailing Address 158 BARTON AVE
 City BELCHERTOWN State MA Zip Code 01007-9459
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VP - WORKSITE POST-SALES OPS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR791301234147
 Amount of Each Receipt this Period 38.50
 P/R Deduction (\$19.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 160.30
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 119
	<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. MS. NICOLE EI MARKS
 Full Name (Last, First, Middle Initial)
 Mailing Address 40 CIDER MILL HTS
 City NORTH GRANBY State CT Zip Code 06060-1430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation AVP HR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **200.20**

Date of Receipt **06 / 30 / 2014**
Transaction ID : PR791327134147
 Amount of Each Receipt this Period **30.80**
 P/R Deduction (\$15.40 Bi-Weekly)

B. MS. SUSAN E SCHECHTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 60 LEDGEWOOD RD
 City WEST HARTFORD State CT Zip Code 06107-3731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VP & ASSISTANT GENERAL COUNSEL
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **499.98**

Date of Receipt **06 / 30 / 2014**
Transaction ID : PR791332834147
 Amount of Each Receipt this Period **76.92**
 P/R Deduction (\$38.46 Bi-Weekly)

C. MS. AUDREY MEYERLAMPERT
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 LOOMIS ST
 City NORTH GRANBY State CT Zip Code 06060-1202
 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 **499.98**

Date of Receipt **06 / 30 / 2014**
Transaction ID : PR791334834147
 Amount of Each Receipt this Period **76.92**
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **184.64**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 119
	<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. MS. ELIZABETH W CHICARES
 Full Name (Last, First, Middle Initial)
 Mailing Address 186 BELLE WOODS DR
 City GLASTONBURY State CT Zip Code 06033-1667
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation EVP & CHIEF ENTERPRISE RISK OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.08

Date of Receipt 06 / 30 / 2014
Transaction ID : PR791351734147
 Amount of Each Receipt this Period 192.32
 P/R Deduction (\$96.16 Bi-Weekly)

B. MR. CHRISTOPHER DEFRANCIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 41 MAYNARD RD
 City NORTHAMPTON State MA Zip Code 01060-2809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BABSON CAPITAL MANAGEMENT LLC Occupation MANAGING DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 349.96

Date of Receipt 06 / 30 / 2014
Transaction ID : PR791365034147
 Amount of Each Receipt this Period 53.84
 P/R Deduction (\$26.92 Bi-Weekly)

C. MR. MICHAEL T ROLLINGS
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 DURHAM RD
 City LONGMEADOW State MA Zip Code 01106-1507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation EVP & CHIEF FINANCIAL OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2014
Transaction ID : PR791365834147
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 630.76
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 119
	<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. RYAN M. HILL
Full Name (Last, First, Middle Initial)

Mailing Address 1426 AUTUMNMIST DR

City ALLEN State TX Zip Code 75002-4956

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 ▼ 250.18

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : PR791411634147

Amount of Each Receipt this Period
 41.70

P/R Deduction (\$20.85 Semi-Monthly)

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

Mailing Address 1928 SANDPIPER LN

City PLANO State TX Zip Code 75075-8500

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 M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : PR791411734147

Amount of Each Receipt this Period
 50.00

P/R Deduction (\$25.00 Semi-Monthly)

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

Mailing Address 5419 GORHAM DR

City CHARLOTTE State NC Zip Code 28226-6411

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 ▼ 349.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : PR791511134147

Amount of Each Receipt this Period
 53.84

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

SUBTOTAL of Receipts This Page (optional).....▶	145.54
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 18524 ROLLINGDALE LN

City State Zip Code
DAVIDSON NC 28036-7862

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 ▼
499.98

Date of Receipt
06 / 30 / 2014
Transaction ID : PR791511534147

Amount of Each Receipt this Period
76.92

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

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

Mailing Address 4920 HARDISON RD

City State Zip Code
CHARLOTTE NC 28226-6418

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

Name of Employer Occupation
BABSON CAPITAL MANAGEMENT LLC MANAGING DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2499.90

Date of Receipt
06 / 30 / 2014
Transaction ID : PR791511934147

Amount of Each Receipt this Period
384.60

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

C. MR. NICHOLAS FYNTRILAKIS
Full Name (Last, First, Middle Initial)

Mailing Address 5 RIDGE RD

City State Zip Code
HAMPDEN MA 01036-9518

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

Name of Employer Occupation
MASSACHUSETTS MUTUAL LIFE INS. VICE PRESIDENT - COMMUNITY RESPONSI

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
349.96

Date of Receipt
06 / 30 / 2014
Transaction ID : PR791550234147

Amount of Each Receipt this Period
53.84

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 515.36

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

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

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

FOR LINE NUMBER: PAGE 85 OF 119
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MR. RICHARD GOLDSTEIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 197 LYNNWOOD DR
 City State Zip Code
 LONGMEADOW MA 01106-2013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MASSACHUSETTS MUTUAL LIFE INS. VICE PRESIDENT - BENEFITS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR791591634147
 Amount of Each Receipt this Period
 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

B. GREGORY T. STRAKA
 Full Name (Last, First, Middle Initial)
 Mailing Address 6211 CREEKSTONE PATH
 City State Zip Code
 CUMMING GA 30041-6001
 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 ▼
 577.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR791597934147
 Amount of Each Receipt this Period
 211.12
 P/R Deduction (\$100.00 Monthly)

C. MS. CAMILLE DONALD
 Full Name (Last, First, Middle Initial)
 Mailing Address 621 MCKENZIE AVE UNIT 101
 City State Zip Code
 ALEXANDRIA VA 22301-1189
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MASSACHUSETTS MUTUAL LIFE INS. AVP & COUNSEL
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR791608134147
 Amount of Each Receipt this Period
 38.50
 P/R Deduction (\$19.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 326.54
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. MR. DENNIS MILES
Full Name (Last, First, Middle Initial)
Mailing Address 25 TIMBER RIDGE RD
City W SPRINGFIELD State MA Zip Code 01089-1654
FEC ID number of contributing federal political committee. **C**
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT - MARKET LEADER
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **499.98**

Date of Receipt **06 / 30 / 2014**
Transaction ID : PR791623334147
Amount of Each Receipt this Period **76.92**
P/R Deduction (\$38.46 Bi-Weekly)

B. MS. MARY S BLOCK
Full Name (Last, First, Middle Initial)
Mailing Address 67 PERSHING RD
City WINDSOR LOCKS State CT Zip Code 06096-2122
FEC ID number of contributing federal political committee. **C**
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT & SENIOR COUNSEL
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **499.98**

Date of Receipt **06 / 30 / 2014**
Transaction ID : PR791784434147
Amount of Each Receipt this Period **76.92**
P/R Deduction (\$38.46 Bi-Weekly)

C. MR. ROBERT ERWIN
Full Name (Last, First, Middle Initial)
Mailing Address 185 COVENTRY LN
City LONGMEADOW State MA Zip Code 01106-1629
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 **349.96**

Date of Receipt **06 / 30 / 2014**
Transaction ID : PR791800234147
Amount of Each Receipt this Period **53.84**
P/R Deduction (\$26.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **207.68**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 87 OF 119
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. MR. WILLIAM SILVANIC
 Mailing Address 120 CREAMERY HILL RD
 City State Zip Code
 GRANBY CT 06035-1702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MASSACHUSETTS MUTUAL LIFE INS. SVP - RS PRODUCT MANAGEMENT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR791800434147
 Amount of Each Receipt this Period
 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. MS. ANNEMARIE SMITH
 Mailing Address 26 LAST LEAF CIR
 City State Zip Code
 WINDSOR CT 06095-4733
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MASSMUTUAL TRUST COMPANY RELATIONSHIP MANAGER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR791801834147
 Amount of Each Receipt this Period
 38.50
 P/R Deduction (\$19.25 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. MS. DIANE LOPES
 Mailing Address 11 LITTLE SORREL LN
 City State Zip Code
 SOMERS CT 06071-2030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MASSACHUSETTS MUTUAL LIFE INS. VICE PRESIDENT - MASSMUTUAL WAY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR791902634147
 Amount of Each Receipt this Period
 53.90
 P/R Deduction (\$26.95 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 169.32
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 119
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. MR. THOMAS OSWALD			Date of Receipt 06 / 30 / 2014 Transaction ID : PR791903234147
Mailing Address 665 CENTER ST UNIT 713			Amount of Each Receipt this Period 76.92
City LUDLOW	State MA	Zip Code 01056-1534	P/R Deduction (\$38.46 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Occupation SECOND VP - TAX	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Aggregate Year-to-Date 499.98		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. ERIC S. ABOWD			Date of Receipt 06 / 30 / 2014 Transaction ID : PR791913734147
Mailing Address 1525 STAR WAY			Amount of Each Receipt this Period 83.34
City RENO	State NV	Zip Code 89511-8691	P/R Deduction (\$41.67 Semi-Monthly)
FEC ID number of contributing federal political committee. C		Occupation INSURANCE AGENT	
Name of Employer SELF	Aggregate Year-to-Date 500.04		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. MR. DOUGLAS ENDORF			Date of Receipt 06 / 30 / 2014 Transaction ID : PR791938634147
Mailing Address 27 STRAWBERRY FIELDS			Amount of Each Receipt this Period 53.84
City GRANBY	State CT	Zip Code 06035-2927	P/R Deduction (\$26.92 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Occupation VICE PRESIDENT & ACTUARY	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Aggregate Year-to-Date 349.96		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	214.10
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. MR. WILLIAM F MONROEJR
Full Name (Last, First, Middle Initial)
Mailing Address 225 GENERAL HOBBS RD
City JEFFERSON State MA Zip Code 01522-1565
FEC ID number of contributing federal political committee. **C**
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT - MMLISI
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.11

Date of Receipt 06 / 30 / 2014
Transaction ID : PR791969134147
Amount of Each Receipt this Period 76.94
P/R Deduction (\$38.47 Bi-Weekly)

B. MR. IAN HAWKINS
Full Name (Last, First, Middle Initial)
Mailing Address 36 PRESCOTT AVE
City GLEN RIDGE State NJ Zip Code 07028-1918
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 ▼ 349.96

Date of Receipt 06 / 30 / 2014
Transaction ID : PR792000734147
Amount of Each Receipt this Period 53.84
P/R Deduction (\$26.92 Bi-Weekly)

C. MR. ANTHONY PIERSON
Full Name (Last, First, Middle Initial)
Mailing Address 22 ARNOLDALE RD
City WEST HARTFORD State CT Zip Code 06119-1702
FEC ID number of contributing federal political committee. **C**
Name of Employer CORNERSTONE RE ADVISERS LLC Occupation MANAGING DIRECTOR
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR792042034147
Amount of Each Receipt this Period 40.00
P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 170.78
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 119
	<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. JONATHAN D. LAU
 Full Name (Last, First, Middle Initial)
 Mailing Address 824 BENNAVILLE AVE
 City BIRMINGHAM State MI Zip Code 48009-3665
 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 M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR792101334147
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Semi-Monthly)

B. MR. MICHAEL O'CONNOR
 Full Name (Last, First, Middle Initial)
 Mailing Address 41 BELLECLAIRE AVE
 City LONGMEADOW State MA Zip Code 01106-1415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation SENIOR MANAGING DIRECTOR - MMI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR792107734147
 Amount of Each Receipt this Period 192.30
 P/R Deduction (\$96.15 Bi-Weekly)

C. MS. ELLEN S CONLIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 WELLESLEY DR
 City LONGMEADOW State MA Zip Code 01106-2833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VP & ASSISTANT GENERAL COUNSEL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 349.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR792129534147
 Amount of Each Receipt this Period 53.84
 P/R Deduction (\$26.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	296.14
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 91 OF 119
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. BRIAN M. ROBERTS

Mailing Address 54 COALTER RIDGE CT

City State Zip Code
 DARDENNE PR MO 63368-7587

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 ▼
 200.04

Date of Receipt
 06 / 30 / 2014
Transaction ID : PR792139234147

Amount of Each Receipt this Period
 33.34

P/R Deduction (\$16.67 Semi-Monthly)

Full Name (Last, First, Middle Initial)
B. MS. JAE JUNKUNC

Mailing Address 221 TRUMBULL STREET APT 502

City State Zip Code
 HARTFORD CT 06103-1511

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

Name of Employer Occupation
 MASSACHUSETTS MUTUAL LIFE INS. VP - DIST & STRAT PLNNG

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 750.10

Date of Receipt
 06 / 30 / 2014
Transaction ID : PR792144334147

Amount of Each Receipt this Period
 115.40

P/R Deduction (\$57.70 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. JOHN J. MILLER

Mailing Address 13 WHIPPANY AVE

City State Zip Code
 WARREN NJ 07059-5774

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 ▼
 500.04

Date of Receipt
 06 / 30 / 2014
Transaction ID : PR792501434147

Amount of Each Receipt this Period
 83.34

P/R Deduction (\$41.67 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 232.08

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 119
	<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. RUSSELL J. ROLNICK
Full Name (Last, First, Middle Initial)

Mailing Address 8 TALL PINES CT

City WEST NYACK State NY Zip Code 10994-1341

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 ▼ 250.18

Date of Receipt
06 / 30 / 2014
Transaction ID : PR792728134147

Amount of Each Receipt this Period 41.70

P/R Deduction (\$20.85 Semi-Monthly)

B. BRIAN C. LARGE
Full Name (Last, First, Middle Initial)

Mailing Address 141 WOLFPIT AVE

City NORWALK State CT Zip Code 06851-3429

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
06 / 30 / 2014
Transaction ID : PR792732634147

Amount of Each Receipt this Period 50.00

P/R Deduction (\$25.00 Semi-Monthly)

C. GLEN R. GOLISH
Full Name (Last, First, Middle Initial)

Mailing Address 22261 HOLLYHOCK TRL

City BOCA RATON State FL Zip Code 33433-4865

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 ▼ 428.52

Date of Receipt
06 / 30 / 2014
Transaction ID : PR793450534147

Amount of Each Receipt this Period 65.46

P/R Deduction (\$32.73 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 157.16

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 119
	<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. IAN R. GEORGE
Full Name (Last, First, Middle Initial)

Mailing Address 600 CLEMSON DR

City PITTSBURGH State PA Zip Code 15243-1736

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
06 / 30 / 2014
Transaction ID : PR793621434147

Amount of Each Receipt this Period 50.00

P/R Deduction (\$25.00 Semi-Monthly)

B. KEVIN W. PAASCH
Full Name (Last, First, Middle Initial)

Mailing Address 3956 SHADY OAKS DR

City VIRGINIA BCH State VA Zip Code 23455-1628

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 ▼ 500.04

Date of Receipt
06 / 30 / 2014
Transaction ID : PR794020434147

Amount of Each Receipt this Period 83.34

P/R Deduction (\$41.67 Semi-Monthly)

C. CHRISTOPHE A. PERME
Full Name (Last, First, Middle Initial)

Mailing Address 8197 GARFIELD DR

City GARRETTSVILLE State OH Zip Code 44231-9122

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 ▼ 118.75

Date of Receipt
06 / 30 / 2014
Transaction ID : PR794455134147

Amount of Each Receipt this Period 125.00

P/R Deduction (\$62.50 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 258.34

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 119
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. TIMOTHY W. POWERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1810 CHADSWORTH DR
 City SUN PRAIRIE State WI Zip Code 53590-3554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation GENERAL INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 833.40

Date of Receipt 06 / 30 / 2014
Transaction ID : PR794959134147
 Amount of Each Receipt this Period 416.70
 P/R Deduction (\$416.70 Monthly)

B. WALTER E. KATZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 4414 BREAKWOOD DR
 City HOUSTON State TX Zip Code 77096-3505
 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 ▼ 500.04

Date of Receipt 06 / 30 / 2014
Transaction ID : PR795359634147
 Amount of Each Receipt this Period 83.34
 P/R Deduction (\$41.67 Semi-Monthly)

C. CARLOS HERNANDEZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 1211 WILDEWOOD CT
 City SUGAR LAND State TX Zip Code 77479-6294
 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 ▼ 333.38

Date of Receipt 06 / 30 / 2014
Transaction ID : PR795364034147
 Amount of Each Receipt this Period 166.70
 P/R Deduction (\$166.70 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	666.74
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 119
	<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. EDWARD J. WIRTZ
Full Name (Last, First, Middle Initial)

Mailing Address 12 BRANDING IRON LN

City ROLLING HILLS ESTATES State CA Zip Code 90274-2501

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 ▼ 500.04

Date of Receipt 06 / 30 / 2014
Transaction ID : PR796003934147

Amount of Each Receipt this Period 83.34

P/R Deduction (\$41.67 Semi-Monthly)

B. EDGAR F. WHITMORE
Full Name (Last, First, Middle Initial)

Mailing Address 25535 CUMBERLAND LN

City CALABASAS State CA Zip Code 91302-3158

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

Name of Employer SELF1000 Occupation INSURANCE AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt 06 / 30 / 2014
Transaction ID : PR796010134147

Amount of Each Receipt this Period 83.34

P/R Deduction (\$41.67 Semi-Monthly)

C. MAX A. ADAMS
Full Name (Last, First, Middle Initial)

Mailing Address 16232 NW 79TH AVE

City MIAMI LAKES State FL Zip Code 33016-6132

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 ▼ 500.04

Date of Receipt 06 / 30 / 2014
Transaction ID : PR796324634147

Amount of Each Receipt this Period 83.34

P/R Deduction (\$41.67 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.02

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 119
	<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. MS. ELAINE A SARSYNSKI
 Full Name (Last, First, Middle Initial)
 Mailing Address 75 BARNDORR HILLS RD
 City SUFFIELD State CT Zip Code 06078-1360
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation EVP - RETIREMENT SERVICES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.08

Date of Receipt 06 / 30 / 2014
Transaction ID : PR796671834147
 Amount of Each Receipt this Period 192.32
 P/R Deduction (\$96.16 Bi-Weekly)

B. DAVID R. NELSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 4794 BORDAGES RD
 City BEAUMONT State TX Zip Code 77705-7675
 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 ▼ 225.00

Date of Receipt 06 / 30 / 2014
Transaction ID : PR796717234147
 Amount of Each Receipt this Period 25.00
 P/R Deduction (\$25.00 Semi-Monthly)

C. MR. MICHAEL HIRSCHBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 122 PASADENA PL
 City HAWTHORNE State NJ Zip Code 07506-2806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation EXTERNAL WHOLESALER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.25

Date of Receipt 06 / 30 / 2014
Transaction ID : PR811444934147
 Amount of Each Receipt this Period 38.50
 P/R Deduction (\$19.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	255.82
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. SCOTT W. ECKART

Mailing Address 4559 SUNFLOWER CT

City ZIONSVILLE State IN Zip Code 46077-8118

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 ▼ **250.00**

Date of Receipt **06 / 30 / 2014**

Transaction ID : PR811820934147

Amount of Each Receipt this Period **50.00**

P/R Deduction (\$25.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)
B. MS. JEANNE G YOUNG

Mailing Address 10 PONDVIEW LN

City SOUTHWICK State MA Zip Code 01077-9264

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.50**

Date of Receipt **06 / 30 / 2014**

Transaction ID : PR904834634147

Amount of Each Receipt this Period **77.00**

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

Full Name (Last, First, Middle Initial)
C. MS. CINDY BELMORE

Mailing Address 7 CRYSTAL DR

City SOUTHWICK State MA Zip Code 01077-9613

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation VICE PRESIDENT - COMPLIANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.09**

Date of Receipt **06 / 30 / 2014**

Transaction ID : PR932682134147

Amount of Each Receipt this Period **53.86**

P/R Deduction (\$26.93 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	180.86
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 98 OF 119
(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. CHRISTOPHE C. COCORES
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 HUNT PL
 City MECHANICSBURG State PA Zip Code 17050-2912
 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 ▼ 250.16

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : PR934761034147
 Amount of Each Receipt this Period
 41.70
 P/R Deduction (\$20.85 Semi-Monthly)

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

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

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

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

SUBTOTAL of Receipts This Page (optional).....▶	41.70
TOTAL This Period (last page this line number only).....▶	45289.91

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

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

FOR LINE NUMBER: PAGE 99 OF 119
(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 Springfield State MA Zip Code 01111

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 235.18

Date of Receipt
 06 / 30 / 2014
Transaction ID : 60850554

Amount of Each Receipt this Period
 38.06

Jun-14 Interest - Money Market Account

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	38.06
TOTAL This Period (last page this line number only).....▶	38.06

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Chase PaymenTech

Mailing Address P.O. Box 29534

City Phoenix State AZ Zip Code 85038

Purpose of Disbursement
May-14 Chase Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 03 / 2014

Transaction ID : 60855087

Amount of Each Disbursement this Period

222.85

May-14 Chase Processing Fees

Full Name (Last, First, Middle Initial)

B. American Express Merchant Services

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
May-14 AMEX Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 06 / 2014

Transaction ID : 60855088

Amount of Each Disbursement this Period

19.90

May-14 AMEX Processing Fees

Full Name (Last, First, Middle Initial)

C. Chase PaymenTech

Mailing Address P.O. Box 29534

City Phoenix State AZ Zip Code 85038

Purpose of Disbursement
Jun-14 Chase PaymenTech Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 27 / 2014

Transaction ID : 60855318

Amount of Each Disbursement this Period

14.94

Jun-14 Chase PaymenTech Processing Fees

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

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

257.69

257.69

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Heidi For Senate

Mailing Address PO Box 1577

City Bismarck State ND Zip Code 58502

Purpose of Disbursement
Event: June 10, 2014

011

Candidate Name

Sen. Heidi Heitkamp

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: ND District:

Date of Disbursement

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

Transaction ID : 60089210

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0

Event: June 10, 2014

Full Name (Last, First, Middle Initial)

B. Montanans For Tester

Mailing Address PO Box 1135

City Helena State MT Zip Code 59624

Purpose of Disbursement
Event: June 10, 2014

011

Candidate Name

Sen. Jon Tester

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MT District:

Date of Disbursement

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

Transaction ID : 60089211

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0

Event: June 10, 2014

Full Name (Last, First, Middle Initial)

C. The Bill Keating Committee

Mailing Address P.O. Box 3065

City Buzzards Bay State MA Zip Code 02532

Purpose of Disbursement
Event: June 11, 2014

011

Candidate Name

Rep. William Keating

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MA District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	1	4

Transaction ID : 60302591

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0

Event: June 11, 2014

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

6	0	0	0	0	0	0	0	0	0
6	0	0	0	0	0	0	0	0	0

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

6	0	0	0	0	0	0	0	0	0
6	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. AMERIPAC

Mailing Address 499 South Capitol St., SW #414
Suite 108

City Washington State DC Zip Code 20003

Purpose of Disbursement
Event: 6/19/14

Candidate Name
AMERIPAC

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 60316242

Amount of Each Disbursement this Period

Event: 6/19/14

Full Name (Last, First, Middle Initial)

B. Fitzpatrick For Congress

Mailing Address 115 N Broad Street

City Doylestown State PA Zip Code 18901

Purpose of Disbursement
Event: June 17, 2014

Candidate Name
Rep. Michael G. Fitzpatrick

Office Sought: House
 Senate
 President
State: PA District: 08

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 60316997

Amount of Each Disbursement this Period

Event: June 17, 2014

Full Name (Last, First, Middle Initial)

C. Courtney For Congress

Mailing Address PO Box 1372

City Vernon State CT Zip Code 06066

Purpose of Disbursement
Event: June 17, 2014

Candidate Name
Rep. Joseph D. Courtney

Office Sought: House
 Senate
 President
State: CT District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 60317400

Amount of Each Disbursement this Period

Event: June 17, 2014

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. Friends Of Mary Landrieu, Inc.

Mailing Address 700 13th Street Nw
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
Event: June 17, 2014

Candidate Name

Sen. Mary L. Landrieu

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: LA District:

011

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 17 / 2014

Transaction ID : 60317431

Amount of Each Disbursement this Period

3000.00

Event: June 17, 2014

Full Name (Last, First, Middle Initial)

B. Friends Of Mary Landrieu, Inc.

Mailing Address 700 13th Street Nw
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Sen. Mary L. Landrieu

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: LA District:

011

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 17 / 2014

Transaction ID : 60317451

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Carper For Senate

Mailing Address PO Box 2882

City Wilmington State DE Zip Code 19805

Purpose of Disbursement
ACLI Event: June 18, 2014

Candidate Name

Sen. Thomas R. Carper

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: DE District:

011

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 17 / 2014

Transaction ID : 60317452

Amount of Each Disbursement this Period

2500.00

ACLI Event: June 18, 2014

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

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

7500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Alexander For Senate 2014 Inc

Mailing Address 228 S Washington Street Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
ICI Event: 6/19/14

011

Candidate Name
Sen. Lamar Alexander

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	4

Transaction ID : 60318561

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

ICI Event: 6/19/14

Full Name (Last, First, Middle Initial)

B. TENN PAC

Mailing Address 228 South Washington St.
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
ICI Event: 6/19/14

011

Candidate Name
TENN PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	4

Transaction ID : 60318656

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

ICI Event: 6/19/14

Full Name (Last, First, Middle Initial)

C. Terri Sewell For Congress

Mailing Address P.O. Box 1964

City Birmingham State AL Zip Code 35201

Purpose of Disbursement
ACLI Event: June 19, 2014

011

Candidate Name
Terri Sewell

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AL District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	4

Transaction ID : 60319054

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

ACLI Event: June 19, 2014

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

5	5	0	0	0	0	0	0	0	0

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

5	5	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Terri PAC

Mailing Address 499 South Capitol Street, SW
Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement
ACLI Event: June 19, 2014

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 19 / 2014

Transaction ID : 60319058

Amount of Each Disbursement this Period

1500.00

ACLI Event: June 19, 2014

Full Name (Last, First, Middle Initial)

B. Marcia Fudge For Congress

Mailing Address 3729 Silsby Rd

City University Heights State OH Zip Code 44118

Purpose of Disbursement
Event: June 19, 2014

Candidate Name

Rep. Marcia L. Fudge

Office Sought: House Senate President
State: OH District: 11

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 19 / 2014

Transaction ID : 60319059

Amount of Each Disbursement this Period

2000.00

Event: June 19, 2014

Full Name (Last, First, Middle Initial)

C. Schneider For Congress

Mailing Address PO Box 1318

City Deerfield State IL Zip Code 60015

Purpose of Disbursement
Event: June 19, 2014

Candidate Name

Rep. Brad Schneider

Office Sought: House Senate President
State: IL District: 10

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 19 / 2014

Transaction ID : 60319060

Amount of Each Disbursement this Period

2000.00

Event: June 19, 2014

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

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

5500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mike Thompson For Congress

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement
AALU Event: June 20, 2014

Candidate Name

Rep. Mike Thompson

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 05

Date of Disbursement

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

Transaction ID : 60319062

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

AALU Event: June 20, 2014

B. Mike Thompson For Congress

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement
District Event: Aug. 2014

Candidate Name

Rep. Mike Thompson

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	4

Transaction ID : 60319063

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

District Event: Aug. 2014

C. Boehner for Speaker

Mailing Address 320 First Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
2014 Contribution: 6/23 Event

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : 60411069

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

2014 Contribution: 6/23 Event

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

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

1	4	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

1	4	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of Jim Clyburn

Mailing Address Post Office Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement
AALU Event: June 11, 2014

011

Category/
Type

Candidate Name

Rep. James E. Clyburn

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: SC District: 06

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2014

Transaction ID : 60413727

Amount of Each Disbursement this Period

2500.00

AALU Event: June 11, 2014

Full Name (Last, First, Middle Initial)

B. Courtney For Congress

Mailing Address PO Box 1372

City Vernon State CT Zip Code 06066

Purpose of Disbursement
Event: June 17, 2014

011

Category/
Type

Candidate Name

Rep. Joseph D. Courtney

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CT District: 02

Date of Disbursement

MM / DD / YYYY
06 / 20 / 2014

Transaction ID : 60414258

Amount of Each Disbursement this Period

2000.00

Event: June 17, 2014

Full Name (Last, First, Middle Initial)

C. Friends Of Jeb Hensarling

Mailing Address PO Box 820504

City Dallas State TX Zip Code 75382

Purpose of Disbursement
PLWG Event: June 9, 2014

011

Category/
Type

Candidate Name

Rep. Jeb Hensarling

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 05

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2014

Transaction ID : 60414696

Amount of Each Disbursement this Period

5000.00

PLWG Event: June 9, 2014

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

9500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. CAMPAC

Mailing Address P.O. Box 17

City Midland State MI Zip Code 48640

Purpose of Disbursement
Void - Orig. Reported April 20th Mthly

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 60418992

Amount of Each Disbursement this Period

Void - Orig. Reported April 20th Mthly

Full Name (Last, First, Middle Initial)

B. Alaskans For Begich 2014

Mailing Address 1231 W Northern Lts #605

City Anchorage State AK Zip Code 99503

Purpose of Disbursement
Event: May 15, 2014

Category/
Type

Candidate Name

Sen. Mark P. Begich

Office Sought: House Senate President
State: AK District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 60419339

Amount of Each Disbursement this Period

Event: May 15, 2014

Full Name (Last, First, Middle Initial)

C. Loeb sack For Congress

Mailing Address PO Box 3013

City Iowa City State IA Zip Code 52244

Purpose of Disbursement
D&H Event: March 26, 2014

Category/
Type

Candidate Name

Rep. David Wayne Loeb sack

Office Sought: House Senate President
State: IA District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 60419547

Amount of Each Disbursement this Period

D&H Event: March 26, 2014

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. Steven F. Lynch for Congress Committee

Mailing Address 105 Farragut Road

City South Boston State MA Zip Code 02127

Purpose of Disbursement
Event: June 24, 2014

011

Candidate Name

Stephen Lynch

Category/
Type

Office Sought: House
 Senate
 President
State: MA District: 09

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	4

Transaction ID : 60419569

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
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Event: June 24, 2014

Full Name (Last, First, Middle Initial)

B. Common Sense Democrat PAC

Mailing Address 202 Bonham Road

City Dedham State MA Zip Code 02026

Purpose of Disbursement
Event: June 24, 2014

011

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	4

Transaction ID : 60419570

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Event: June 24, 2014

Full Name (Last, First, Middle Initial)

C. Friends Of Patrick Murphy

Mailing Address 4521 Pga Blvd. #412

City Palm Beach Gardens State FL Zip Code 33418

Purpose of Disbursement
SIFMA Event: 5/1/14

011

Candidate Name

Rep. Patrick Murphy

Category/
Type

Office Sought: House
 Senate
 President
State: FL District: 18

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : 60419643

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
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SIFMA Event: 5/1/14

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

4	0	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

4	0	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Candice Miller For Congress

Mailing Address PO Box 182152

City State Zip Code
Shelby Township MI 48318

Purpose of Disbursement
Roskam Event: May 21, 2014

Candidate Name
Rep. Candice S. Miller

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: MI District: 10

Date of Disbursement

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

Transaction ID : 60419649

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

Roskam Event: May 21, 2014

Full Name (Last, First, Middle Initial)

B. Kinzinger For Congress

Mailing Address PO Box 2365

City State Zip Code
Ottawa IL 61350

Purpose of Disbursement
Roskam Event: June 24, 2014

Candidate Name
Rep. Adam Kinzinger

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: IL District: 16

Date of Disbursement

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

Transaction ID : 60419653

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

Roskam Event: June 24, 2014

Full Name (Last, First, Middle Initial)

C. Steve Israel For Congress Committee

Mailing Address PO Box 1400

City State Zip Code
Melville NY 11747

Purpose of Disbursement
Event: 5/7/14

Candidate Name
Rep. Steve J. Israel

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: NY District: 03

Date of Disbursement

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

Transaction ID : 60421379

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Event: 5/7/14

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

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

5	0	0	0	0	0	0	0	0	0

0	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brady For Congress

Mailing Address PO Box 8277

City The Woodlands State TX Zip Code 77387

Purpose of Disbursement
ACLI Event: 5/7/14

011

Candidate Name

Rep. Kevin Patrick Brady

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

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

Transaction ID : 60421751

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

ACLI Event: 5/7/14

Full Name (Last, First, Middle Initial)

B. Priority PAC

Mailing Address 420 C Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Event: June 10, 2014

011

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : 60424429

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Event: June 10, 2014

Full Name (Last, First, Middle Initial)

C. Alaskans For Begich 2014

Mailing Address 1231 W Northern Lts #605

City Anchorage State AK Zip Code 99503

Purpose of Disbursement
Event: June 25, 2014

011

Candidate Name

Sen. Mark P. Begich

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AK District:

Date of Disbursement

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

Transaction ID : 60424430

Amount of Each Disbursement this Period

1	2	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Event: June 25, 2014

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

5	7	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

5	7	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard Hanna For Congress Committee

Mailing Address PO Box 118

City State Zip Code
Utica NY 13503

Purpose of Disbursement
In-District Event

011
Category/
Type

Candidate Name

Richard Hanna

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 24

Date of Disbursement

M M / D D / Y Y Y Y
06 / 23 / 2014

Transaction ID : 60424431

Amount of Each Disbursement this Period

1000.00

In-District Event

Full Name (Last, First, Middle Initial)

B. Royce Campaign Committee

Mailing Address PO Box 3249

City State Zip Code
Fullerton CA 92834

Purpose of Disbursement
Event: April 10, 2014

011
Category/
Type

Candidate Name

Rep. Ed R. Royce

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 39

Date of Disbursement

M M / D D / Y Y Y Y
06 / 20 / 2014

Transaction ID : 60424544

Amount of Each Disbursement this Period

2000.00

Event: April 10, 2014

Full Name (Last, First, Middle Initial)

C. Himes For Congress

Mailing Address 857 Post Road, #312

City State Zip Code
Fairfield CT 06824

Purpose of Disbursement
ACLI Event: June 10, 2014

011
Category/
Type

Candidate Name

Rep. Jim A. Himes

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CT District: 04

Date of Disbursement

M M / D D / Y Y Y Y
06 / 20 / 2014

Transaction ID : 60461182

Amount of Each Disbursement this Period

3000.00

ACLI Event: June 10, 2014

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

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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. Tiberi For Congress

Mailing Address 2931 E Dublin Granville Road
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement
ACLI Event: April 3, 2014

Candidate Name

Rep. Pat J. Tiberi

Office Sought: House
 Senate
 President
State: OH District: 12

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 60522214

Amount of Each Disbursement this Period

ACLI Event: April 3, 2014

Full Name (Last, First, Middle Initial)

B. Freedom Fund

Mailing Address 200 South Fairfax Street
No. 5

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
ACLI Event: 4/10/14

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 60525693

Amount of Each Disbursement this Period

ACLI Event: 4/10/14

Full Name (Last, First, Middle Initial)

C. Mike Thompson For Congress

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement
D&H Event: April 30, 2014

Candidate Name

Rep. Mike Thompson

Office Sought: House
 Senate
 President
State: CA District: 05

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 60526822

Amount of Each Disbursement this Period

D&H Event: April 30, 2014

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. Off the Sidelines PAC

Mailing Address P.O. Box 78182

City Washinton State DC Zip Code 20013

Purpose of Disbursement
Event: June 3, 2014

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2014

Transaction ID : 60556396

Amount of Each Disbursement this Period

2000.00

Event: June 3, 2014

Full Name (Last, First, Middle Initial)

B. Gillibrand For Senate

Mailing Address 236 Massachusetts Ave Ne
Suite 110

City Washington State DC Zip Code 20002

Purpose of Disbursement
Event: June 3, 2014

Candidate Name

Sen. Kirsten E. Gillibrand

Office Sought: House Senate President
State: NY District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2014

Transaction ID : 60556401

Amount of Each Disbursement this Period

3000.00

Event: June 3, 2014

Full Name (Last, First, Middle Initial)

C. Huizenga For Congress

Mailing Address 441 Williams Court

City Zeeland State MI Zip Code 49464

Purpose of Disbursement
Book Club Event: June 10, 2014

Candidate Name

Rep. Bill Huizenga

Office Sought: House Senate President
State: MI District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 20 / 2014

Transaction ID : 60556792

Amount of Each Disbursement this Period

2000.00

Book Club Event: June 10, 2014

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

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

7000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kelly PAC

Mailing Address 901 N. Washington Street
Suite 102

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Event: June 10, 2014

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2014

Transaction ID : 60556793

Amount of Each Disbursement this Period

2500.00

Event: June 10, 2014

Full Name (Last, First, Middle Initial)

B. Friends Of Susan Brooks

Mailing Address 9425 N Meridian Street
237

City Indianapolis State IN Zip Code 46260

Purpose of Disbursement
Event: June 11, 2014

Candidate Name

Rep. Susan Brooks

Office Sought: House
 Senate
 President
State: IN District: 05

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2014

Transaction ID : 60556794

Amount of Each Disbursement this Period

2000.00

Event: June 11, 2014

Full Name (Last, First, Middle Initial)

C. Majority Committee PAC

Mailing Address 9402 Quail Brook Court

City Bakersfield State CA Zip Code 93312

Purpose of Disbursement
PLWG Event: June 11, 2014

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2014

Transaction ID : 60556795

Amount of Each Disbursement this Period

5000.00

PLWG Event: June 11, 2014

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

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

9500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. First State PAC

Mailing Address P.O. Box 3006

City State Zip Code
Wilmington DE 19804

Purpose of Disbursement
ACLI Event: June 18, 2014

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2014

Transaction ID : 60556796

Amount of Each Disbursement this Period

2500.00

ACLI Event: June 18, 2014

Full Name (Last, First, Middle Initial)

B. Synergy PAC

Mailing Address 6849 Old Dominion Drive, Suite 222

City State Zip Code
McLean VA 22101

Purpose of Disbursement
ACLI Event: June 23, 2014

Candidate Name

Synergy PAC

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2014

Transaction ID : 60556798

Amount of Each Disbursement this Period

1500.00

ACLI Event: June 23, 2014

Full Name (Last, First, Middle Initial)

C. Alaskans For Begich 2014

Mailing Address 1231 W Northern Lts #605

City State Zip Code
Anchorage AK 99503

Purpose of Disbursement
Event: June 25, 2014

Candidate Name

Sen. Mark P. Begich

Office Sought: House
 Senate
 President
State: AK District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2014

Transaction ID : 60556799

Amount of Each Disbursement this Period

2500.00

Event: June 25, 2014

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

6500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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. Common Sense Colorado

Mailing Address P.O. Box 1978

City State Zip Code
Denver CO 80201

Purpose of Disbursement
ACLI Event: June 26, 2014

011

Category/
Type

Candidate Name

Common Sense Colorado

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : 60556800

Amount of Each Disbursement this Period

4	0	0	0	0	0	0	0	0	0
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ACLI Event: June 26, 2014

Full Name (Last, First, Middle Initial)

B. Bob Casey For Senate Inc

Mailing Address PO Box 58746

City State Zip Code
Philadelphia PA 19102

Purpose of Disbursement
ACLI Event: 9/19/13 Funds Orig. Reported: Oct 20, 2013 Mthly

011

Category/
Type

Candidate Name

Sen. Bob P. Casey Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	1	3

Transaction ID : 60556805

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

[MEMO ITEM]

ACLI Event: 9/19/13 Funds Orig. Reported: Oct 20, 2013 Mthly

Full Name (Last, First, Middle Initial)

C. Bob Casey For Senate Inc

Mailing Address PO Box 58746

City State Zip Code
Philadelphia PA 19102

Purpose of Disbursement
ACLI Event: 9/19/13 Re-designated funds for trans. dated 9/16/2013

011

Category/
Type

Candidate Name

Sen. Bob P. Casey Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: PA District:

Date of Disbursement

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

Transaction ID : 60556806

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

[MEMO ITEM]

ACLI Event: 9/19/13 Re-designated funds for trans. dated 9/16/2013

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

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

4	0	0	0	0	0	0	0	0	0
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4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Preserving America's Traditions (PATPAC)

Mailing Address 610 South Boulevard

City Tampa State FL Zip Code 33606

Purpose of Disbursement
2014 PAC Contribution

011

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2014

Transaction ID : 60559903

Amount of Each Disbursement this Period

3000.00

2014 PAC Contribution

Full Name (Last, First, Middle Initial)

B. Pioneer PAC

Mailing Address 1200 Trinity Drive

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2014 PAC Commitment

011

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 27 / 2014

Transaction ID : 60559910

Amount of Each Disbursement this Period

3000.00

2014 PAC Commitment

Full Name (Last, First, Middle Initial)

C. Rodney For Congress

Mailing Address PO Box 344

City Taylorville State IL Zip Code 62568

Purpose of Disbursement
Void - Stale Check (Orig Rpt'd 7/20/13)

011

Candidate Name

Rep. Rodney L. Davis

Office Sought: House Senate President
State: IL District: 13

Disbursement For: 2014 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 03 / 2014

Transaction ID : 60855324

Amount of Each Disbursement this Period

-2000.00

Void - Stale Check (Orig Rpt'd 7/20/13)

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

4000.00

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

115000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. JEFFREY KEIM

Mailing Address 6127 FOREST EDGE DR

City WHITEHOUSE State OH Zip Code 43571-9744

Purpose of Disbursement
MMPAC ACH Draft Refund

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

010
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2014

Transaction ID : 60413712

Amount of Each Disbursement this Period

145.00

MMPAC ACH Draft Refund

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

145.00

145.00
