

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Massachusetts Mutual Life Insurance Company Political Action Committee

ADDRESS (number and street)

1295 State Street

☐Check if different
than previously
reported. (ACC)

Springfield

MA

01111

0001

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00118943

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☒

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

☐☐☐in the
State of☐(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

☐☐☐in the
State of☐

5. Covering Period

12

01

2009

through

12

31

2009

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

Type or Print Name of Treasurer

Mr. Bruce C., Frisbie

Signature of Treasurer

Electronically Filed by Mr. Bruce C., Frisbie

Date

04

11

2011

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

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

A. Form/Schedule : **F3XA**
Transaction ID :

Amendment filed in response to RQ-2 dated 3/8/11 to correct totals listed on summary & detailed summary pages, with cash on hand (line 8) properly corrected for as well.

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Massachusetts Mutual Life Insurance Company Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	2	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		29202.27
(b) Cash on Hand at Beginning of Reporting Period	88871.66	
(c) Total Receipts (from Line 19)	57904.65	547554.59
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	146776.31	576756.86
7. Total Disbursements (from Line 31)	103786.71	533767.26
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	42989.60	42989.60
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Massachusetts Mutual Life Insurance Company Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
1	2	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	W	Y
1	2	3	1	2	0	0	9

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)	48809.75	392362.45
(ii) Unitemized	5761.76	140206.30
(iii) TOTAL (add Lines 11(a)(i) and (ii)	54571.51	532568.75
(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)	54571.51	532568.75
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)	3246.31	3246.31
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	10000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	86.83	1739.53
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	57904.65	547554.59
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	57904.65	547554.59

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	36.71	3246.31	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	36.71	3246.31	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	104500.00	504000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	15370.29	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	3868.22	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	3868.22	
29. Other Disbursements.....	-750.00	7282.44	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	103786.71	533767.26	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	103786.71	533767.26	

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)	54571.51	532568.75
34. Total Contribution Refunds (from Line 28(d))	0.00	3868.22
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	54571.51	528700.53
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	36.71	3246.31
37. Offsets to Operating Expenditures (from Line 15, page 3)	3246.31	3246.31
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-3209.60	0.00

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

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

FOR LINE NUMBER: PAGE 7 / 166

(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)

STEVEN WEINMAN

Mailing Address 21 PUDDINGSTONE RD

City

MORRIS PLAINS

State

NJ

Zip Code

07950-1114

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 1 / 2 0 0 9

Transaction ID: 32489256

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

SALVADORE R. SALVO

Mailing Address 2 HILLTOP CT

City

WARREN

State

NJ

Zip Code

07059-5486

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
1 2 / 0 7 / 2 0 0 9

Transaction ID: 32623579

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

JOSEPH L. DILEO

Mailing Address 60 GALILEO

City

WILLIAMSVILLE

State

NY

Zip Code

14221-2777

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 9

Transaction ID: 32837811

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 166

(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)

Brian M. Middleton

Mailing Address 544 STONE BRIDGE RD

City

PERKASIE

State

PA

Zip Code

18944-4209

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
1 2 / 2 8 / 2 0 0 9

Transaction ID: 32837812

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

MICHAEL CROTTY

Mailing Address 63 WATER ST

City

BRAINTREE

State

MA

Zip Code

02184-8640

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 ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1035393518659

Amount of Each Receipt this Period

62.49

P/R Deduction (\$20.85 Mon-
thly)

C.

Full Name (Last, First, Middle Initial)

JAMES L. MCDANIEL

Mailing Address 1004 CRISTANOS DR

City

BERNALILLO

State

NM

Zip Code

87004-5646

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
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1119975518659

Amount of Each Receipt this Period

75.00

P/R Deduction (\$25.00 Mon-
thly)

SUBTOTAL of Receipts This Page (optional)

437.49

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. ERIC H WIETSMA

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

SENIOR VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

699.92

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1120474518659

Amount of Each Receipt this Period

80.76

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

B.

Full Name (Last, First, Middle Initial)

MR. MARK ROELLIG

Mailing Address 11 COBTAIL WAY

City

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 ▼

3500.12

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1120475418659

Amount of Each Receipt this Period

403.86

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

C.

Full Name (Last, First, Middle Initial)

MS. DEBRA PALERMINO

Mailing Address 168 CENTERWOOD RD

City

NEWINGTON

State

CT

Zip Code

06111-3110

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.07

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1156272818659

Amount of Each Receipt this Period

291.87

P/R Deduction (\$98.37 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

776.49

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 166

(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)

Sean Gooden

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 ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1233883018659

Amount of Each Receipt this Period

900.00

P/R Deduction (\$125.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. WILLIAM E BARTOL

Mailing Address 650 DEEP RIVER RD

City

COLCHESTER

State

CT

Zip Code

06415-1902

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 ▼

399.88

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1264213318659

Amount of Each Receipt this Period

46.14

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

C.

Full Name (Last, First, Middle Initial)

MR. ANTHONY SCIACCA

Mailing Address 8817 LAKE CHALLIS LN

City

CHARLOTTE

State

NC

Zip Code

28226-2665

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 ▼

249.86

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1264218118659

Amount of Each Receipt this Period

28.83

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

SUBTOTAL of Receipts This Page (optional)

974.97

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. KENNETH MI GACEVICH

Mailing Address 6515 GREENWAY BEND DR

City

CHARLOTTE

State

NC

Zip Code

28226-5561

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 ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1264219218659

Amount of Each Receipt this Period

28.86

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

B.

Full Name (Last, First, Middle Initial)

MR. STUART KWASSMAN

Mailing Address 224 MAIN ST

City

NEWINGTON

State

CT

Zip Code

06111-1405

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

ASSISTANT VICE PRESIDENT & ACTUARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1285751418659

Amount of Each Receipt this Period

28.86

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

C.

Full Name (Last, First, Middle Initial)

MS. ALETHEA O'DONNELL

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

ASSISTANT VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1285752318659

Amount of Each Receipt this Period

90.00

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

SUBTOTAL of Receipts This Page (optional)

147.72

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. BRADLEY LUCIDO

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 COMPL OFF & ASSOC GEN COUNSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1499.94

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1285753918659

Amount of Each Receipt this Period

221.94

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

B.

Full Name (Last, First, Middle Initial)

MR. JOHN PHILLIPS

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

VP & ASSOCIATE GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

699.92

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1285754118659

Amount of Each Receipt this Period

80.76

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

C.

Full Name (Last, First, Middle Initial)

MR. ROBERT STINGLE

Mailing Address 30 CIDERMILL HTS

City

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

SENIOR VICE PRESIDENT & GENERAL AUDITO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.04

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1322703218659

Amount of Each Receipt this Period

380.10

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

SUBTOTAL of Receipts This Page (optional)

682.80

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: PAGE 13 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. JEFFREY 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 ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1334223418659

Amount of Each Receipt this Period

115.38

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

B.

Full Name (Last, First, Middle Initial)

MR. PHILIP S WELLMAN

Mailing Address 150 N BEACON ST

City

HARTFORD

State

CT

Zip Code

06105-2247

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

VP CHIEF COMPLIANCE OFFICER INST. FUND

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

699.92

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1342766118659

Amount of Each Receipt this Period

80.76

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

C.

Full Name (Last, First, Middle Initial)

MR. GREGORY E DEAVENS

Mailing Address 10 HENLEY COMMONS

City

FARMINGTON

State

CT

Zip Code

06032-1553

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

SENIOR VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2052.70

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1342771918659

Amount of Each Receipt this Period

236.85

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

SUBTOTAL of Receipts This Page (optional)

432.99

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MS. BARBARA CARRA

Mailing Address 101 DUXBURY LN

City

LONGMEADOW

State

MA

Zip Code

01106-2007

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 ▼

399.88

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1355573518659

Amount of Each Receipt this Period

46.14

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

B.

Full Name (Last, First, Middle Initial)

MR. MICHAEL R FANNING

Mailing Address 140 COLONIAL AVE

City

NORTH ANDOVER

State

MA

Zip Code

01845-6349

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3499.99

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1360837718659

Amount of Each Receipt this Period

526.02

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

C.

Full Name (Last, First, Middle Initial)

MR. HUGH BARRETT

Mailing Address 58 PONDVIEW DR

City

SPRINGFIELD

State

MA

Zip Code

01118-1145

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.02

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1386532018659

Amount of Each Receipt this Period

47.37

P/R Deduction (\$15.40 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

619.53

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)
MS. MICHELE EQUALE

Mailing Address 28 SUSAN DR

City State Zip Code
WESTFIELD MA 01085-1433

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation
STRATEGIC DEVELOPMENT CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.04

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1387599018659

Amount of Each Receipt this Period

34.62

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

B.

Full Name (Last, First, Middle Initial)
MS. HEIDI GLICKMAN

Mailing Address 52 WINDSOR LN

City State Zip Code
E LONGMEADOW MA 01028-5700

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation
ASSISTANT VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1387599718659

Amount of Each Receipt this Period

28.86

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

C.

Full Name (Last, First, Middle Initial)
MS. CHRISTINE PEASLEE

Mailing Address 20 HEATHER LN

City State Zip Code
NORTH GRANBY CT 06060-1208

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 ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1387601118659

Amount of Each Receipt this Period

115.38

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

SUBTOTAL of Receipts This Page (optional)

178.86

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 16 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. KYLE C BURNS

Mailing Address 72 MARY CATHERINE CIR

City

WINDSOR

State

CT

Zip Code

06095-1793

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.88

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: PR1387603118659

Amount of Each Receipt this Period

46.14

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

B.

Full Name (Last, First, Middle Initial)

STEVEN N. STONE

Mailing Address 100 BRANNON CT

City

CANTON

State

GA

Zip Code

30115-1106

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 ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: PR1391528418659

Amount of Each Receipt this Period

150.00

P/R Deduction (\$0.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MR. ANDREW GEHRING

Mailing Address 204 PHEASANT HILLS CT

City

CANTON

State

GA

Zip Code

30114-6350

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: PR1391579018659

Amount of Each Receipt this Period

20.19

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

SUBTOTAL of Receipts This Page (optional)

216.33

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 17 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MS. PAULA T RYAN

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 ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1391580618659

Amount of Each Receipt this Period

115.38

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

B.

Full Name (Last, First, Middle Initial)

MR. DENNIS H GORDON

Mailing Address 18647 ROBLEDA CT

City

SAN DIEGO

State

CA

Zip Code

92128-1124

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

SALES MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.79

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1434641518659

Amount of Each Receipt this Period

34.62

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

C.

Full Name (Last, First, Middle Initial)

MR. DAVID J COUTU

Mailing Address 2 LUCILE ST

City

WARWICK

State

RI

Zip Code

02886-5008

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1479403818659

Amount of Each Receipt this Period

115.38

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

SUBTOTAL of Receipts This Page (optional)

265.38

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 18 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

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

Mailing Address 7 ELLIOTT DR

City State Zip Code
SIMSBURY CT 06070-1669

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation
SENIOR VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1513.68

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1479403918659

Amount of Each Receipt this Period

173.07

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

B.

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

Mailing Address 10 WESTCHESTER DR

City State Zip Code
CANTON MA 02021-2449

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation
CORPORATE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.05

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1491588218659

Amount of Each Receipt this Period

200.01

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

C.

Full Name (Last, First, Middle Initial)
MS. Emilia L SALES

Mailing Address 44 WOLCOTT AVE

City State Zip Code
W SPRINGFIELD MA 01089-1977

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation
GOVERNMENT RELATIONS SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.13

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1491590418659

Amount of Each Receipt this Period

28.59

P/R Deduction (\$7.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

401.67

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: PAGE 19 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. DOUGLAS RUSSELL

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

SENIOR VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

526.20

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1500908518659

Amount of Each Receipt this Period

57.69

P/R Deduction (\$87.45 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

MR. CHRISTOPHER ARNOLD

Mailing Address 257 FARRINGTON RD

City

BARRE

State

MA

Zip Code

01005-8855

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

SYSTEMS CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.29

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1500908618659

Amount of Each Receipt this Period

34.62

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

C.

Full Name (Last, First, Middle Initial)

MR. JON D SHUMAN

Mailing Address 33 COPPERMINE RD

City

TOPSFIELD

State

MA

Zip Code

01983-2016

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 ▼

201.77

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1500911118659

Amount of Each Receipt this Period

23.07

P/R Deduction (\$7.69 Bi-W-
eekly)

SUBTOTAL of Receipts This Page (optional)

115.38

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 20 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. DOUGLAS S MORRIN

Mailing Address 24 DENNIS RD

City

LONGMEADOW

State

MA

Zip Code

01106-2340

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

ASSISTANT VICE PRESIDENT & COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.55

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1500913318659

Amount of Each Receipt this Period

46.14

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

B.

Full Name (Last, First, Middle Initial)

MS. BERNADETTE HARRIGAN

Mailing Address 66 GOODELL ST

City

BELCHERTOWN

State

MA

Zip Code

01007-9741

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

ASSISTANT VICE PRESIDENT & COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1500914118659

Amount of Each Receipt this Period

93.75

P/R Deduction (\$9.65 Bi-W-weekly)

C.

Full Name (Last, First, Middle Initial)

MR. ANDREW O'TOOLE

Mailing Address 95 STEELE RD

City

WEST HARTFORD

State

CT

Zip Code

06119-1155

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 ▼

399.88

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1500914218659

Amount of Each Receipt this Period

46.14

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

SUBTOTAL of Receipts This Page (optional)

186.03

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 21 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. JOHN M YOUNG

Mailing Address 7 LAMPERCOCK LN

City

LINCOLN

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 ▼

699.92

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1541043518659

Amount of Each Receipt this Period

80.76

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

B.

Full Name (Last, First, Middle Initial)

MR. BRIAN S SWEENEY

Mailing Address 67 CORNERSTONE DR

City

SOUTH WINDSOR

State

CT

Zip Code

06074-2373

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.79

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1554644218659

Amount of Each Receipt this Period

34.62

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

C.

Full Name (Last, First, Middle Initial)

MR. NEIL B STANDISH

Mailing Address 17 OLD FLANDERS RD

City

WOODBURY

State

CT

Zip Code

06798-2110

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

SYSTEMS CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.79

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1560527918659

Amount of Each Receipt this Period

34.62

P/R Deduction (\$11.54 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 22 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. HUGH O'TOOLE

Mailing Address 402 SUMMER HILL RD

City

MADISON

State

CT

Zip Code

06443-1852

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

SENIOR VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.75

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: PR1560531818659

Amount of Each Receipt this Period

257.52

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

Full Name (Last, First, Middle Initial)

MR. TODD PICKEN

Mailing Address 4 HAMILTON LN

City

WEATOGUE

State

CT

Zip Code

06089-9764

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

CORPORATE VICE PRESIDENT & TREASURER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.01

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: PR1560539218659

Amount of Each Receipt this Period

70.59

P/R Deduction (\$15.40 Bi-
Weekly)**C.**

Full Name (Last, First, Middle Initial)

MS. ANN B CAMMACK

Mailing Address 208 PINE ST # 15

City

AMHERST

State

MA

Zip Code

01002-1177

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 ▼

1014.13

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: PR1564484018659

Amount of Each Receipt this Period

115.38

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

SUBTOTAL of Receipts This Page (optional)

443.49

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 23 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MS. RACHEL JAEGLI

Mailing Address 4 PINE ACRES DR

City

CANTON

State

CT

Zip Code

06019-2134

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.04

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1564484318659

Amount of Each Receipt this Period

190.92

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

B.

Full Name (Last, First, Middle Initial)

MR. Kevin RASCH

Mailing Address 48 FOX DEN RD

City

WEST SIMSBURY

State

CT

Zip Code

06092-2217

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 ▼

500.07

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1569232318659

Amount of Each Receipt this Period

62.82

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

C.

Full Name (Last, First, Middle Initial)

MR. DAMON BATES

Mailing Address 5 INGRAHAM RD

City

WELLESLEY

State

MA

Zip Code

02482-6905

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

709.84

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1581880018659

Amount of Each Receipt this Period

80.76

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

SUBTOTAL of Receipts This Page (optional)

334.50

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 24 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. DAVID HARLOW

Mailing Address 274 MOUNTAIN RD

City

CHESHIRE

State

CT

Zip Code

06410-2605

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 ▼

709.84

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1581881418659

Amount of Each Receipt this Period

80.76

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

B.

Full Name (Last, First, Middle Initial)

DONALD E. HELMS

Mailing Address 1225 BRAYSTONE TRL

City

COLLIERVILLE

State

TN

Zip Code

38017-3647

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 ▼

747.66

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1602275918659

Amount of Each Receipt this Period

171.50

P/R Deduction (\$174.25 Monthly)

C.

Full Name (Last, First, Middle Initial)

MR. MARK KNAPP

Mailing Address 4412 INDIANA AVE

City

LA CANADA

State

CA

Zip Code

91011-3117

FEC ID number of contributing
federal political committee.

C

Name of Employer

CORNERSTONE RE ADVISERS
LLC

Occupation

ASSET MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1637390718659

Amount of Each Receipt this Period

48.75

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

SUBTOTAL of Receipts This Page (optional)

301.01

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 25 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. J SCOTT PALMER

Mailing Address 25 DARTMOUTH LN

City

E LONGMEADOW

State

MA

Zip Code

01028-3105

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.94

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1645210018659

Amount of Each Receipt this Period

176.46

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

B.

Full Name (Last, First, Middle Initial)

MS. BETH CARLSON

Mailing Address 33 HOFFMANN RD

City

CANTON

State

CT

Zip Code

06019-2151

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.06

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1663792218659

Amount of Each Receipt this Period

123.54

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

C.

Full Name (Last, First, Middle Initial)

ALAN L. MELTZER

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 ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR789845118659

Amount of Each Receipt this Period

1249.98

P/R Deduction (\$416.66 Mo-
nthly)

SUBTOTAL of Receipts This Page (optional)

1549.98

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 26 / 166

(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)

BRUCE T. RIDDLE

Mailing Address 3702 E 63RD ST

City

TULSA

State

OK

Zip Code

74136-1523

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

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR789860718659

Amount of Each Receipt this Period

187.50

P/R Deduction (\$62.50 Monthly)

B.

Full Name (Last, First, Middle Initial)

Bryan S. Hanning

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 ▼

1028.52

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR789861018659

Amount of Each Receipt this Period

257.13

P/R Deduction (\$85.71 Monthly)

C.

Full Name (Last, First, Middle Initial)

CHARLES R. ZLOCH

Mailing Address 106 ROYAL PARK DR # 1

City

OAKLAND PARK

State

FL

Zip Code

33309-5898

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 ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR789868418659

Amount of Each Receipt this Period

180.00

P/R Deduction (\$60.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

624.63

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 27 / 166

(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)

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

GENERAL INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR789875518659

Amount of Each Receipt this Period

375.00

P/R Deduction (\$167.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

DANIEL M. SMITH

Mailing Address 90 DOLAN DR

City

GUILFORD

State

CT

Zip Code

06437-2350

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

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR789877618659

Amount of Each Receipt this Period

99.99

P/R Deduction (\$33.35 Monthly)

C.

Full Name (Last, First, Middle Initial)

DAVID G. CARVER

Mailing Address 100 OCEANGATE STE 800

City

LONG BEACH

State

CA

Zip Code

90802-4369

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
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR789881318659

Amount of Each Receipt this Period

75.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

549.99

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 28 / 166

(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)

David H. Root

Mailing Address 1430 POLK ST

City

HOLLYWOOD

State

FL

Zip Code

33020-5245

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 ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR789881618659

Amount of Each Receipt this Period

375.00

P/R Deduction (\$125.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

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 ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR789882218659

Amount of Each Receipt this Period

300.00

P/R Deduction (\$100.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

DENNIS J. FLANAGAN

Mailing Address 4366 ALTHEA WAY

City

WEST PALM BEACH

State

FL

Zip Code

33410-5408

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 ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR789888518659

Amount of Each Receipt this Period

62.49

P/R Deduction (\$20.85 Monthly)

SUBTOTAL of Receipts This Page (optional)

737.49

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 / 166

(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)

DONALD J. HARRINGTON

Mailing Address 4150 VIA DOLCE APT 1

City

MARINA DEL REY

State

CA

Zip Code

90292-5291

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

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR789892318659

Amount of Each Receipt this Period

90.00

P/R Deduction (\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

E D. ROBERTS

Mailing Address 2906 LAKEHURST RD

City

SPICEWOOD

State

TX

Zip Code

78669-6886

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
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR789895418659

Amount of Each Receipt this Period

75.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

FRANK JOANOU

Mailing Address 14 HUBBARD PL

City

WHEELING

State

WV

Zip Code

26003-5523

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
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR789907018659

Amount of Each Receipt this Period

150.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

315.00

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 30 / 166

(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)

GENE S. TYRRELL

Mailing Address 1657 SOUTHPORT DR

City

RIVERSIDE

State

CA

Zip Code

92506-5450

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
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR789913318659

Amount of Each Receipt this Period

150.00

P/R Deduction (\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

GEORGE P. BECKNELL, III

Mailing Address 70 NE LOOP 410 STE 730

City

SAN ANTONIO

State

TX

Zip Code

78216-5843

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

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR789915618659

Amount of Each Receipt this Period

249.99

P/R Deduction (\$83.35 Monthly)

C.

Full Name (Last, First, Middle Initial)

GEORGE V. CAYLOR

Mailing Address 2460 RIVERMONT AVE

City

LYNCHBURG

State

VA

Zip Code

24503-1546

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

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR789915818659

Amount of Each Receipt this Period

180.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

579.99

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 31 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

GREGORY F. CARROLL

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 ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR789921418659

Amount of Each Receipt this Period

300.00

P/R Deduction (\$100.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

HENRY L. LEGARE, Jr.

Mailing Address 119 CAMELIA DR

City

SUMMERVILLE

State

SC

Zip Code

29485-5738

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 ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR789929418659

Amount of Each Receipt this Period

62.49

P/R Deduction (\$20.83 Monthly)

C.

Full Name (Last, First, Middle Initial)

HERBERT D. KASS

Mailing Address 1500 PALISADE AVE APT 9A

City

FORT LEE

State

NJ

Zip Code

07024-5307

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 ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR789930518659

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

482.49

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 32 / 166

(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)

Howard N. Bienenfeld

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 ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR789932718659

Amount of Each Receipt this Period

249.99

P/R Deduction (\$83.35 Monthly)

B.

Full Name (Last, First, Middle Initial)

JAMES F. CHAPEL, Jr.

Mailing Address 1609 EMERALD BAY

City

LAGUNA BEACH

State

CA

Zip Code

92651-1236

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 ▼

1375.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR789945418659

Amount of Each Receipt this Period

375.00

P/R Deduction (\$125.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

JAMES H. MCGINNIS

Mailing Address 2108 DUDLEY AVE

City

PARKERSBURG

State

WV

Zip Code

26101-3406

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 ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR789946818659

Amount of Each Receipt this Period

62.49

P/R Deduction (\$20.85 Monthly)

SUBTOTAL of Receipts This Page (optional)

687.48

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 33 / 166

(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)

JOHN M. RUCKEL

Mailing Address 524 INWOOD LN

City

NACOGDOCHES

State

TX

Zip Code

75965-1929

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
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR789975518659

Amount of Each Receipt this Period

75.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

JOE E. YOUNG, Jr.

Mailing Address 32 STONY RDG

City

ASHEVILLE

State

NC

Zip Code

28804-1854

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR789982918659

Amount of Each Receipt this Period

90.00

P/R Deduction (\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

KARL J. FEITELBERG

Mailing Address 175 DERBY ST # 33

City

HINGHAM

State

MA

Zip Code

02043-4007

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 ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR789989118659

Amount of Each Receipt this Period

165.00

P/R Deduction (\$55.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

330.00

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 34 / 166

(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)

Katheigh L. 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

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR789989218659

Amount of Each Receipt this Period

75.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

KIRK A. RYDER

Mailing Address 3815 TRIMBLE RD

City

NASHVILLE

State

TN

Zip Code

37215-3101

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 ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR789996818659

Amount of Each Receipt this Period

62.49

P/R Deduction (\$20.85 Monthly)

C.

Full Name (Last, First, Middle Initial)

LANGHORNE H. MEEM, II

Mailing Address 215 OLD ORCHARD LN

City

RICHMOND

State

VA

Zip Code

23226-2246

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 ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR789998318659

Amount of Each Receipt this Period

51.00

P/R Deduction (\$17.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

188.49

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 35 / 166

(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)

LAWRENCE M. TOMCZAK

Mailing Address 5938 SWAN CREEK DR

City

TOLEDO

State

OH

Zip Code

43614-1021

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

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790001718659

Amount of Each Receipt this Period

99.99

P/R Deduction (\$33.35 Monthly)

B.

Full Name (Last, First, Middle Initial)

Lawrence N. Holden, III

Mailing Address 601 ARBOR RD

City

WINSTON SALEM

State

NC

Zip Code

27104-2331

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
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790001818659

Amount of Each Receipt this Period

150.00

P/R Deduction (\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Louis F. Grammes

Mailing Address 6105 STEPHENS CROSSI

City

MECHANICSBURG

State

PA

Zip Code

17050-2371

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 ▼

500.40

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790009018659

Amount of Each Receipt this Period

125.10

P/R Deduction (\$41.70 Monthly)

SUBTOTAL of Receipts This Page (optional)

375.09

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 36 / 166

(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)

MICHAEL G. FOGARTY

Mailing Address 52 RICHMOND DR

City

SAVANNAH

State

GA

Zip Code

31406-7541

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
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790028118659

Amount of Each Receipt this Period

75.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MICHAEL J. MCDERMID

Mailing Address 665 MOUNTAIN VIEW DR

City

LEWISTON

State

NY

Zip Code

14092-1911

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 ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790029318659

Amount of Each Receipt this Period

255.00

P/R Deduction (\$85.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mitchell B. Starr

Mailing Address 9800 SW 4TH ST

City

PLANTATION

State

FL

Zip Code

33324-2826

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
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790035418659

Amount of Each Receipt this Period

150.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

480.00

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 37 / 166

(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)

MOLLY G. MEEM

Mailing Address 215 OLD ORCHARD LN

City

RICHMOND

State

VA

Zip Code

23226-2246

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790035818659

Amount of Each Receipt this Period

75.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

NADER A. ISSA

Mailing Address 1533 KOCH LN

City

SAN JOSE

State

CA

Zip Code

95125-4852

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
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790036918659

Amount of Each Receipt this Period

75.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

PATRICK N. DUGINSKE

Mailing Address 13990 COLVILLE CIR

City

CARMEL

State

IN

Zip Code

46033-8598

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790044318659

Amount of Each Receipt this Period

75.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

225.00

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

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(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)

PAUL A. DECOURSEY

Mailing Address 4605 N MERIDIAN ST

City

INDIANAPOLIS

State

IN

Zip Code

46208-3537

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

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790044818659

Amount of Each Receipt this Period

75.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Paul M. Joanou

Mailing Address 59 BRIARWOOD DR

City

WHEELING

State

WV

Zip Code

26003-4835

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

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790047018659

Amount of Each Receipt this Period

75.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Peter M. Lewis

Mailing Address 230 LITTLE ROUND TOP

City

BULVERDE

State

TX

Zip Code

78163-3400

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790051318659

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

210.00

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 39 / 166

(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)

Randy R. Cushing

Mailing Address 696 COMMERCIAL ST

City

WEYMOUTH

State

MA

Zip Code

02189-1037

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 ▼

666.60

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790056318659

Amount of Each Receipt this Period

166.65

P/R Deduction (\$55.55 Monthly)

B.

Full Name (Last, First, Middle Initial)

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 ▼

364.50

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790056918659

Amount of Each Receipt this Period

252.00

P/R Deduction (\$84.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

RAYMOND E. WELSH

Mailing Address RR 1 BOX 152

City

PENDER

State

NE

Zip Code

68047-9758

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
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790060718659

Amount of Each Receipt this Period

75.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

493.65

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 40 / 166

(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)

ROBERT M. SMITH

Mailing Address 1487 S CREST DR

City

LOS ANGELES

State

CA

Zip Code

90035-3339

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

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790083618659

Amount of Each Receipt this Period

90.00

P/R Deduction (\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

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 ▼

400.44

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790086618659

Amount of Each Receipt this Period

100.11

P/R Deduction (\$167.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

RONNIE E. HUIE

Mailing Address 7740 SWEETWIND CIR

City

FAIR OAKS RANCH

State

TX

Zip Code

78015-4569

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

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790095518659

Amount of Each Receipt this Period

99.99

P/R Deduction (\$33.35 Monthly)

SUBTOTAL of Receipts This Page (optional)

290.10

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: PAGE 41 / 166

(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)

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 ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790102918659

Amount of Each Receipt this Period

249.99

P/R Deduction (\$83.35 Monthly)

B.

Full Name (Last, First, Middle Initial)

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

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790109418659

Amount of Each Receipt this Period

249.99

P/R Deduction (\$167.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

THOMAS L. DELEOT

Mailing Address 987 WELLINGTON RD

City

WINSTON SALEM

State

NC

Zip Code

27106-5622

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

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790124818659

Amount of Each Receipt this Period

99.99

P/R Deduction (\$33.35 Monthly)

SUBTOTAL of Receipts This Page (optional)

599.97

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 166

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

TODD E. HOLT

Mailing Address 4816 96TH ST

City

LUBBOCK

State

TX

Zip Code

79424-4815

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 ▼

999.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	9	

Transaction ID: PR790131718659

Amount of Each Receipt this Period

249.99

P/R Deduction (\$0.00 Mont-
hly)**B.**

Full Name (Last, First, Middle Initial)

W E. OWENS

Mailing Address 208 CONVENTION DR

City

VIRGINIA BCH

State

VA

Zip Code

23462-6027

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 ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	9	

Transaction ID: PR790135418659

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Mon-
thly)**C.**

Full Name (Last, First, Middle Initial)

MR. ALAN L BLAIS

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 ▼

699.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	9	

Transaction ID: PR790151818659

Amount of Each Receipt this Period

80.76

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

SUBTOTAL of Receipts This Page (optional)

390.75

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. ALBERT R KINGAN

Mailing Address 45 FAMILY LN

City

AGAWAM

State

MA

Zip Code

01001-2397

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

ASSISTANT VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: PR790152718659

Amount of Each Receipt this Period

28.86

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

Full Name (Last, First, Middle Initial)

MR. ANTONIO SCIBELLI

Mailing Address 51 MOUNTAIN VIEW ST

City

SOUTH HADLEY

State

MA

Zip Code

01075-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

ASSISTANT VICE PRESIDENT & COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: PR790157418659

Amount of Each Receipt this Period

93.75

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

Full Name (Last, First, Middle Initial)

MR. ALAN KULIG

Mailing Address PO BOX 98

City

WILBRAHAM

State

MA

Zip Code

01095-0098

FEC ID number of contributing
federal political committee.

C

Name of Employer
BABSON CAPITAL MANAGEMENT
LLC

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.88

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: PR790158818659

Amount of Each Receipt this Period

46.14

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

SUBTOTAL of Receipts This Page (optional)

168.75

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 44 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. ALLAN A CAMPBELL, III

Mailing Address 75 OAKLAND ST

City

WILBRAHAM

State

MA

Zip Code

01095-2766

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.86

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790159018659

Amount of Each Receipt this Period

28.83

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

B.

Full Name (Last, First, Middle Initial)

MR. ANDREW C DICKEY

Mailing Address 1183 LONGMEADOW ST

City

LONGMEADOW

State

MA

Zip Code

01106-2201

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

SVP & DEPUTY CHIEF INVESTMENT OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790159318659

Amount of Each Receipt this Period

230.76

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

C.

Full Name (Last, First, Middle Initial)

MR. ANDREW J EDE

Mailing Address 77 SANFORD ST

City

E LONGMEADOW

State

MA

Zip Code

01028-2646

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

ASSISTANT VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.88

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790159418659

Amount of Each Receipt this Period

46.14

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

SUBTOTAL of Receipts This Page (optional)

305.73

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 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. ANDREW C WILLIAMS

Mailing Address 53 SUNSET BEACH RD

City

BRANFORD

State

CT

Zip Code

06405-5028

FEC ID number of contributing
federal political committee.

C

Name of Employer
CORNERSTONE RE ADVISERS
LLC

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790159618659

Amount of Each Receipt this Period

57.69

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

B.

Full Name (Last, First, Middle Initial)

MS. Brenda A SAVAGE

Mailing Address 1008 MAIN ST

City

SOMERS

State

CT

Zip Code

06071-2125

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

ASSISTANT VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.86

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790165318659

Amount of Each Receipt this Period

28.83

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

C.

Full Name (Last, First, Middle Initial)

MR. BRIAN J PRAST

Mailing Address 47 ELLINGTON ST

City

LONGMEADOW

State

MA

Zip Code

01106-1429

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

SECOND VICE PRESIDENT & ACTUARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.88

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790165918659

Amount of Each Receipt this Period

46.14

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

SUBTOTAL of Receipts This Page (optional)

132.66

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 46 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. BRUCE H BONSALE

Mailing Address 12 SALVATOR DR

City

WESTFIELD

State

MA

Zip Code

01085-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

699.92

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790166418659

Amount of Each Receipt this Period

80.76

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

B.

Full Name (Last, First, Middle Initial)

MS. BARBARA J ALLEN

Mailing Address 11 FOX HEDGE RD

City

E LONGMEADOW

State

MA

Zip Code

01028-1414

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.88

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790167018659

Amount of Each Receipt this Period

46.14

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

C.

Full Name (Last, First, Middle Initial)

MR. BRUCE C FRISBIE

Mailing Address 54 MASSASOIT AVE

City

W SPRINGFIELD

State

MA

Zip Code

01089-1122

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

ASSISTANT VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790168318659

Amount of Each Receipt this Period

28.86

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

SUBTOTAL of Receipts This Page (optional)

155.76

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 47 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MS. CAROL W DEMAS

Mailing Address 52 CEDAR WOODS GLN

City

W SPRINGFIELD

State

MA

Zip Code

01089-1637

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.86

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790171318659

Amount of Each Receipt this Period

28.83

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

B.

Full Name (Last, First, Middle Initial)

MS. CAROL A DUBE

Mailing Address 8 PLAIN ST

City

EASTHAMPTON

State

MA

Zip Code

01027-2610

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.88

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790171618659

Amount of Each Receipt this Period

46.14

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

C.

Full Name (Last, First, Middle Initial)

MR. CHARLES G HIGGINS

Mailing Address 15 WOODLAND DELL RD

City

WILBRAHAM

State

MA

Zip Code

01095-1734

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

CONTRACT CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.86

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790175218659

Amount of Each Receipt this Period

28.83

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

SUBTOTAL of Receipts This Page (optional)

103.80

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: PAGE 48 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. CHRISTOPHER K KINNON

Mailing Address 2415 MANHATTAN AVE

City

HERMOSA BEACH

State

CA

Zip Code

90254-2542

FEC ID number of contributing
federal political committee.

C

Name of Employer

CORNERSTONE RE ADVISERS
LLC

Occupation

COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.88

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790183818659

Amount of Each Receipt this Period

46.14

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

B.

Full Name (Last, First, Middle Initial)

MR. CLIFFORD M NOREEN

Mailing Address 95 BENT TREE DR

City

E LONGMEADOW

State

MA

Zip Code

01028-1365

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 ▼

2857.40

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790184118659

Amount of Each Receipt this Period

329.70

P/R Deduction (\$96.16 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

MR. Craig WADDINGTON

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

VICE PRESIDENT & ACTUARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790184518659

Amount of Each Receipt this Period

115.38

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

SUBTOTAL of Receipts This Page (optional)

491.22

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 49 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. DANIEL S HILL

Mailing Address 26 COLTON RD

City

GLASTONBURY

State

CT

Zip Code

06033-3947

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 ▼

249.86

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790185618659

Amount of Each Receipt this Period

28.83

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

B.

Full Name (Last, First, Middle Initial)

MR. DAVID J BROWN

Mailing Address 289 CHESTERFIELD RD

City

WESTHAMPTON

State

MA

Zip Code

01027-9635

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.86

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790187118659

Amount of Each Receipt this Period

28.83

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

C.

Full Name (Last, First, Middle Initial)

MR. DAVID J ECHEVERRIA

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 ▼

699.92

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790188618659

Amount of Each Receipt this Period

80.76

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

SUBTOTAL of Receipts This Page (optional)

138.42

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: PAGE 50 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. DAVID D WHARMBY

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

PORTFOLIO MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790192618659

Amount of Each Receipt this Period

115.38

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

B.

Full Name (Last, First, Middle Initial)

MR. DENNIS S HERCHEL

Mailing Address 69 HIGHLAND CIR

City

HAMPDEN

State

MA

Zip Code

01036-9676

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

ASSISTANT VICE PRESIDENT & COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.88

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790196718659

Amount of Each Receipt this Period

46.14

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

C.

Full Name (Last, First, Middle Initial)

MR. DEREK D DARLEY

Mailing Address 10 SPICE HILL DR

City

EAST HAMPTON

State

CT

Zip Code

06424-1760

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

ASSISTANT VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.86

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790197118659

Amount of Each Receipt this Period

28.83

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

SUBTOTAL of Receipts This Page (optional)

190.35

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. DAVID L BRASSARD

Mailing Address 175 TANGLEWOOD DR

City

E LONGMEADOW

State

MA

Zip Code

01028-2660

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 ▼

999.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: PR790205518659

Amount of Each Receipt this Period

115.38

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

Full Name (Last, First, Middle Initial)

MR. DAVID LAURETTI

Mailing Address 6 GALE RD

City

BLOOMFIELD

State

CT

Zip Code

06002-1508

FEC ID number of contributing
federal political committee.

C

Name of Employer

CORNERSTONE RE ADVISERS
LLC

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1499.94

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: PR790206018659

Amount of Each Receipt this Period

173.07

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

Full Name (Last, First, Middle Initial)

MR. DAVID J REILLY

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

PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: PR790206318659

Amount of Each Receipt this Period

230.76

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

SUBTOTAL of Receipts This Page (optional)

519.21

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: PAGE 52 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. DEAN R HINDMAN

Mailing Address 46 DWIGHT ST

City

BOSTON

State

MA

Zip Code

02118-3662

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

VICE PRESIDENT AND SENIOR COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.88

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790206618659

Amount of Each Receipt this Period

46.14

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

B.

Full Name (Last, First, Middle Initial)

MS. Diana K RUDDICK

Mailing Address 15 SHODDY MILL RD

City

GLASTONBURY

State

CT

Zip Code

06033-3514

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790207118659

Amount of Each Receipt this Period

115.38

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

C.

Full Name (Last, First, Middle Initial)

MS. DIANE MACK

Mailing Address 10 DUNCASTER RD

City

BLOOMFIELD

State

CT

Zip Code

06002-1504

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

VP & ASSOCIATE GENERAL COUNSEL - PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.08

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790207418659

Amount of Each Receipt this Period

30.78

P/R Deduction (\$10.26 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: PAGE 53 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. DONALD J PHELAN

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

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

699.92

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790207818659

Amount of Each Receipt this Period

80.76

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

B.

Full Name (Last, First, Middle Initial)

MR. DOUGLAS J JANGRAW

Mailing Address 17 CLIFFORD LN

City

LONGMEADOW

State

MA

Zip Code

01106-2919

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

CORPORATE VP & ACTUARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790208218659

Amount of Each Receipt this Period

115.38

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

C.

Full Name (Last, First, Middle Initial)

MR. Ed D YOUNELL

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

699.92

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790209518659

Amount of Each Receipt this Period

80.76

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

SUBTOTAL of Receipts This Page (optional)

276.90

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 54 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MS. ELIZABETH CANAVAN

Mailing Address 121 CAPTAIN RD

City

LONGMEADOW

State

MA

Zip Code

01106-2545

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

ASSISTANT VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.07

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790211618659

Amount of Each Receipt this Period

61.35

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

B.

Full Name (Last, First, Middle Initial)

MS. ELIZABETH M MERCHANT

Mailing Address 18 KAREN DR

City

GRANBY

State

MA

Zip Code

01033-9436

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

ASSISTANT VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790211718659

Amount of Each Receipt this Period

28.86

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

C.

Full Name (Last, First, Middle Initial)

MS. ELLEN RAWSON

Mailing Address 145 YOKUN RD

City

PITTSFIELD

State

MA

Zip Code

01201-8880

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 ▼

249.86

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790212218659

Amount of Each Receipt this Period

28.83

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

SUBTOTAL of Receipts This Page (optional)

119.04

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 55 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. EDWARD WILCZYNSKIJR, Jr.

Mailing Address 15 LELAND DR

City

LUDLOW

State

MA

Zip Code

01056-1278

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.97

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790215818659

Amount of Each Receipt this Period

133.71

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

B.

Full Name (Last, First, Middle Initial)

MR. EDWIN J PELIS

Mailing Address 29 MAIN ST

City

HATFIELD

State

MA

Zip Code

01038-9702

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

SECOND VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.88

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790215918659

Amount of Each Receipt this Period

46.14

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

C.

Full Name (Last, First, Middle Initial)

MS. GAIL S GARVEY

Mailing Address 23 CRESENT CIR

City

WESTFIELD

State

MA

Zip Code

01085-5003

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.86

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790220018659

Amount of Each Receipt this Period

28.83

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

SUBTOTAL of Receipts This Page (optional)

208.68

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 56 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. GARY J BACCHIOCCHI

Mailing Address 14 GARY DR

City

WESTFIELD

State

MA

Zip Code

01085-4554

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1499.94

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: PR790227318659

Amount of Each Receipt this Period

173.07

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

Full Name (Last, First, Middle Initial)

MR. GARY J EMERY

Mailing Address 9 WILLOW CREEK AVE

City

SUFFIELD

State

CT

Zip Code

06078-2257

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

SECOND VICE PRESIDENT & ACTUARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: PR790227518659

Amount of Each Receipt this Period

34.62

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

Full Name (Last, First, Middle Initial)

MR. HARVEY BR HOFFMAN

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

CORPORATE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: PR790231418659

Amount of Each Receipt this Period

380.10

P/R Deduction (\$96.16 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

587.79

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 57 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. ISADORE JERMYN

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

SVP & CHIEF ACTUARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1519.96

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790232518659

Amount of Each Receipt this Period

175.38

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

B.

Full Name (Last, First, Middle Initial)

MR. JAMES M LYNCH

Mailing Address 14 DEER RUN DR

City

COLCHESTER

State

CT

Zip Code

06415-1805

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

SECOND VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.86

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790235318659

Amount of Each Receipt this Period

28.83

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

C.

Full Name (Last, First, Middle Initial)

MR. JAMES R WILLIAMS

Mailing Address PO BOX 1606

City

WARREN

State

MA

Zip Code

01083-1606

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

SECOND VP & ASSOC GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

699.92

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790236818659

Amount of Each Receipt this Period

80.76

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

SUBTOTAL of Receipts This Page (optional)

284.97

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.Full Name (Last, First, Middle Initial)
MS. JOANNE M DENVER

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
CORNERSTONE RE ADVISERS
LLCOccupation
MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: PR790244918659

Amount of Each Receipt this Period

115.38

P/R Deduction (\$38.46 Bi-
Weekly)**B.**Full Name (Last, First, Middle Initial)
MR. JOHN E DEITELBAUM

Mailing Address 11 MIDDLE RD

City	State	Zip Code
ELLINGTON	CT	06029-3615

FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1570.14

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: PR790248218659

Amount of Each Receipt this Period

181.17

P/R Deduction (\$152.55 Bi-
Weekly)**C.**Full Name (Last, First, Middle Initial)
MR. JOHN R TAILLIE

Mailing Address 151 MCKENZIE DR

City	State	Zip Code
SOUTHINGTON	CT	06489-4117

FEC ID number of contributing
federal political committee.

C

Name of Employer
CORNERSTONE RE ADVISERS
LLCOccupation
MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: PR790252018659

Amount of Each Receipt this Period

75.00

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

SUBTOTAL of Receipts This Page (optional)

371.55

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 59 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. JOSEPH A CALABRESE

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
BABSON CAPITAL MANAGEMENT
LLC

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

699.92

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790253218659

Amount of Each Receipt this Period

80.76

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

B.

Full Name (Last, First, Middle Initial)

MR. JOSEPH R ROKOWSKI

Mailing Address 124 MAXIMILIAN DR

City

GRANBY

State

MA

Zip Code

01033-9469

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSMUTUAL TRUST COMPANY

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1004.16

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790254518659

Amount of Each Receipt this Period

115.38

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

C.

Full Name (Last, First, Middle Initial)

MR. JAMES S COLLINS

Mailing Address 439 EAST ST

City

BELCHERTOWN

State

MA

Zip Code

01007-9317

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

CORPORATE VICE PRESIDENT & ACTUARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790259318659

Amount of Each Receipt this Period

115.38

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

SUBTOTAL of Receipts This Page (optional)

311.52

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. JAMES J NASCIMENTO

Mailing Address 432 LYON ST

City

LUDLOW

State

MA

Zip Code

01056-1133

FEC ID number of contributing
federal political committee.

C

Name of Employer
CORNERSTONE RE ADVISERS
LLC

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

699.92

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790260218659

Amount of Each Receipt this Period

80.76

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

Full Name (Last, First, Middle Initial)

MR. JAMES P PUHALA, III

Mailing Address 68 HOLCOMB ST

City

EAST GRANBY

State

CT

Zip Code

06026-9531

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

699.92

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790260418659

Amount of Each Receipt this Period

80.76

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

Full Name (Last, First, Middle Initial)

MR. JAMES M RODOLAKIS

Mailing Address 26 EVERGREEN DR

City

E LONGMEADOW

State

MA

Zip Code

01028-1456

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

VICE PRESIDENT AND SENIOR COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.88

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790260518659

Amount of Each Receipt this Period

46.14

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

SUBTOTAL of Receipts This Page (optional)

207.66

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 61 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. JEFFREY M GURSKI

Mailing Address 10 VICTORIA LN

City

WILBRAHAM

State

MA

Zip Code

01095-1905

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790261218659

Amount of Each Receipt this Period

30.00

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

B.

Full Name (Last, First, Middle Initial)

MR. JEFFREY T ROBINSON

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

699.92

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790261618659

Amount of Each Receipt this Period

80.76

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

C.

Full Name (Last, First, Middle Initial)

MS. JILL FIELDS

Mailing Address 38 TWIN BROOK CIR

City

LONGMEADOW

State

MA

Zip Code

01106-2338

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 ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790262018659

Amount of Each Receipt this Period

115.38

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

SUBTOTAL of Receipts This Page (optional)

226.14

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 62 / 166

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. JOHN F CRANE

Mailing Address 18 BUNGALOW PT

City

WILBRAHAM

State

MA

Zip Code

01095-1608

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

ASSISTANT VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.88

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: PR790262718659

Amount of Each Receipt this Period

46.14

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

B.

Full Name (Last, First, Middle Initial)

MR. JOHN P DOAN

Mailing Address 4308 NORBECK RD

City

ROCKVILLE

State

MD

Zip Code

20853-1873

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 ▼

999.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: PR790262918659

Amount of Each Receipt this Period

115.38

P/R Deduction (\$0.00 Bi-W-
eekly)**C.**

Full Name (Last, First, Middle Initial)

MR. John P MCCLOSKEY

Mailing Address 9 WARD DR

City

WILBRAHAM

State

MA

Zip Code

01095-2778

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

699.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: PR790263618659

Amount of Each Receipt this Period

80.76

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

SUBTOTAL of Receipts This Page (optional)

242.28

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 63 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. JOHN MILLER, Jr

Mailing Address 55 PINE GROVE CIR

City

E LONGMEADOW

State

MA

Zip Code

01028-1300

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSMUTUAL INTERNATIONAL

Occupation

SENIOR MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790263818659

Amount of Each Receipt this Period

115.38

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

B.

Full Name (Last, First, Middle Initial)

MS. KATHLEEN M COUGHLIN

Mailing Address 37 SOUTHWOOD RD

City

NEWINGTON

State

CT

Zip Code

06111-3156

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

ASSISTANT VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.41

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790271418659

Amount of Each Receipt this Period

28.86

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

C.

Full Name (Last, First, Middle Initial)

MS. KATHY S REEVE

Mailing Address EDMERE 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

INVESTMENT ANALYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790272718659

Amount of Each Receipt this Period

57.69

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

SUBTOTAL of Receipts This Page (optional)

201.93

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 64 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. KEITH T SELL

Mailing Address 118 CHISWICK ST

City

LONGMEADOW

State

MA

Zip Code

01106-2619

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

ASSISTANT VICE PRESIDENT & ACTUARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790273018659

Amount of Each Receipt this Period

28.86

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

B.

Full Name (Last, First, Middle Initial)

MS. KATHLEEN LYNCH

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 ▼

800.02

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790277618659

Amount of Each Receipt this Period

92.31

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

C.

Full Name (Last, First, Middle Initial)

MR. KENNETH S COHEN

Mailing Address 59 WOODLOT RD

City

AMHERST

State

MA

Zip Code

01002-3451

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

SVP & DEPUTY GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790278018659

Amount of Each Receipt this Period

495.48

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

SUBTOTAL of Receipts This Page (optional)

616.65

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 65 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. KENNETH M RICKSON

Mailing Address 3 WESTWOOD DR

City

WILBRAHAM

State

MA

Zip Code

01095-2019

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

699.92

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790278518659

Amount of Each Receipt this Period

80.76

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

B.

Full Name (Last, First, Middle Initial)

MR. KEVIN M SWEENEY

Mailing Address 14 ERICKA CIR

City

E LONGMEADOW

State

MA

Zip Code

01028-1658

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1499.94

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790278918659

Amount of Each Receipt this Period

173.07

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

C.

Full Name (Last, First, Middle Initial)

MR. KI NAM KIM

Mailing Address 335 INVERNESS LN

City

LONGMEADOW

State

MA

Zip Code

01106-2825

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

699.92

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790279018659

Amount of Each Receipt this Period

80.76

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

SUBTOTAL of Receipts This Page (optional)

334.59

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 66 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MS. LAURA J PERLOTTO

Mailing Address 17 CLAIRE LANE

City

BLOOMFIELD

State

CT

Zip Code

06002

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

ASSISTANT VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.86

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790280518659

Amount of Each Receipt this Period

28.83

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

B.

Full Name (Last, First, Middle Initial)

MS. LINDA M FLYNN

Mailing Address 26 BAYNE ST

City

E LONGMEADOW

State

MA

Zip Code

01028-2214

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

ASSISTANT VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790283818659

Amount of Each Receipt this Period

28.86

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

C.

Full Name (Last, First, Middle Initial)

MS. LISA A HOWAT

Mailing Address 61 EMILY RD

City

MARLBOROUGH

State

CT

Zip Code

06447-1547

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 ▼

399.88

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790286618659

Amount of Each Receipt this Period

46.14

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

SUBTOTAL of Receipts This Page (optional)

103.83

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 67 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MS. LISE A HICKS

Mailing Address 2779 E POSSE CT

City

GREEN VALLEY

State

AZ

Zip Code

85614-5874

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790287218659

Amount of Each Receipt this Period

115.38

P/R Deduction (\$0.00 Bi-W-
eekly)

B.

Full Name (Last, First, Middle Initial)

MS. LOUISE R LANGLOIS

Mailing Address 21 UPLAND RD

City

HOLYOKE

State

MA

Zip Code

01040-1422

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.86

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790288318659

Amount of Each Receipt this Period

28.83

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

C.

Full Name (Last, First, Middle Initial)

MS. LAURA S VOLZ

Mailing Address 241 ROUTE 198

City

WOODSTOCK VLY

State

CT

Zip Code

06282-2432

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

HUMAN RESOURCE CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.86

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790290218659

Amount of Each Receipt this Period

28.83

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

SUBTOTAL of Receipts This Page (optional)

173.04

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 68 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. MARK ACKERMAN

Mailing Address 385 GREEN HILL RD

City

LONGMEADOW

State

MA

Zip Code

01106-2943

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 ▼

699.92

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790296018659

Amount of Each Receipt this Period

80.76

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

B.

Full Name (Last, First, Middle Initial)

MR. MARK R CARON

Mailing Address 135 MOUNTAIN RD

City

WILBRAHAM

State

MA

Zip Code

01095-1721

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

ASSISTANT VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.86

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790296318659

Amount of Each Receipt this Period

28.83

P/R Deduction (\$0.00 Bi-W-
eekly)

C.

Full Name (Last, First, Middle Initial)

MS. MARLENE H LAYMAN

Mailing Address 54 DRESSEL AVE

City

BELCHERTOWN

State

MA

Zip Code

01007-9468

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.88

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790297718659

Amount of Each Receipt this Period

46.14

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

SUBTOTAL of Receipts This Page (optional)

155.73

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 69 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. MATTHEW P NATCHARIAN

Mailing Address 22 OVERLOOK DR

City

WILBRAHAM

State

MA

Zip Code

01095-1924

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 ▼

999.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: PR790301418659

Amount of Each Receipt this Period

115.38

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

Full Name (Last, First, Middle Initial)

MS. MELISSA A RICCO

Mailing Address 6 ALCOVE RD

City

SOUTHWICK

State

MA

Zip Code

01077-9808

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 ▼

1368.38

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: PR790303118659

Amount of Each Receipt this Period

157.89

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

Full Name (Last, First, Middle Initial)

MR. MICHAEL H GATELY

Mailing Address 134 FAIRVIEW TER

City

S GLASTONBURY

State

CT

Zip Code

06073-3304

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 ▼

1017.06

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: PR790304918659

Amount of Each Receipt this Period

115.38

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

SUBTOTAL of Receipts This Page (optional)

388.65

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 70 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. MITCHELL G TORFF

Mailing Address 114 GLYNN FARMS DR

City

E LONGMEADOW

State

MA

Zip Code

01028-2525

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation
DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.80

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790308818659

Amount of Each Receipt this Period

30.90

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

B.

Full Name (Last, First, Middle Initial)

MR. MURRAY SMITH

Mailing Address 17 KEYES RD

City

HOLYOKE

State

MA

Zip Code

01040-9652

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation
DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.79

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790309518659

Amount of Each Receipt this Period

34.62

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

C.

Full Name (Last, First, Middle Initial)

MR. MARK A AHMED

Mailing Address 9 WELLINGTON DR

City

E LONGMEADOW

State

MA

Zip Code

01028-2603

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 / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790310718659

Amount of Each Receipt this Period

57.69

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

SUBTOTAL of Receipts This Page (optional)

123.21

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: PAGE 71 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. MARK S HIGGINS

Mailing Address 1290 OAK GROVE PL

City

WESTLAKE VILLAGE

State

CA

Zip Code

91362-4249

FEC ID number of contributing
federal political committee.

C

Name of Employer

CORNERSTONE RE ADVISERS
LLC

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790311018659

Amount of Each Receipt this Period

230.76

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

B.

Full Name (Last, First, Middle Initial)

MR. MICHAEL E DUBOIS

Mailing Address 76 CLEARBROOK DR

City

SPRINGFIELD

State

MA

Zip Code

01118-1905

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

SECOND VICE PRESIDENT & ACTUARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.88

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790313318659

Amount of Each Receipt this Period

46.14

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

C.

Full Name (Last, First, Middle Initial)

MR. MICHAEL L KERLEY

Mailing Address 216 MONIFIETH

City

WILLIAMSBURG

State

VA

Zip Code

23188-8947

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

SENIOR VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790313918659

Amount of Each Receipt this Period

45.00

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

SUBTOTAL of Receipts This Page (optional)

321.90

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 72 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. MICHAEL L KLOFAS

Mailing Address 64 WINDHAM DR

City

E LONGMEADOW

State

MA

Zip Code

01028-2668

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 ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790314018659

Amount of Each Receipt this Period

115.38

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

B.

Full Name (Last, First, Middle Initial)

MR. MICHAEL E ZAMMITTI

Mailing Address 57 VIRGINIA RAIL DR

City

MARLBOROUGH

State

CT

Zip Code

06447-1158

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 ▼

399.88

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790314718659

Amount of Each Receipt this Period

46.14

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

C.

Full Name (Last, First, Middle Initial)

MS. NANCY W LEES

Mailing Address 5 MILLBROOK CIR

City

E LONGMEADOW

State

MA

Zip Code

01028-2665

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.04

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790316118659

Amount of Each Receipt this Period

34.62

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

SUBTOTAL of Receipts This Page (optional)

196.14

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 73 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MS. NATEVIDADE A GOMES

Mailing Address 24 RICHMOND RD

City

LUDLOW

State

MA

Zip Code

01056-1436

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

ASSISTANT VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790317718659

Amount of Each Receipt this Period

28.86

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

B.

Full Name (Last, First, Middle Initial)

MS. Pamela M BEALS

Mailing Address 20 WISHING WELL WAY

City

W SPRINGFIELD

State

MA

Zip Code

01089-4363

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

ASSISTANT VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.86

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790320418659

Amount of Each Receipt this Period

28.83

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

C.

Full Name (Last, First, Middle Initial)

MS. PAMELA J DELANEY

Mailing Address 72 HILLCREST RD

City

WINDSOR

State

CT

Zip Code

06095-3301

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

ASSISTANT VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790320618659

Amount of Each Receipt this Period

115.38

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

SUBTOTAL of Receipts This Page (optional)

173.07

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 74 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. PHILLIP J PRESTON

Mailing Address 63 WRIGHT ST

City

AGAWAM

State

MA

Zip Code

01001-3131

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

ASSISTANT VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.88

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790330718659

Amount of Each Receipt this Period

46.14

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

B.

Full Name (Last, First, Middle Initial)

MR. PAUL GRIBBONS

Mailing Address 8 CRESTLAN DR

City

WORCESTER

State

MA

Zip Code

01604-1400

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.86

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790331818659

Amount of Each Receipt this Period

28.83

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

C.

Full Name (Last, First, Middle Initial)

MR. PAUL T PROKO

Mailing Address 49 TIMBER LN

City

HOLDEN

State

MA

Zip Code

01520-1943

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790332218659

Amount of Each Receipt this Period

57.69

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

SUBTOTAL of Receipts This Page (optional)

132.66

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 75 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. PETER G FERRIS

Mailing Address 393 PINWOOD DR

City

LONGMEADOW

State

MA

Zip Code

01106-1643

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

SECOND VICE PRESIDENT & ACTUARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.78

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790332918659

Amount of Each Receipt this Period

34.59

P/R Deduction (\$11.53 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

MR. PETER C VANBEAVER

Mailing Address 8 VICTORIA LN

City

WILBRAHAM

State

MA

Zip Code

01095-1905

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

VICE PRESIDENT & ACTUARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.88

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790333118659

Amount of Each Receipt this Period

46.14

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

C.

Full Name (Last, First, Middle Initial)

MR. RICHARD F MCKEEVER

Mailing Address 178 TANGLEWOOD DR

City

E LONGMEADOW

State

MA

Zip Code

01028-2641

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 ▼

699.92

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790339218659

Amount of Each Receipt this Period

80.76

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

SUBTOTAL of Receipts This Page (optional)

161.49

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 76 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. ROBERT CASALE

Mailing Address 30 THISTLE LN

City

BRISTOL

State

CT

Zip Code

06010-8057

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation
EVP & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1539.46

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790342218659

Amount of Each Receipt this Period

173.07

P/R Deduction (\$216.78 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

MS. RHA E A KENNEDY

Mailing Address 322 OLD FARM RD

City

SPRINGFIELD

State

MA

Zip Code

01119-2825

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790351818659

Amount of Each Receipt this Period

115.38

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

C.

Full Name (Last, First, Middle Initial)

MR. RICHARD P BARNHART

Mailing Address 344 WESTCHESTER RD

City

COLCHESTER

State

CT

Zip Code

06415-2426

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

699.92

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790352018659

Amount of Each Receipt this Period

80.76

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

SUBTOTAL of Receipts This Page (optional)

369.21

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: PAGE 77 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. RICHARD D BOURGEOIS

Mailing Address 11 ECHO HILL RD

City

WILBRAHAM

State

MA

Zip Code

01095-2663

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

SENIOR VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: PR790352218659

Amount of Each Receipt this Period

230.76

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

Full Name (Last, First, Middle Initial)

MR. RICHARD F BUCKLEY, Jr.

Mailing Address 325 HADLEY ST

City

SOUTH HADLEY

State

MA

Zip Code

01075-1032

FEC ID number of contributing
federal political committee.

C

Name of Employer
BABSON CAPITAL MANAGEMENT
LLC

Occupation

VICE PRESIDENT & SENIOR COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

699.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: PR790352318659

Amount of Each Receipt this Period

80.76

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

Full Name (Last, First, Middle Initial)

MR. ROBERT J BRODERICK

Mailing Address 62 ACADEMY DR

City

LONGMEADOW

State

MA

Zip Code

01106-2154

FEC ID number of contributing
federal political committee.

C

Name of Employer
CORNERSTONE RE ADVISERS
LLC

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

699.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: PR790353118659

Amount of Each Receipt this Period

80.76

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

SUBTOTAL of Receipts This Page (optional)

392.28

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 78 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. ROBERT H CUNNINGHAM

Mailing Address 16 HERRICK PL

City

WILBRAHAM

State

MA

Zip Code

01095-1540

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

SECOND VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

699.92

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790353318659

Amount of Each Receipt this Period

80.76

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

B.

Full Name (Last, First, Middle Initial)

MR. ROBERT G LABUN

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790354518659

Amount of Each Receipt this Period

115.38

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

C.

Full Name (Last, First, Middle Initial)

MR. ROBERT E MAHONEY

Mailing Address 311 CONESTOGA ST

City

WINDSOR

State

CT

Zip Code

06095-2205

FEC ID number of contributing
federal political committee.

C

Name of Employer

CORNERSTONE RE ADVISERS
LLC

Occupation

MANAGING DIRECTOR & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790354818659

Amount of Each Receipt this Period

30.00

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

SUBTOTAL of Receipts This Page (optional)

226.14

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 79 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. ROBERT S ROSENTHAL

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 & ASSOCIATE GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: PR790355418659

Amount of Each Receipt this Period

380.79

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

B.

Full Name (Last, First, Middle Initial)

MR. Roger W CRANDALL

Mailing Address 107 HAMPDEN RD

City

SOMERS

State

CT

Zip Code

06071-1279

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

CHAIRMAN, PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4807.75

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: PR790355918659

Amount of Each Receipt this Period

384.62

P/R Deduction (\$192.31 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

MR. SAM H JABERI

Mailing Address 223 EASTWOOD DR

City

WESTFIELD

State

MA

Zip Code

01085-1865

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.79

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: PR790358318659

Amount of Each Receipt this Period

34.62

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

SUBTOTAL of Receipts This Page (optional)

800.03

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 80 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MS. SUSAN A MOORE

Mailing Address 70 BROOKS RD

City

LONGMEADOW

State

MA

Zip Code

01106-2129

FEC ID number of contributing
federal political committee.

C

Name of Employer
BABSON CAPITAL MANAGEMENT
LLC

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3499.99

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790370118659

Amount of Each Receipt this Period

526.02

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

B.

Full Name (Last, First, Middle Initial)

MR. STEVEN P WALLACE

Mailing Address 134 NAPERVILLE RD

City

CLARENDON HLS

State

IL

Zip Code

60514-1034

FEC ID number of contributing
federal political committee.

C

Name of Employer
CORNERSTONE RE ADVISERS
LLC

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.88

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790374318659

Amount of Each Receipt this Period

46.14

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

C.

Full Name (Last, First, Middle Initial)

MR. STEVEN N LAVALLEY

Mailing Address 31 WEST ST

City

EASTHAMPTON

State

MA

Zip Code

01027-1325

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

SECOND VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

547.30

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790374518659

Amount of Each Receipt this Period

63.15

P/R Deduction (\$15.40 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

635.31

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 81 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. Tom H JURKOWSKI

Mailing Address 40 OLD SAWMILL RD

City

BELCHERTOWN

State

MA

Zip Code

01007-9344

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790378518659

Amount of Each Receipt this Period

115.38

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

B.

Full Name (Last, First, Middle Initial)

MR. TIMOTHY J MORAN

Mailing Address 640 WESTFORD RD

City

ASHFORD

State

CT

Zip Code

06278-2416

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.86

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790380618659

Amount of Each Receipt this Period

28.83

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

C.

Full Name (Last, First, Middle Initial)

MR. THOMAS P KELLEY

Mailing Address 114 STEELE RD

City

WEST HARTFORD

State

CT

Zip Code

06119-1156

FEC ID number of contributing
federal political committee.

C

Name of Employer
CORNERSTONE RE ADVISERS
LLC

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790384018659

Amount of Each Receipt this Period

115.38

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

SUBTOTAL of Receipts This Page (optional)

259.59

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 82 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. THOMAS F O'CONNOR

Mailing Address 55 WOODFIELD DR

City

TOLLAND

State

CT

Zip Code

06084-3034

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

VICE PRESIDENT & ACTUARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

699.92

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790384618659

Amount of Each Receipt this Period

80.76

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

B.

Full Name (Last, First, Middle Initial)

MR. VICTOR H LIPMAN

Mailing Address 70 FERRY HILL RD

City

GRANBY

State

MA

Zip Code

01033-3405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

ASSISTANT VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.02

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790387518659

Amount of Each Receipt this Period

92.31

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

C.

Full Name (Last, First, Middle Initial)

MR. VICTOR WOOLRIDGE

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

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

699.92

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790387618659

Amount of Each Receipt this Period

80.76

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

SUBTOTAL of Receipts This Page (optional)

253.83

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 166

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

JEFFREY C. DOLLARHIDE

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 ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: PR790394918659

Amount of Each Receipt this Period

1500.00

P/R Deduction (\$416.66 Monthly)

B.

Full Name (Last, First, Middle Initial)

MICHAEL J. EMERY, CLU

Mailing Address 6155 RYAN VALLEY DR

City

BELMONT

State

MI

Zip Code

49306-8002

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 ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: PR790395318659

Amount of Each Receipt this Period

150.00

P/R Deduction (\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

T RAY PHILLIPS

Mailing Address 6202 N SHERMAN DR

City

INDIANAPOLIS

State

IN

Zip Code

46220-4439

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
1	2	/	3	1	/	2	0	0	9

Transaction ID: PR790396718659

Amount of Each Receipt this Period

75.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1725.00

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 84 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

HENRY A. ECHEVERRIA

Mailing Address 34 BOUVANT DR

City

PRINCETON

State

NJ

Zip Code

08540-1209

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 ▼

249.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: PR790412018659

Amount of Each Receipt this Period

62.49

P/R Deduction (\$20.85 Mon-
thly)**B.**

Full Name (Last, First, Middle Initial)

Brian W. O'Sullivan

Mailing Address 130 SCHOOL ST

City

MARSHFIELD

State

MA

Zip Code

02050-2046

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 ▼

514.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: PR790416118659

Amount of Each Receipt this Period

128.58

P/R Deduction (\$42.00 Mon-
thly)**C.**

Full Name (Last, First, Middle Initial)

BENJAMIN M. MUIRHEAD

Mailing Address 1706 BRAZOS ST

City

WICHITA FALLS

State

TX

Zip Code

76309-1412

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 ▼

666.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: PR790420718659

Amount of Each Receipt this Period

166.65

P/R Deduction (\$55.55 Mon-
thly)

SUBTOTAL of Receipts This Page (optional)

357.72

TOTAL This Period (last page this line number only)

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

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

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(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)

BRENDA M. MAHON

Mailing Address 3013 CREEKBEND DR

City

PLANO

State

TX

Zip Code

75075-7607

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 ▼

733.26

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790421518659

Amount of Each Receipt this Period

133.32

P/R Deduction (\$65.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

STEPHEN G. DEBACKER

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 ▼

857.16

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790425318659

Amount of Each Receipt this Period

214.29

P/R Deduction (\$70.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Paul J. Mariano

Mailing Address 1843 PURCHASE BROOK RD

City

SOUTHBURY

State

CT

Zip Code

06488-1040

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
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790438018659

Amount of Each Receipt this Period

75.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

422.61

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 86 / 166

(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)

THOMAS S. MAPLES

Mailing Address 10918 UTICA AVE

City

LUBBOCK

State

TX

Zip Code

79424-7318

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 ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790462618659

Amount of Each Receipt this Period

62.49

P/R Deduction (\$20.85 Monthly)

B.

Full Name (Last, First, Middle Initial)

KENNETH PODELL

Mailing Address 425 REDLEAF RD

City

WYNNEWOOD

State

PA

Zip Code

19096-1623

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790483118659

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

PARKS J. STALLINGS

Mailing Address 3951 MUIRFIELD BLVD E

City

JACKSONVILLE

State

FL

Zip Code

32225-5715

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 ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790496718659

Amount of Each Receipt this Period

124.98

P/R Deduction (\$41.66 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

247.47

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 / 166

(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)

Robert L. Belvedere

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 ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790530218659

Amount of Each Receipt this Period

375.00

P/R Deduction (\$125.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. JAMES S VIOLA

Mailing Address 208 N FARMS RD

City

FLORENCE

State

MA

Zip Code

01062-1042

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

ASSISTANT VICE PRESIDENT & COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.88

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790543918659

Amount of Each Receipt this Period

46.14

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

C.

Full Name (Last, First, Middle Initial)

MR. THOMAS G DUDECK

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 ▼

1499.94

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790544518659

Amount of Each Receipt this Period

173.07

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

SUBTOTAL of Receipts This Page (optional)

594.21

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: PAGE 88 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. JEFFREY R HUG

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

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

699.92

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790545118659

Amount of Each Receipt this Period

80.76

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

B.

Full Name (Last, First, Middle Initial)

MR. RAYMOND P MUISE

Mailing Address 2242 BAPTIST HILL RD

City

PALMER

State

MA

Zip Code

01069-9600

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

ASSISTANT VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.04

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790557818659

Amount of Each Receipt this Period

34.62

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

C.

Full Name (Last, First, Middle Initial)

MS. MARYANN MUNGER

Mailing Address 12 SMITH AVE

City

GRANBY

State

MA

Zip Code

01033-9443

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1211.50

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790561818659

Amount of Each Receipt this Period

115.38

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

SUBTOTAL of Receipts This Page (optional)

230.76

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 89 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. DONALD M TOWSE

Mailing Address 12 ALYSSUM DR

City

AMHERST

State

MA

Zip Code

01002-3425

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

STRATEGIC DEVELOPMENT CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790568418659

Amount of Each Receipt this Period

28.86

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

B.

Full Name (Last, First, Middle Initial)

MR. DEAN DULCHINOS

Mailing Address 20 ABBEY LN

City

E LONGMEADOW

State

MA

Zip Code

01028-3206

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 ▼

999.94

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790568518659

Amount of Each Receipt this Period

176.46

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

C.

Full Name (Last, First, Middle Initial)

MR. DAVID L MOOREFIELD

Mailing Address 3 MALDEN ST

City

WEST BOYLSTON

State

MA

Zip Code

01583-1018

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.86

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790569118659

Amount of Each Receipt this Period

28.83

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

SUBTOTAL of Receipts This Page (optional)

234.15

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 90 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MS. Angela S OTIS

Mailing Address 612 EAST ST

City

WILLIAMSBURG

State

MA

Zip Code

01096-9773

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

699.92

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790574018659

Amount of Each Receipt this Period

80.76

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

B.

Full Name (Last, First, Middle Initial)

MR. KERRY HURLEY

Mailing Address 29 LYNNWOOD DR

City

LONGMEADOW

State

MA

Zip Code

01106-2011

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

ASSISTANT VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790576318659

Amount of Each Receipt this Period

28.86

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

C.

Full Name (Last, First, Middle Initial)

MS. KAREN W HART

Mailing Address 19 LAUREL RIDGE RD

City

SOUTHWICK

State

MA

Zip Code

01077-9248

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.50

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790577018659

Amount of Each Receipt this Period

28.86

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

SUBTOTAL of Receipts This Page (optional)

138.48

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 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. MICHAEL J O'SHEA

Mailing Address 34 ROCKINGHAM CIR

City

E LONGMEADOW

State

MA

Zip Code

01028-3197

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.86

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790577718659

Amount of Each Receipt this Period

28.83

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

B.

Full Name (Last, First, Middle Initial)

MR. KEVIN V DEGRAY

Mailing Address 8 BROOK PASTURE LN

City

GRANBY

State

CT

Zip Code

06035-1027

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

SALES MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.40

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790577718659

Amount of Each Receipt this Period

28.86

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

C.

Full Name (Last, First, Middle Initial)

MS. KATHLEEN L KRAEZ

Mailing Address 111 ASHFORD RD

City

LONGMEADOW

State

MA

Zip Code

01106-2515

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 ▼

699.92

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790579418659

Amount of Each Receipt this Period

80.76

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

SUBTOTAL of Receipts This Page (optional)

138.45

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 92 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

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

Mailing Address 77 SUSAN DR

City State Zip Code
LUDLOW MA 01056-3372

FEC ID number of contributing
federal political committee.

C

Name of Employer
MML INVESTORS SERVICES,
LLC

Occupation
DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.04

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790579518659

Amount of Each Receipt this Period

34.62

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

B.

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

Mailing Address 34 OLD FARM RD

City State Zip Code
PALMER MA 01069-2241

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation
ASSISTANT VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790581918659

Amount of Each Receipt this Period

28.86

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

C.

Full Name (Last, First, Middle Initial)
MS. KAREN M PHELAN

Mailing Address 48 PINE GROVE CIR

City State Zip Code
EAST LONGMEADOW MA 01028-1300

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation
CORPORATE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790587418659

Amount of Each Receipt this Period

115.38

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

SUBTOTAL of Receipts This Page (optional)

178.86

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 93 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. DOUGLAS M TREVALLION, II

Mailing Address 30 COVENTRY LN

City

AGAWAM

State

MA

Zip Code

01001-3569

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 ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790590318659

Amount of Each Receipt this Period

115.38

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

B.

Full Name (Last, First, Middle Initial)

MR. ROGER M ROBERGE

Mailing Address 5 EAST RD

City

BROAD BROOK

State

CT

Zip Code

06016-9504

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 ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790594518659

Amount of Each Receipt this Period

115.38

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

C.

Full Name (Last, First, Middle Initial)

MR. ROBERT M SHETTLE

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 ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790597118659

Amount of Each Receipt this Period

57.69

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

SUBTOTAL of Receipts This Page (optional)

288.45

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 94 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. EDWARD G NEWTON

Mailing Address 67 RUMFORD ST

City

WEST HARTFORD

State

CT

Zip Code

06107-3754

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

ASSISTANT VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790600118659

Amount of Each Receipt this Period

28.86

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

B.

Full Name (Last, First, Middle Initial)

MR. GEORGE F RATHBUN, II

Mailing Address 127 TUNXIS ST

City

WINDSOR

State

CT

Zip Code

06095-1334

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.88

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790604418659

Amount of Each Receipt this Period

46.14

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

C.

Full Name (Last, First, Middle Initial)

MR. ROBERT STALEY

Mailing Address 18 MONTGOMERY LN

City

NORWICH

State

CT

Zip Code

06360-2715

FEC ID number of contributing
federal political committee.

C

Name of Employer
CORNERSTONE RE ADVISERS
LLC

Occupation

PORTFOLIO MANAGER - PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1499.94

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790608818659

Amount of Each Receipt this Period

173.07

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

SUBTOTAL of Receipts This Page (optional)

248.07

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. JAMES O LACEY

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

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

699.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	9	

Transaction ID: PR790616218659

Amount of Each Receipt this Period

80.76

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

Full Name (Last, First, Middle Initial)

MR. CRAIG HAASE

Mailing Address 1 STONEHENGE DR

City

SIMSBURY

State

CT

Zip Code

06070-1713

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

ASSISTANT VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.88

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	9	

Transaction ID: PR790623318659

Amount of Each Receipt this Period

46.14

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

Full Name (Last, First, Middle Initial)

MR. JEROME J SPELTZ

Mailing Address 12 ROCK LN

City

GUILFORD

State

CT

Zip Code

06437-3531

FEC ID number of contributing
federal political committee.

C

Name of Employer

CORNERSTONE RE ADVISERS
LLC

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.88

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	9	

Transaction ID: PR790626218659

Amount of Each Receipt this Period

46.14

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

SUBTOTAL of Receipts This Page (optional)

173.04

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 96 / 166

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

GREG A. HARVEY

Mailing Address 15521 KESSLER ST

City

OVERLAND PARK

State

KS

Zip Code

66221-9333

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
1	2		3	1		2	0	9	

Transaction ID: PR790632918659

Amount of Each Receipt this Period

150.00

P/R Deduction (\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. BRIAN T MURDY

Mailing Address 21 COLORADO CT

City

MERIDEN

State

CT

Zip Code

06450-8306

FEC ID number of contributing
federal political committee.

C

Name of Employer
CORNERSTONE RE ADVISERS
LLC

Occupation

PORTFOLIO MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

699.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	9	

Transaction ID: PR790636618659

Amount of Each Receipt this Period

80.76

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

C.

Full Name (Last, First, Middle Initial)

MR. DAVID ROMANO

Mailing Address 128 RIMFIELD DR

City

SOUTH WINDSOR

State

CT

Zip Code

06074-1860

FEC ID number of contributing
federal political committee.

C

Name of Employer
CORNERSTONE RE ADVISERS
LLC

Occupation

ASSET MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.88

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	9	

Transaction ID: PR790636718659

Amount of Each Receipt this Period

46.14

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

SUBTOTAL of Receipts This Page (optional)

276.90

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 97 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. SCOTT C WESTPHAL

Mailing Address 70 WELLS HILL RD

City

WESTON

State

CT

Zip Code

06883-2625

FEC ID number of contributing
federal political committee.

C

Name of Employer

CORNERSTONE RE ADVISERS
LLC

Occupation

MARKET RESEARCH DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790637418659

Amount of Each Receipt this Period

57.69

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

B.

Full Name (Last, First, Middle Initial)

MS. LISA R GLASS

Mailing Address 6 DEL REY

City

IRVINE

State

CA

Zip Code

92612-2960

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 ▼

200.20

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790640218659

Amount of Each Receipt this Period

23.10

P/R Deduction (\$7.70 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

MR. THOMAS P SHEA

Mailing Address 81 GREENMEADOW DR

City

LONGMEADOW

State

MA

Zip Code

01106-2305

FEC ID number of contributing
federal political committee.

C

Name of Employer

BABSON CAPITAL MANAGEMENT
LLC

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790640618659

Amount of Each Receipt this Period

57.69

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

SUBTOTAL of Receipts This Page (optional)

138.48

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 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. STEFANO MARTINI

Mailing Address 10 SYCAMORE LN

City

SUFFIELD

State

CT

Zip Code

06078-1038

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790649218659

Amount of Each Receipt this Period

28.86

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

B.

Full Name (Last, First, Middle Initial)

MR. BRUCE CLEARE

Mailing Address 207 CHESTNUT PLAIN RD

City

WHATELY

State

MA

Zip Code

01093-9701

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

ASSISTANT VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790649618659

Amount of Each Receipt this Period

28.86

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

C.

Full Name (Last, First, Middle Initial)

MR. ROLAND P FAWTHROP

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 VICE PRESIDENT & ACTUARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

699.92

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790658218659

Amount of Each Receipt this Period

80.76

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

SUBTOTAL of Receipts This Page (optional)

138.48

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 99 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. RAKESH BHARDWAJ

Mailing Address 96 HORIZON LN

City

GLASTONBURY

State

CT

Zip Code

06033-2828

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

SECOND VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.88

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790661318659

Amount of Each Receipt this Period

46.14

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

B.

Full Name (Last, First, Middle Initial)

MR. JEFFREY A MORIN

Mailing Address 131 CANTERBURY CIR

City

E LONGMEADOW

State

MA

Zip Code

01028-5710

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 ▼

300.04

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790661618659

Amount of Each Receipt this Period

34.62

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

C.

Full Name (Last, First, Middle Initial)

MS. MICHELE M WHITE

Mailing Address 46 HARVEST HILL RD

City

SOMERS

State

CT

Zip Code

06071-1685

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

699.92

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790665618659

Amount of Each Receipt this Period

80.76

P/R Deduction (\$41.21 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: PAGE 100 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. TODD M GISH

Mailing Address 139 MELROSE RD

City

BROAD BROOK

State

CT

Zip Code

06016-9617

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790677118659

Amount of Each Receipt this Period

115.38

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

B.

Full Name (Last, First, Middle Initial)

MS. JOANNE LEARY

Mailing Address 44 COPLEY RD

City

S GLASTONBURY

State

CT

Zip Code

06073-2632

FEC ID number of contributing
federal political committee.

C

Name of Employer

CORNERSTONE RE ADVISERS
LLC

Occupation

PORTFOLIO MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

699.92

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790684018659

Amount of Each Receipt this Period

80.76

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

C.

Full Name (Last, First, Middle Initial)

Michael T. Wahl

Mailing Address 4 TODMORDEN LN

City

ROSE VALLEY

State

PA

Zip Code

19086-6729

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
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790723318659

Amount of Each Receipt this Period

150.00

P/R Deduction (\$50.00 Mon-
thly)

SUBTOTAL of Receipts This Page (optional)

346.14

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 101 / 166

(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)

John C. Prather

Mailing Address 87 CHERRY RD

City

MEMPHIS

State

TN

Zip Code

38117-3101

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
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790749618659

Amount of Each Receipt this Period

75.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

F E. SANDIDGE

Mailing Address 11839 N 80TH PL

City

SCOTTSDALE

State

AZ

Zip Code

85260-5645

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
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790750618659

Amount of Each Receipt this Period

75.00

P/R Deduction (\$0.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MS. SYLENA G ECHEVARRIA

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

ASSISTANT VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790779918659

Amount of Each Receipt this Period

75.00

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

SUBTOTAL of Receipts This Page (optional)

225.00

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 102 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. RICHARD L VIGLIANO

Mailing Address 802 MORGAN RD

City

WEST SPRINGFIELD

State

MA

Zip Code

01089-4380

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

ASSISTANT VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790781018659

Amount of Each Receipt this Period

61.29

P/R Deduction (\$21.06 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

MS. GRETA A ZIELINSKI

Mailing Address 894 BERNIE AVE

City

W SPRINGFIELD

State

MA

Zip Code

01089-4415

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.88

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790804618659

Amount of Each Receipt this Period

46.14

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

C.

Full Name (Last, First, Middle Initial)

MR. WILLIAM F DOUGHERTY

Mailing Address 255 BOARDMAN LN

City

MIDDLETOWN

State

CT

Zip Code

06457-7533

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

ASSISTANT VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790807918659

Amount of Each Receipt this Period

28.86

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

SUBTOTAL of Receipts This Page (optional)

136.29

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 103 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. DONALD G CARTEN

Mailing Address 654 MOUNTAIN RD

City

CHESHIRE

State

CT

Zip Code

06410-3306

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

ASSISTANT VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.86

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790808218659

Amount of Each Receipt this Period

28.83

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

B.

Full Name (Last, First, Middle Initial)

MR. NORMAN A SMITH

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

SVP & CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1499.94

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790808618659

Amount of Each Receipt this Period

173.07

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

C.

Full Name (Last, First, Middle Initial)

MR. JOHN A ANDERSON, III

Mailing Address 106 WINNOCKS NECK RD

City

SCARBOROUGH

State

ME

Zip Code

04074-9006

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

SECOND VP & ASSOC GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.88

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790809018659

Amount of Each Receipt this Period

46.14

P/R Deduction (\$0.00 Bi-W-
eekly)

SUBTOTAL of Receipts This Page (optional)

248.04

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 104 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. DAVID S ALLEN

Mailing Address 41 FOUR MILE RD

City

WEST HARTFORD

State

CT

Zip Code

06107-2710

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

SVP & DEPUTY GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1430.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790809718659

Amount of Each Receipt this Period

165.00

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

B.

Full Name (Last, First, Middle Initial)

MR. LARRY N PORT

Mailing Address 101 ELY WAY

City

LONGMEADOW

State

MA

Zip Code

01106-1868

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

SENIOR VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790811818659

Amount of Each Receipt this Period

230.76

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

C.

Full Name (Last, First, Middle Initial)

MR. RODNEY J DILLMAN

Mailing Address 15 CATHERINE LN

City

SUFFIELD

State

CT

Zip Code

06078-1931

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSMUTUAL INTERNATIONAL

Occupation

SENIOR VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1499.94

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790812618659

Amount of Each Receipt this Period

173.07

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

SUBTOTAL of Receipts This Page (optional)

568.83

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 105 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. SCOTT PICCONE

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

HOTEL DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790815818659

Amount of Each Receipt this Period

57.69

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

B.

Full Name (Last, First, Middle Initial)

MR. RICHARD R MOUREY

Mailing Address 168 WOPOWOG RD

City

EAST HAMPTON

State

CT

Zip Code

06424-1647

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.08

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790818218659

Amount of Each Receipt this Period

102.42

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

C.

Full Name (Last, First, Middle Initial)

David A. Brackenbury

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 ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR790933818659

Amount of Each Receipt this Period

249.99

P/R Deduction (\$83.35 Mon-
thly)

SUBTOTAL of Receipts This Page (optional)

410.10

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: PAGE 106 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MARVIN HICKS

Mailing Address 1712 WHITESIDE LN

City

VIRGINIA BCH

State

VA

Zip Code

23454-1626

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

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: PR790960918659

Amount of Each Receipt this Period

90.00

P/R Deduction (\$30.00 Mon-
thly)**B.**

Full Name (Last, First, Middle Initial)

DAVID J. MEANS

Mailing Address 2940 FOX ST

City

ORONO

State

MN

Zip Code

55356-9384

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 ▼

999.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: PR791035318659

Amount of Each Receipt this Period

249.99

P/R Deduction (\$83.00 Mon-
thly)**C.**

Full Name (Last, First, Middle Initial)

MS. BERNADETTE CLEGG

Mailing Address 3 BLACKSTONE ST

City

CAMBRIDGE

State

MA

Zip Code

02139-3889

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 ▼

250.12

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: PR791144118659

Amount of Each Receipt this Period

28.86

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

SUBTOTAL of Receipts This Page (optional)

368.85

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 107 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. PAUL S SZCZYGL

Mailing Address 5 SYLVAN WAY

City

HOPKINTON

State

MA

Zip Code

01748-1590

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 ▼

1923.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR791144418659

Amount of Each Receipt this Period

153.84

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

B.

Full Name (Last, First, Middle Initial)

MR. DAVID L NAGLE

Mailing Address 7 HIGH MEADOW CIR

City

E LONGMEADOW

State

MA

Zip Code

01028-3171

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 ▼

399.88

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR791148418659

Amount of Each Receipt this Period

46.14

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

C.

Full Name (Last, First, Middle Initial)

MR. ROBERT BAUMBACH

Mailing Address PO BOX 806

City

SUDBURY

State

MA

Zip Code

01776-0806

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 ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR791148618659

Amount of Each Receipt this Period

76.92

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

SUBTOTAL of Receipts This Page (optional)

276.90

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 108 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. BRIAN F COOPER

Mailing Address 194 WESTERN AVE

City

WESTFIELD

State

MA

Zip Code

01085-2562

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

SALES CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.86

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR791155318659

Amount of Each Receipt this Period

28.83

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

B.

Full Name (Last, First, Middle Initial)

MR. JAMES J O'SHAUGHNESSY

Mailing Address 591 MAIN ST

City

CONCORD

State

MA

Zip Code

01742-3303

FEC ID number of contributing
federal political committee.

C

Name of Employer

CORNERSTONE RE ADVISERS
LLC

Occupation

HOTEL DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR791165918659

Amount of Each Receipt this Period

57.69

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

C.

Full Name (Last, First, Middle Initial)

STEPHEN K. COLLINS

Mailing Address 341 JOHNSTONE DR

City

MADISON

State

MS

Zip Code

39110-6565

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 ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR791191518659

Amount of Each Receipt this Period

375.00

P/R Deduction (\$167.00 Mo-
nthly)

SUBTOTAL of Receipts This Page (optional)

461.52

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 109 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. DOUGLAS W TAYLOR

Mailing Address 12 ERSKINE DR

City

LONGMEADOW

State

MA

Zip Code

01106-1614

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

VICE PRESIDENT AND ACTUARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

699.92

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR791193718659

Amount of Each Receipt this Period

80.76

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

B.

Full Name (Last, First, Middle Initial)

MR. ROBERT C WATERMAN

Mailing Address 5 DRURY LN

City

LONGMEADOW

State

MA

Zip Code

01106-3209

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

PROJECT MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.45

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR791195518659

Amount of Each Receipt this Period

30.00

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

C.

Full Name (Last, First, Middle Initial)

MR. DAVID HARDY

Mailing Address 12146 GLEN GARY CIR

City

RICHMOND

State

VA

Zip Code

23233-1668

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

SALES MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.86

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR791199918659

Amount of Each Receipt this Period

28.83

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

SUBTOTAL of Receipts This Page (optional)

139.59

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 110 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. ROBERT FEINGOLD

Mailing Address 29 WINTERSET LN

City

SIMSBURY

State

CT

Zip Code

06070-1720

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 ▼

249.86

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR791201018659

Amount of Each Receipt this Period

28.83

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

B.

Full Name (Last, First, Middle Initial)

MR. ANDREW M GOLDBERG

Mailing Address 172 CAPTAIN RD

City

LONGMEADOW

State

MA

Zip Code

01106-2546

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

ASSISTANT VICE PRESIDENT & COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR791207018659

Amount of Each Receipt this Period

28.86

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

C.

Full Name (Last, First, Middle Initial)

MS. MELISSA MILLAN

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

SENIOR VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR791207718659

Amount of Each Receipt this Period

495.48

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

SUBTOTAL of Receipts This Page (optional)

553.17

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 / 166

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MS. KATHRYN ME DELAND

Mailing Address ONE RODERICK DR

City

WESTFIELD

State

MA

Zip Code

01085-2518

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

ASSISTANT VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.95

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: PR791229918659

Amount of Each Receipt this Period

63.15

P/R Deduction (\$0.00 Bi-W-
eekly)**B.**

Full Name (Last, First, Middle Initial)

MR. EVAN R MARKS

Mailing Address 3 FIRE BRICK LN

City

SIMSBURY

State

CT

Zip Code

06070-1662

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

ASSISTANT VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.88

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: PR791236418659

Amount of Each Receipt this Period

46.14

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

Full Name (Last, First, Middle Initial)

MS. DEBRA L ANDERSON

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

736.64

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: PR791239018659

Amount of Each Receipt this Period

80.76

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

SUBTOTAL of Receipts This Page (optional)

190.05

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 112 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. MARK R GIEBNER

Mailing Address 186 LYON ST

City

LUDLOW

State

MA

Zip Code

01056-1151

FEC ID number of contributing
federal political committee.

C

Name of Employer
MML INVESTORS SERVICES,
LLC

Occupation

MARKETING CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

388.08

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR791264218659

Amount of Each Receipt this Period

64.68

P/R Deduction (\$21.56 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

MR. PAUL BACON

Mailing Address 11 RAVINE CIR

City

WESTFIELD

State

MA

Zip Code

01085-5005

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR791276818659

Amount of Each Receipt this Period

115.38

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

C.

Full Name (Last, First, Middle Initial)

MR. GUSTAVUS LARGE

Mailing Address 68 TALCOTT RIDGE RD

City

SOUTH WINDSOR

State

CT

Zip Code

06074-2385

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

SALES SUPPORT CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.04

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR791278618659

Amount of Each Receipt this Period

34.62

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

SUBTOTAL of Receipts This Page (optional)

214.68

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 113 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. TERRENCE MILKA

Mailing Address 10 WOODS LN

City

SIMSBURY

State

CT

Zip Code

06070-2441

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSMUTUAL TRUST COMPANY

Occupation

SECOND VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.88

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR791279318659

Amount of Each Receipt this Period

46.14

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

B.

Full Name (Last, First, Middle Initial)

MR. CHRISTOPHER P DOWD

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 ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR791281118659

Amount of Each Receipt this Period

57.69

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

C.

Full Name (Last, First, Middle Initial)

MS. PAULA M TREMBLAY

Mailing Address 158 PINE HILL RD

City

TOLLAND

State

CT

Zip Code

06084-3726

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

ASSISTANT VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.88

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR791303118659

Amount of Each Receipt this Period

46.14

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

SUBTOTAL of Receipts This Page (optional)

149.97

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 114 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. PATRICK COYNE

Mailing Address 20 S RIDGE RD

City

HAMPDEN

State

MA

Zip Code

01036-9805

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

SECOND VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.88

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR791303518659

Amount of Each Receipt this Period

46.14

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

B.

Full Name (Last, First, Middle Initial)

MS. HEATHER MACLEAN

Mailing Address 10 FERRY ST

City

SOUTH HADLEY

State

MA

Zip Code

01075-1040

FEC ID number of contributing
federal political committee.

C

Name of Employer
CORNERSTONE RE ADVISERS
LLC

Occupation

INVESTMENT ANALYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

278.72

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR791308118659

Amount of Each Receipt this Period

32.16

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

C.

Full Name (Last, First, Middle Initial)

MR. MICHAEL D BATSIMM

Mailing Address 5 ISLAND WAY

City

ANDOVER

State

MA

Zip Code

01810-6044

FEC ID number of contributing
federal political committee.

C

Name of Employer
BABSON CAPITAL MANAGEMENT
LLC

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

411.58

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR791308718659

Amount of Each Receipt this Period

47.49

P/R Deduction (\$15.40 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

125.79

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 115 / 166

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MS. NICOLE EI MARKS

Mailing Address 425 TRAFTON RD

City

SPRINGFIELD

State

MA

Zip Code

01108-2647

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

ASSISTANT VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.01

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: PR791327118659

Amount of Each Receipt this Period

70.59

P/R Deduction (\$15.40 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

MS. CHRISTINA A CASIELLO

Mailing Address 63 HILLSIDE DR

City

E LONGMEADOW

State

MA

Zip Code

01028-2505

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

MEDICAL DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.86

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: PR791327318659

Amount of Each Receipt this Period

28.83

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

C.

Full Name (Last, First, Middle Initial)

JAMES F. SULLIVAN

Mailing Address 322 DORSET CT

City

DOYLESTOWN

State

PA

Zip Code

18901-2500

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
1	2		3	1		2	0	0	9

Transaction ID: PR791330718659

Amount of Each Receipt this Period

75.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

174.42

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: PAGE 116 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)
MS. SUSAN E SCHECHTER

Mailing Address 60 LEDGEWOOD RD

City State Zip Code
WEST HARTFORD CT 06107-3731

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation
VP & ASSOCIATE GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR791332818659

Amount of Each Receipt this Period

115.38

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

B.

Full Name (Last, First, Middle Initial)
MS. AUDREY MEYERLAMPERT

Mailing Address 120 LOOMIS ST

City State Zip Code
NORTH GRANBY CT 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 ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR791334818659

Amount of Each Receipt this Period

115.38

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

C.

Full Name (Last, First, Middle Initial)
MS. ANNE KANDILIS

Mailing Address 10 CRESCENT HL

City State Zip Code
SPRINGFIELD MA 01105-1915

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1499.94

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR791348018659

Amount of Each Receipt this Period

173.07

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

SUBTOTAL of Receipts This Page (optional)

403.83

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MS. ELIZABETH W CHICARES

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

SENIOR VICE PRESIDENT & CHIEF RISK OFF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.95

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: PR791351718659

Amount of Each Receipt this Period

399.99

P/R Deduction (\$96.16 Bi-
Weekly)**B.**

Full Name (Last, First, Middle Initial)

MR. PAUL F RANNENBERG

Mailing Address 53 JANELLE DR

City

AGAWAM

State

MA

Zip Code

01001-2735

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

ASSISTANT VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.68

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: PR791362818659

Amount of Each Receipt this Period

46.14

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

Full Name (Last, First, Middle Initial)

MR. CHRISTOPHER DEFRANCIS

Mailing Address 41 MAYNARD RD

City

NORTHAMPTON

State

MA

Zip Code

01060-2809

FEC ID number of contributing
federal political committee.

C

Name of Employer

BABSON CAPITAL MANAGEMENT
LLC

Occupation

VP & ASSISTANT GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: PR791365018659

Amount of Each Receipt this Period

80.76

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

SUBTOTAL of Receipts This Page (optional)

526.89

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 118 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. MICHAEL T ROLLINGS

Mailing Address 5 DURHAM RD

City

LONGMEADOW

State

MA

Zip Code

01106-1507

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

EXECUTIVE VICE PRESIDENT & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR791365818659

Amount of Each Receipt this Period

710.93

P/R Deduction (\$192.31 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

MS. FRANCINE L REIPOLD

Mailing Address 23 PINE KNL

City

SOUTHWICK

State

MA

Zip Code

01077-9342

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

CORPORATE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR791383018659

Amount of Each Receipt this Period

30.00

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

C.

Full Name (Last, First, Middle Initial)

MS. CHRISTINE M GENDRON

Mailing Address 70 MURIEL LN

City

FEEDING HILLS

State

MA

Zip Code

01030-2638

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

ASSISTANT VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.86

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR791388918659

Amount of Each Receipt this Period

28.83

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

SUBTOTAL of Receipts This Page (optional)

769.76

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 119 / 166

(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)

DANIEL G. ROETHER

Mailing Address 7015 N 23RD PL

City

PHOENIX

State

AZ

Zip Code

85020-5615

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 ▼

499.26

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR791435118659

Amount of Each Receipt this Period

124.98

P/R Deduction (\$41.66 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. RUSSELL D MORRISON

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 ▼

699.92

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR791511118659

Amount of Each Receipt this Period

80.76

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

C.

Full Name (Last, First, Middle Initial)

MR. CHIN-JUNG V YANG

Mailing Address 18524 ROLLINGDALE LN

City

DAVIDSON

State

NC

Zip Code

28036-7862

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 ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR791511518659

Amount of Each Receipt this Period

115.38

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

SUBTOTAL of Receipts This Page (optional)

321.12

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: PAGE 120 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. THOMAS M FINKE

Mailing Address 4920 HARDISON RD

City

CHARLOTTE

State

NC

Zip Code

28226-6418

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 ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR791511918659

Amount of Each Receipt this Period

230.76

P/R Deduction (\$213.29 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

MR. CADE H CHERRY

Mailing Address 3 ABBEWOOD DR

City

ENFIELD

State

CT

Zip Code

06082-5240

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

ASSISTANT VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR791514918659

Amount of Each Receipt this Period

28.86

P/R Deduction (\$0.00 Bi-W-
eekly)

C.

Full Name (Last, First, Middle Initial)

MR. JOHN F CARLSON

Mailing Address 28 SUDBURY WAY

City

AVON

State

CT

Zip Code

06001-2513

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

CORPORATE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

699.92

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR791542718659

Amount of Each Receipt this Period

80.76

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

SUBTOTAL of Receipts This Page (optional)

340.38

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 121 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. NICHOLAS FYNTRILAKIS

Mailing Address 5 RIDGE RD

City

HAMPDEN

State

MA

Zip Code

01036-9518

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

ASSISTANT VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR791550218659

Amount of Each Receipt this Period

28.86

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

B.

Full Name (Last, First, Middle Initial)

MS. JO-ANNE RANKIN

Mailing Address 39 AUTUMN DR

City

TOLLAND

State

CT

Zip Code

06084-3817

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.88

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR791550918659

Amount of Each Receipt this Period

46.14

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

C.

Full Name (Last, First, Middle Initial)

MS. MARIE T POLITIS

Mailing Address 9 WYNCAIRN

City

EAST GRANBY

State

CT

Zip Code

06026-9642

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.86

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR791551318659

Amount of Each Receipt this Period

28.83

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

SUBTOTAL of Receipts This Page (optional)

103.83

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 122 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)
MS. CHRISTINE HOVEY

Mailing Address 598 EAST ST

City State Zip Code
HEBRON CT 06248-1123

FEC ID number of contributing
federal political committee.

C

Name of Employer
CORNERSTONE RE ADVISERS
LLC

Occupation
ASSET MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.08

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR791551818659

Amount of Each Receipt this Period

46.14

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

B.

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

Mailing Address 100 VINING HILL RD

City State Zip Code
SOUTHWICK MA 01077-9411

FEC ID number of contributing
federal political committee.

C

Name of Employer
BABSON CAPITAL MANAGEMENT
LLC

Occupation
MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.88

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR791566518659

Amount of Each Receipt this Period

46.14

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

C.

Full Name (Last, First, Middle Initial)
MS. PATRICIA WALSH

Mailing Address 88 BANCROFT RD

City State Zip Code
NORTHAMPTON MA 01060-2111

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation
SENIOR VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1612.65

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR791569718659

Amount of Each Receipt this Period

173.07

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

SUBTOTAL of Receipts This Page (optional)

265.35

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 123 / 166

(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)

NICHOLAS S. PREDDICE

Mailing Address 49 BRUNDIGE DR

City

GOLDENS BRG

State

NY

Zip Code

10526-1413

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 ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR791572418659

Amount of Each Receipt this Period

249.99

P/R Deduction (\$0.00 Mont-
hly)

B.

Full Name (Last, First, Middle Initial)

JAMES K. MCANDREWS

Mailing Address 13310 INDIAN CREEK RD

City

HOUSTON

State

TX

Zip Code

77079-7139

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 ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR791585618659

Amount of Each Receipt this Period

249.99

P/R Deduction (\$0.00 Mont-
hly)

C.

Full Name (Last, First, Middle Initial)

MS. CHERIE A COSTA

Mailing Address 467 SOUTHWEST ST

City

FEEDING HILLS

State

MA

Zip Code

01030-1057

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

MARKETING SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR791589018659

Amount of Each Receipt this Period

37.50

P/R Deduction (\$11.55 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

537.48

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 124 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. RICHARD GOLDSTEIN

Mailing Address 197 LYNNWOOD DR

City

LONGMEADOW

State

MA

Zip Code

01106-2013

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR791591618659

Amount of Each Receipt this Period

115.38

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

B.

Full Name (Last, First, Middle Initial)

MS. EMILY PORISS

Mailing Address 50 KENMORE RD

City

BLOOMFIELD

State

CT

Zip Code

06002-2135

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

SECOND VP & ASSOC GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.88

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR791591818659

Amount of Each Receipt this Period

46.14

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

C.

Full Name (Last, First, Middle Initial)

PAUL A. BAVARO

Mailing Address 6022 LAS COLINAS CIR

City

LAKE WORTH

State

FL

Zip Code

33463-6560

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
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR791594018659

Amount of Each Receipt this Period

150.00

P/R Deduction (\$50.00 Mon-
thly)

SUBTOTAL of Receipts This Page (optional)

311.52

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

GREGORY T. STRAKA

Mailing Address 6211 CREEKSTONE PATH

City

CUMMING

State

GA

Zip Code

30041-6001

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 ▼

412.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: PR791597918659

Amount of Each Receipt this Period

112.50

P/R Deduction (\$37.50 Monthly)

B.

Full Name (Last, First, Middle Initial)

MS. CAMILLE DONALD

Mailing Address 10 MARBLE FAUN LN

City

WINDSOR

State

CT

Zip Code

06095-4766

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

AVP, ASSOCIATE SECRETARY & COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: PR791608118659

Amount of Each Receipt this Period

29.16

P/R Deduction (\$9.72 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

GAVIN D. CHAMBERS

Mailing Address 9950 NW ABBEY RD

City

PORTLAND

State

OR

Zip Code

97229-9128

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 ▼

1066.64

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: PR791621218659

Amount of Each Receipt this Period

399.99

P/R Deduction (\$83.35 Monthly)

SUBTOTAL of Receipts This Page (optional)

541.65

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
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. DENNIS MILES

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR791623318659

Amount of Each Receipt this Period

115.38

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

B.

Full Name (Last, First, Middle Initial)

MR. LAWRENCE BOUDREAU

Mailing Address 39 RIVERVIEW DR

City

SUFFIELD

State

CT

Zip Code

06078-1419

FEC ID number of contributing
federal political committee.

C

Name of Employer
CORNERSTONE RE ADVISERS
LLC

Occupation

COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.88

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR791623418659

Amount of Each Receipt this Period

46.14

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

C.

Full Name (Last, First, Middle Initial)

MS. GWENDOLYN FERRARI

Mailing Address 1511 CANYON RIDGE DR

City

BROAD BROOK

State

CT

Zip Code

06016-5610

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

ASSISTANT VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.86

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR791776418659

Amount of Each Receipt this Period

28.83

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

SUBTOTAL of Receipts This Page (optional)

190.35

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 127 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MS. MARY S BLOCK

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

SECOND VP & ASSOC GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR791784418659

Amount of Each Receipt this Period

115.38

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

B.

Full Name (Last, First, Middle Initial)

MR. ROBERT ERWIN

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 ▼

699.92

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR791800218659

Amount of Each Receipt this Period

80.76

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

C.

Full Name (Last, First, Middle Initial)

MR. WILLIAM SILVANIC

Mailing Address 120 CREAMERY HILL RD

City

GRANBY

State

CT

Zip Code

06035-1702

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

SVP & ACTUARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR791800418659

Amount of Each Receipt this Period

115.38

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

SUBTOTAL of Receipts This Page (optional)

311.52

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 128 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MS. ANNEMARIE SMITH

Mailing Address 17 CANYON RIDGE DR

City

BROAD BROOK

State

CT

Zip Code

06016-9657

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSMUTUAL TRUST COMPANY

Occupation

RELATIONSHIP MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.08

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR791801818659

Amount of Each Receipt this Period

78.96

P/R Deduction (\$26.32 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

MR. JAMES IORIO

Mailing Address 2207 AUTUMN CHASE

City

ELLINGTON

State

CT

Zip Code

06029-3763

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

ASSISTANT VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.86

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR791816518659

Amount of Each Receipt this Period

28.83

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

C.

Full Name (Last, First, Middle Initial)

CHARLES V. COLLINS

Mailing Address 9218 WINDSTONE DR

City

OOLTEWAH

State

TN

Zip Code

37363-9326

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
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR791823318659

Amount of Each Receipt this Period

180.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

287.79

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 129 / 166

(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)

ALFRED W. HOVIS

Mailing Address 4174 SE FAIRWAY E

City

STUART

State

FL

Zip Code

34997-6150

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 ▼

666.60

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR791824818659

Amount of Each Receipt this Period

166.65

P/R Deduction (\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. PAUL SMITH

Mailing Address 70 DOVER RD

City

LONGMEADOW

State

MA

Zip Code

01106-1254

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.02

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR791859018659

Amount of Each Receipt this Period

155.04

P/R Deduction (\$69.25 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

MR. JAMES E MASUR

Mailing Address 66 THORNTON RD

City

NEEDHAM

State

MA

Zip Code

02492-4330

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 ▼

1499.91

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR791870418659

Amount of Each Receipt this Period

264.69

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

SUBTOTAL of Receipts This Page (optional)

586.38

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 130 / 166

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MS. SHANNON GAMACHE

Mailing Address 57 LAUREL LN

City

COLUMBIA

State

CT

Zip Code

06237-1013

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

ASSISTANT VICE PRESIDENT & COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: PR791870718659

Amount of Each Receipt this Period

28.86

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

Full Name (Last, First, Middle Initial)

MR. STEVEN HALL

Mailing Address 20 OLD TOWNE WAY

City

FISKDALE

State

MA

Zip Code

01518-1044

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

ASSISTANT VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.41

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: PR791883018659

Amount of Each Receipt this Period

28.86

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

Full Name (Last, First, Middle Initial)

MR. IAN SHERIDAN

Mailing Address 752 NORTHEAST ST

City

AMHERST

State

MA

Zip Code

01002-1764

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

CORPORATE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: PR791884318659

Amount of Each Receipt this Period

80.76

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

SUBTOTAL of Receipts This Page (optional)

138.48

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 131 / 166

(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)

SHAWN R. KEANE

Mailing Address 256 7TH AVE

City

SWARTHMORE

State

PA

Zip Code

19081-2635

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
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR791888518659

Amount of Each Receipt this Period

75.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MS. PAMELA MCKOIN

Mailing Address 160 GUINEA RD

City

STAMFORD

State

CT

Zip Code

06903-3718

FEC ID number of contributing
federal political committee.

C

Name of Employer
CORNERSTONE RE ADVISERS
LLC

Occupation

ASSISTANT VICE PRESIDENT - PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.88

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR791901418659

Amount of Each Receipt this Period

46.14

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

C.

Full Name (Last, First, Middle Initial)

MS. DIANE LOPES

Mailing Address 11 LITTLE SORREL LN

City

SOMERS

State

CT

Zip Code

06071-2030

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

704.87

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR791902618659

Amount of Each Receipt this Period

172.56

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

SUBTOTAL of Receipts This Page (optional)

293.70

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 132 / 166

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. THOMAS OSWALD

Mailing Address 665 CENTER ST
UNIT 713City
LUDLOWState
MAZip Code
01056-1534FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: PR791903218659

Amount of Each Receipt this Period

115.38

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

Full Name (Last, First, Middle Initial)

MR. DOUGLAS ENDORF

Mailing Address 27 STRAWBERRY FIELDS

City
GRANBYState
CTZip Code
06035-2927FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

699.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: PR791938618659

Amount of Each Receipt this Period

80.76

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

Full Name (Last, First, Middle Initial)

BLAIR ENFIELD

Mailing Address 1020 SPRING CRK

City

GREENSBORO

State
GAZip Code
30642-6455FEC ID number of contributing
federal political committee.

C

Name of Employer
SELFOccupation
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
1	2	/	3	1	/	2	0	0	9

Transaction ID: PR791947218659

Amount of Each Receipt this Period

75.00

P/R Deduction (\$0.00 Mont-
hly)

SUBTOTAL of Receipts This Page (optional)

271.14

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 133 / 166

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. WILLIAM F MONROEJR

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
MML INVESTORS SERVICES,
LLC

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

699.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: PR791969118659

Amount of Each Receipt this Period

80.76

P/R Deduction (\$40.56 Bi-
Weekly)**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM JORDAN

Mailing Address 25 HARVEST HILL RD

City

WEST SIMSBURY

State

CT

Zip Code

06092-2224

FEC ID number of contributing
federal political committee.

C

Name of Employer
CORNERSTONE RE ADVISERS
LLC

Occupation

VICE PRESIDENT & SENIOR COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: PR791969318659

Amount of Each Receipt this Period

30.00

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

Full Name (Last, First, Middle Initial)

RYAN L. DONAGHY

Mailing Address 2205 CHESTERFIELD AVE

City

CHARLOTTE

State

NC

Zip Code

28205-6015

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 ▼

257.15

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: PR791987618659

Amount of Each Receipt this Period

64.28

P/R Deduction (\$20.85 Mon-
thly)

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: PAGE 134 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MS. PATRICIA O'DONNELL

Mailing Address 15 BUNKER WAY

City

BELCHERTOWN

State

MA

Zip Code

01007-9645

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

ASSISTANT VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

712.36

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR791997318659

Amount of Each Receipt this Period

80.76

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

B.

Full Name (Last, First, Middle Initial)

MR. WILLIAM LUCKERT

Mailing Address 21 S PARK AVE

City

LONGMEADOW

State

MA

Zip Code

01106-1129

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

ASSISTANT VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR792015618659

Amount of Each Receipt this Period

64.62

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

C.

Full Name (Last, First, Middle Initial)

MR. JAMES D NEWSOME

Mailing Address 43 RIDGE RD

City

RUMSON

State

NJ

Zip Code

07760-1833

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 ▼

789.66

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR792041018659

Amount of Each Receipt this Period

80.76

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

SUBTOTAL of Receipts This Page (optional)

226.14

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 135 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. ANTHONY PIERSON

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 ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR792042018659

Amount of Each Receipt this Period

60.00

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

B.

Full Name (Last, First, Middle Initial)

MR. JASON M PRATT

Mailing Address 82 FERN ST

City

HARTFORD

State

CT

Zip Code

06105-2226

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

ASSISTANT VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR792063718659

Amount of Each Receipt this Period

28.86

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

C.

Full Name (Last, First, Middle Initial)

MR. KEVIN B WATERMAN

Mailing Address 110 JOSEPH LN

City

SOUTH WINDSOR

State

CT

Zip Code

06074-1464

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

ASSISTANT VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.88

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR792064118659

Amount of Each Receipt this Period

46.14

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

SUBTOTAL of Receipts This Page (optional)

135.00

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 136 / 166

(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)

JONATHAN E. HARTMAN

Mailing Address 14806 MCCORMICK ST

City

SHERMAN OAKS

State

CA

Zip Code

91411-4032

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 ▼

514.32

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR792074818659

Amount of Each Receipt this Period

128.58

P/R Deduction (\$42.86 Monthly)

B.

Full Name (Last, First, Middle Initial)

GEORGE A. SNOOK

Mailing Address 502 SARAH CT

City

MECHANICSBURG

State

PA

Zip Code

17050-7231

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
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR792083318659

Amount of Each Receipt this Period

150.00

P/R Deduction (\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MR. MICHAEL O'CONNOR

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

CORPORATE VP & ASSOC GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR792107718659

Amount of Each Receipt this Period

115.38

P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

393.96

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: PAGE 137 / 166

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MS. LENORE T MACWADE

Mailing Address 20 MOUNTAIN HILL RD

City

N GROSVENORDL

State

CT

Zip Code

06255-1603

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

FINANCE CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: PR792119018659

Amount of Each Receipt this Period

34.62

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

Full Name (Last, First, Middle Initial)

MR. PAUL J STRONG

Mailing Address 11 ABBEY RD

City

BOW

State

NH

Zip Code

03304-5101

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

VICE PRESIDENT & ACTUARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

699.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: PR792119718659

Amount of Each Receipt this Period

80.76

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

Full Name (Last, First, Middle Initial)

MS. ELLEN S CONLIN

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 & ASSOCIATE GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

699.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: PR792129518659

Amount of Each Receipt this Period

80.76

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

SUBTOTAL of Receipts This Page (optional)

196.14

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 138 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MS. JAE JUNKUNC

Mailing Address 915 MAIN ST APT 812

City

HARTFORD

State

CT

Zip Code

06103-1243

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

ASSISTANT VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.02

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR792144318659

Amount of Each Receipt this Period

61.89

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

B.

Full Name (Last, First, Middle Initial)

DENNIS P. NIX

Mailing Address 301 MANGELS AVE

City

SAN FRANCISCO

State

CA

Zip Code

94127-2409

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 ▼

201.43

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR793022718659

Amount of Each Receipt this Period

90.00

P/R Deduction (\$30.00 Mon-
thly)

C.

Full Name (Last, First, Middle Initial)

ALFRED T. BENDER

Mailing Address 237 ARROWOOD WAY

City

BASKING RIDGE

State

NJ

Zip Code

07920-3175

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 ▼

228.60

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR793350318659

Amount of Each Receipt this Period

57.15

P/R Deduction (\$0.00 Mont-
hly)

SUBTOTAL of Receipts This Page (optional)

209.04

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 139 / 166

(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)

WILLIAM C. MEHAFFEY

Mailing Address 84305 COBBLESTONE DR

City

FOLSOM

State

LA

Zip Code

70437-3255

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
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR795222618659

Amount of Each Receipt this Period

75.00

P/R Deduction (\$0.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

CARLOS HERNANDEZ

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 ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR795364018659

Amount of Each Receipt this Period

249.99

P/R Deduction (\$83.35 Monthly)

C.

Full Name (Last, First, Middle Initial)

MR. PATRICK MCCARRON

Mailing Address 230 SUNNYFIELD DR

City

WINDSOR

State

CT

Zip Code

06095-3277

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 ▼

300.04

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR796416218659

Amount of Each Receipt this Period

34.62

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

SUBTOTAL of Receipts This Page (optional)

359.61

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 140 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MS. ERIN TOBIN

Mailing Address 28 MIDDLESEX DR

City

ENFIELD

State

CT

Zip Code

06082-5825

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

TRAINING CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.02

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR796548418659

Amount of Each Receipt this Period

17.31

P/R Deduction (\$5.77 Bi-W-
eekly)

B.

Full Name (Last, First, Middle Initial)

MR. KEVIN O FINNEGAN

Mailing Address 37 CHARTER RIDGE DR

City

SANDY HOOK

State

CT

Zip Code

06482-1573

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

VICE PRESIDENT & ASSISTANT GENERAL COU

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR796668318659

Amount of Each Receipt this Period

28.86

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

C.

Full Name (Last, First, Middle Initial)

MS. ELAINE A SARSYNSKI

Mailing Address 75 BARNDOR 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

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2649.92

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR796671818659

Amount of Each Receipt this Period

305.76

P/R Deduction (\$96.16 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

351.93

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 141 / 166

(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)

KURT A. BERRY

Mailing Address 2011 WEDGEWOOD WAY

City

ROCKFORD

State

IL

Zip Code

61107-1712

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 ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR796706918659

Amount of Each Receipt this Period

62.49

P/R Deduction (\$20.85 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. MADISON P WHITNEY

Mailing Address 16 CARRIAGE LN

City

ESSEX

State

CT

Zip Code

06426-1316

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

ASSISTANT VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.06

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR811455118659

Amount of Each Receipt this Period

50.01

P/R Deduction (\$11.55 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

714.18

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR904834618659

Amount of Each Receipt this Period

80.76

P/R Deduction (\$40.56 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

193.26

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: PAGE 142 / 166

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. DARRELL PONZIO

Mailing Address 40 OLYMPUS PKWY

City

MIDDLETOWN

State

CT

Zip Code

06457-2337

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

ASSISTANT VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR904836518659

Amount of Each Receipt this Period

28.86

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

B.

Full Name (Last, First, Middle Initial)

MS. KIMBERLY L DORNISCH

Mailing Address 56 CARNOUSTIE CIR

City

BLOOMFIELD

State

CT

Zip Code

06002-2381

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE
INS.

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR932681618659

Amount of Each Receipt this Period

28.86

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

SUBTOTAL of Receipts This Page (optional)

57.72

TOTAL This Period (last page this line number only)

48809.75

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

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

FOR LINE NUMBER: PAGE 143 / 166

(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 ▼

1720.21

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 33331761

Amount of Each Receipt this Period

67.51

Dec-09 Interest - Money
Market Account

B.

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 ▼

1739.53

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 33332202

Amount of Each Receipt this Period

19.32

Dec-09 Interest - Checking
Account

SUBTOTAL of Receipts This Page (optional)

86.83

TOTAL This Period (last page this line number only)

86.83

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

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

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(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)

Massachusetts Mutual Life Insurance Company

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3246.31

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 9

Transaction ID: 33346889

Amount of Each Receipt this Period

3246.31

2009 Administrative Operating Expense Refund

SUBTOTAL of Receipts This Page (optional)

3246.31

TOTAL This Period (last page this line number only)

3246.31

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Moore For Congress	Transaction ID: 32481001 Date of Disbursement																				
Mailing Address PO Box 16646	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	1		2	0	0	9												
City Milwaukee State WI Zip Code 53216	Amount of Each Disbursement this Period																				
Purpose of Disbursement Event: December 1, 2009	<table border="1"> <tr> <td colspan="10">3000.00</td> </tr> </table>	3000.00																			
3000.00																					
Candidate Name Rep. Gwendolynne Moore	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Event: December 1, 2009																				
B. Full Name (Last, First, Middle Initial) Chris Lee For Congress	Transaction ID: 32481009 Date of Disbursement																				
Mailing Address PO Box 15395	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	2		2	0	0	9												
City Rochester State NY Zip Code 14615	Amount of Each Disbursement this Period																				
Purpose of Disbursement Event: December 2, 2009	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Christopher John Lee	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Event: December 2, 2009																				
C. Full Name (Last, First, Middle Initial) Adler For Congress	Transaction ID: 32481010 Date of Disbursement																				
Mailing Address 14 Knightswood Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	2		2	0	0	9												
City Marlton State NJ Zip Code 08053	Amount of Each Disbursement this Period																				
Purpose of Disbursement Event: December 2, 2009	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Rep. John Herbert Adler	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Event: December 2, 2009																				

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Friends Of Blanche Lincoln Mailing Address PO Box 3197	Transaction ID: 32481034 Date of Disbursement <div> <div>12</div> <div>03</div> <div>2009</div> </div>
City Little Rock State AR Zip Code 72203 Purpose of Disbursement Event: December 3, 2009 Candidate Name Sen. Blanche Lambert Lincoln Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AR District:	Amount of Each Disbursement this Period <div>2000.00</div> Event: December 3, 2009
B. Full Name (Last, First, Middle Initial) Scott Garrett For Congress Mailing Address P.O. Box 905 City Newton State NJ Zip Code 07860 Purpose of Disbursement Event: December 3, 2009 Candidate Name Rep. Scott Garrett Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 05	Transaction ID: 32481347 Date of Disbursement <div> <div>12</div> <div>01</div> <div>2009</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> Event: December 3, 2009
C. Full Name (Last, First, Middle Initial) Glacier PAC Mailing Address 236 Massachusetts Ave., NE Suite 603 City Washington State DC Zip Code 20002 Purpose of Disbursement Event: December 3, 2009 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 32481417 Date of Disbursement <div> <div>12</div> <div>03</div> <div>2009</div> </div> Amount of Each Disbursement this Period <div>5000.00</div> Event: December 3, 2009

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) LINC PAC	Transaction ID: 32482692 Date of Disbursement
Mailing Address 818 Connecticut Ave., NW., Ste. 11	<div> <div>12</div> <div>03</div> <div>2009</div> </div>
City Washington State DC Zip Code 20006	Amount of Each Disbursement this Period
Purpose of Disbursement Event: December 3, 2009 Candidate Name	<div>1000.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div>011</div> Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Event: December 3, 2009
B. Full Name (Last, First, Middle Initial) Scott Garrett For Congress	Transaction ID: 32482726 Date of Disbursement
Mailing Address P.O. Box 905	<div> <div>12</div> <div>03</div> <div>2009</div> </div>
City Newton State NJ Zip Code 07860	Amount of Each Disbursement this Period
Purpose of Disbursement Event: December 3, 2009 Candidate Name Rep. Scott Garrett	<div>1000.00</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 05	<div>011</div> Category/Type
Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Event: December 3, 2009
C. Full Name (Last, First, Middle Initial) Jim Himes For Congress	Transaction ID: 32623631 Date of Disbursement
Mailing Address 857 Post Road, #312	<div> <div>12</div> <div>02</div> <div>2009</div> </div>
City Fairfield State CT Zip Code 06824	Amount of Each Disbursement this Period
Purpose of Disbursement Event: Dec. 2, 2009 Candidate Name Rep. James A. Himes	<div>1000.00</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04	<div>011</div> Category/Type
Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Event: Dec. 2, 2009

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Jim Himes For Congress	Transaction ID: 32623644 Date of Disbursement
Mailing Address 857 Post Road, #312	<div> <div>12</div> <div>02</div> <div>2009</div> </div>
City Fairfield State CT Zip Code 06824	Amount of Each Disbursement this Period
Purpose of Disbursement Event: December 2, 2009	<div>1000.00</div>
Candidate Name Rep. James A. Himes	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Event: December 2, 2009
B. Full Name (Last, First, Middle Initial) Bachus For Congress Committee	Transaction ID: 32623695 Date of Disbursement
Mailing Address P.O. Box 131134	<div> <div>12</div> <div>07</div> <div>2009</div> </div>
City Birmingham State AL Zip Code 35213	Amount of Each Disbursement this Period
Purpose of Disbursement Event: Dec-09	<div>1500.00</div>
Candidate Name Rep. Spencer Thomas Bachus, III	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Event: Dec-09
C. Full Name (Last, First, Middle Initial) Ed Royce For Congress	Transaction ID: 32623696 Date of Disbursement
Mailing Address P.O. Box 2525	<div> <div>12</div> <div>07</div> <div>2009</div> </div>
City Orange State CA Zip Code 92859	Amount of Each Disbursement this Period
Purpose of Disbursement Event: Dec-09	<div>1000.00</div>
Candidate Name Rep. Edward R. Royce	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 40 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Event: Dec-09

SUBTOTAL of Disbursements This Page (optional)

3500.00

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

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(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ed Royce For Congress

Mailing Address P.O. Box 2525

City
Orange

State
CA

Zip Code
92859

Purpose of Disbursement
Event: Dec-09

Candidate Name
Rep. Edward R. Royce

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 40

Transaction ID: 32623718

Date of Disbursement

12 / 07 / 2009

Amount of Each Disbursement this Period

2000.00

Event: Dec-09

B.

Full Name (Last, First, Middle Initial)

Committee To Elect Chris Murphy

Mailing Address P.O. Box 127

City
Cheshire

State
CT

Zip Code
06410

Purpose of Disbursement
Events: Dec. 3 & 16, 2009

Candidate Name
Rep. Christopher Scott Murphy

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 05

Transaction ID: 32623723

Date of Disbursement

12 / 03 / 2009

Amount of Each Disbursement this Period

3000.00

Events: Dec. 3 & 16, 2009

C.

Full Name (Last, First, Middle Initial)

Wicker For Senate

Mailing Address PO Box 64

City
Jackson

State
MS

Zip Code
39205

Purpose of Disbursement
District Event: Dec. 7, 2009

Candidate Name
Mr. Roger Wicker

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MS District:

Transaction ID: 32623867

Date of Disbursement

12 / 07 / 2009

Amount of Each Disbursement this Period

500.00

District Event: Dec. 7,
2009

SUBTOTAL of Disbursements This Page (optional)

5500.00

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 PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Shelley Moore Capito For Congress

Mailing Address P.O. Box 11519

City Charleston State WV Zip Code 25339

Purpose of Disbursement
Event: December 8, 2009Candidate Name
Rep. Shelley Moore CapitoOffice Sought: ☒ House
☐ Senate
☐ President

State: WV District: 02

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 32693170

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	8		2	0	0	9

Amount of Each Disbursement this Period

3000.00

Event: December 8, 2009

B. Full Name (Last, First, Middle Initial)
Maloney For Congress

Mailing Address 49 East 92nd Street

City New York State NY Zip Code 10128

Purpose of Disbursement
Event: Dec. 8, 2009Candidate Name
Rep. Carolyn B. MaloneyOffice Sought: ☒ House
☐ Senate
☐ President

State: NY District: 14

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 32693172

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	8		2	0	0	9

Amount of Each Disbursement this Period

2000.00

Event: Dec. 8, 2009

C. Full Name (Last, First, Middle Initial)
Ellison For Congress

Mailing Address PO Box 6072

City Minneapolis State MN Zip Code 55406

Purpose of Disbursement
Event: December 9, 2009Candidate Name
Rep. Keith EllisonOffice Sought: ☒ House
☐ Senate
☐ President

State: MN District: 05

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 32693175

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	9		2	0	0	9

Amount of Each Disbursement this Period

3000.00

Event: December 9, 2009

SUBTOTAL of Disbursements This Page (optional)

8000.00

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 PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Rangel For Congress

Mailing Address PO Box 5577

City
New YorkState
NYZip Code
10027Purpose of Disbursement
Event: December 9, 2009Candidate Name
Rep. Charles B. RangelOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 15

Transaction ID: 32693176

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	9	/	2	0	0	9

Amount of Each Disbursement this Period

2000.00

Event: December 9, 2009

B.

Full Name (Last, First, Middle Initial)

Friends Of Mark Warner

Mailing Address 201 North Union Street Suite 300

City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
Event: December 7, 2009Candidate Name
Mr. Mark WarnerOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District:

Transaction ID: 32693178

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

Event: December 7, 2009

C.

Full Name (Last, First, Middle Initial)

South Dakota First PAC

Mailing Address 122 Maryland Avenue, NE

City
WashingtonState
DCZip Code
20002Purpose of Disbursement
Event: December 8, 2009

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 32693249

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	9

Amount of Each Disbursement this Period

4000.00

Event: December 8, 2009

SUBTOTAL of Disbursements This Page (optional)

7000.00

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 PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Crowley For Congress	Transaction ID: 32693253 Date of Disbursement																				
Mailing Address 84-56 Grand Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	0		2	0	0	9												
City Elmhurst State NY Zip Code 11373	Amount of Each Disbursement this Period																				
Purpose of Disbursement Event: Decembet 10, 2009	<table border="1"> <tr> <td colspan="10">1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Candidate Name Rep. Joseph Crowley	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Event: Decembet 10, 2009																					
B. Full Name (Last, First, Middle Initial) Mike Thompson For Congress	Transaction ID: 32693255 Date of Disbursement																				
Mailing Address 5429 Madison Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	6		2	0	0	9												
City Sacramento State CA Zip Code 95841	Amount of Each Disbursement this Period																				
Purpose of Disbursement Event: December 10, 2009	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Rep. Michael Thompson	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Event: December 10, 2009																					
C. Full Name (Last, First, Middle Initial) Friends Of Dave Reichert	Transaction ID: 32823961 Date of Disbursement																				
Mailing Address P. O. Box 53322	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	5		2	0	0	9												
City Bellevue State WA Zip Code 98015	Amount of Each Disbursement this Period																				
Purpose of Disbursement Event: December 15, 2009	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Rep. David George Reichert	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Event: December 15, 2009																					

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 PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.	Full Name (Last, First, Middle Initial) Lynn Jenkins For Congress <hr/> Mailing Address P.O. Box 1441 <hr/> <table> <tr> <td>City Topeka</td> <td>State KS</td> <td>Zip Code 66601</td> </tr> </table> <hr/> <table> <tr> <td>Purpose of Disbursement Event: December 15, 2009</td> <td rowspan="2"><div>011</div> Category/ Type</td> </tr> <tr> <td>Candidate Name Rep. Lynn Jenkins</td> </tr> </table> <hr/> <table> <tr> <td>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> </table> <hr/> State: KS District: 02	City Topeka	State KS	Zip Code 66601	Purpose of Disbursement Event: December 15, 2009	<div>011</div> Category/ Type	Candidate Name Rep. Lynn Jenkins	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32824000 Date of Disbursement <div>12 / 15 / 2009</div> <hr/> Amount of Each Disbursement this Period <div>1000.00</div> <hr/> Event: December 15, 2009
City Topeka	State KS	Zip Code 66601								
Purpose of Disbursement Event: December 15, 2009	<div>011</div> Category/ Type									
Candidate Name Rep. Lynn Jenkins										
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼									
B.	Full Name (Last, First, Middle Initial) Geoff Davis For Congress <hr/> Mailing Address PO Box 17192 <hr/> <table> <tr> <td>City Ft Mitchell</td> <td>State KY</td> <td>Zip Code 41017</td> </tr> </table> <hr/> <table> <tr> <td>Purpose of Disbursement Event: December 15, 2009</td> <td rowspan="2"><div>011</div> Category/ Type</td> </tr> <tr> <td>Candidate Name Rep. Geoff Davis</td> </tr> </table> <hr/> <table> <tr> <td>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> </table> <hr/> State: KY District: 04	City Ft Mitchell	State KY	Zip Code 41017	Purpose of Disbursement Event: December 15, 2009	<div>011</div> Category/ Type	Candidate Name Rep. Geoff Davis	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32824017 Date of Disbursement <div>12 / 15 / 2009</div> <hr/> Amount of Each Disbursement this Period <div>1000.00</div> <hr/> Event: December 15, 2009
City Ft Mitchell	State KY	Zip Code 41017								
Purpose of Disbursement Event: December 15, 2009	<div>011</div> Category/ Type									
Candidate Name Rep. Geoff Davis										
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼									
C.	Full Name (Last, First, Middle Initial) First State PAC <hr/> Mailing Address P.O. Box 3006 <hr/> <table> <tr> <td>City Wilmington</td> <td>State DE</td> <td>Zip Code 19804</td> </tr> </table> <hr/> <table> <tr> <td>Purpose of Disbursement Event: December 15, 2009</td> <td rowspan="2"><div>011</div> Category/ Type</td> </tr> <tr> <td>Candidate Name</td> </tr> </table> <hr/> <table> <tr> <td>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> </table> <hr/> State: District:	City Wilmington	State DE	Zip Code 19804	Purpose of Disbursement Event: December 15, 2009	<div>011</div> Category/ Type	Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32824068 Date of Disbursement <div>12 / 15 / 2009</div> <hr/> Amount of Each Disbursement this Period <div>2000.00</div> <hr/> Event: December 15, 2009
City Wilmington	State DE	Zip Code 19804								
Purpose of Disbursement Event: December 15, 2009	<div>011</div> Category/ Type									
Candidate Name										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼									
SUBTOTAL of Disbursements This Page (optional) ►		<div>4000.00</div>								
TOTAL This Period (last page this line number only) ►		<div></div>								

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Whitehouse For Senate	Transaction ID: 32824298 Date of Disbursement																				
Mailing Address P.O. Box 40280	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	6		2	0	0	9												
City Providence State RI Zip Code 02940	Amount of Each Disbursement this Period																				
Purpose of Disbursement Event: December 16, 2009	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Sen. Sheldon Whitehouse	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: RI District:	Event: December 16, 2009																				
B. Full Name (Last, First, Middle Initial) Narragansett Bay PAC	Transaction ID: 32824368 Date of Disbursement																				
Mailing Address P.O. Box 8628	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	6		2	0	0	9												
City Cranston State RI Zip Code 02920	Amount of Each Disbursement this Period																				
Purpose of Disbursement Event: December 16, 2009	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Narragansett Bay PAC	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Event: December 16, 2009																				
C. Full Name (Last, First, Middle Initial) Friends Of Schumer	Transaction ID: 32824421 Date of Disbursement																				
Mailing Address 60 East 42nd Street Sutie 437	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	6		2	0	0	9												
City New York State NY Zip Code 10165	Amount of Each Disbursement this Period																				
Purpose of Disbursement Event: December 16, 2009	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Sen. Charles E. Schumer	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District:	Event: December 16, 2009																				

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Save America PAC	Transaction ID: 32824518 Date of Disbursement
Mailing Address 264 North Lumpkin Street, #202	<div> <div>12</div> <div>17</div> <div>2009</div> </div>
City Athens State GA Zip Code 30601	Amount of Each Disbursement this Period
Purpose of Disbursement Event: December 17, 2009	<div>2000.00</div>
Candidate Name	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Event: December 17, 2009
B. Full Name (Last, First, Middle Initial) BEAN PAC	Transaction ID: 32830662 Date of Disbursement
Mailing Address 235 Massachusetts Avenue, NE	<div> <div>12</div> <div>09</div> <div>2009</div> </div>
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
Purpose of Disbursement Event: December 9, 2009	<div>4000.00</div>
Candidate Name BEAN PAC	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Event: December 9, 2009
C. Full Name (Last, First, Middle Initial) Friends Of Max Baucus	Transaction ID: 32830676 Date of Disbursement
Mailing Address PO Box 586	<div> <div>12</div> <div>03</div> <div>2009</div> </div>
City Helena State MT Zip Code 59624	Amount of Each Disbursement this Period
Purpose of Disbursement Event: December 3, 2009	<div>1000.00</div>
Candidate Name Sen. Max Baucus	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Event: December 3, 2009

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Martha Coakley For Senate Committee	Transaction ID: 32830849 Date of Disbursement																				
Mailing Address 529 Main Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	3		2	0	0	9												
City Boston State MA Zip Code 02129	Amount of Each Disbursement this Period																				
Purpose of Disbursement Event: January 12, 2009	<table border="1"> <tr> <td colspan="10">4000.00</td> </tr> </table>	4000.00																			
4000.00																					
Candidate Name Ms. Martha Coakley	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: MA District: <input type="checkbox"/> Other (specify) ▼	Event: January 12, 2009																				
B. Full Name (Last, First, Middle Initial) Moore For Congress	Transaction ID: 32837831 Date of Disbursement																				
Mailing Address PO Box 14631	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	3		2	0	0	9												
City Shawnee Mission State KS Zip Code 66285	Amount of Each Disbursement this Period																				
Purpose of Disbursement Void - Moore For Congress	<table border="1"> <tr> <td colspan="10">-2000.00</td> </tr> </table>	-2000.00																			
-2000.00																					
Candidate Name Rep. Dennis Moore	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: KS District: 03 <input type="checkbox"/> Other (specify) ▼	Void - Moore For Congress																				
C. Full Name (Last, First, Middle Initial) Bennet For Colorado	Transaction ID: 32838512 Date of Disbursement																				
Mailing Address PO Box 3078	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	9		2	0	0	9												
City Denver State CO Zip Code 80201	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2009 Candidate Contribution	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Mr. Michael Bennet	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: CO District: 02 <input type="checkbox"/> Other (specify) ▼	2009 Candidate Contributi- on																				

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Friends Of Chris Dodd	Transaction ID: 32838693 Date of Disbursement																				
Mailing Address PO Box 270701	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	8		2	0	0	9												
City West Hartford State CT Zip Code 06127	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2009 Candidate Contribution for CT State Convention	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Sen. Christopher J. Dodd	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary2010																				
B. Full Name (Last, First, Middle Initial) Bob Corker For Senate 2012	Transaction ID: 32838773 Date of Disbursement																				
Mailing Address PO Box 848	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	8		2	0	0	9												
City Chattanooga State TN Zip Code 37401	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2009 Candidate Contribution	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Sen. Robert Corker	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Hatch Election Committee Inc	Transaction ID: 32838776 Date of Disbursement																				
Mailing Address 175 South West Temple Suite 650	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	8		2	0	0	9												
City Salt Lake City State UT Zip Code 84101	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2009 Candidate Contribution	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Sen. Orrin G. Hatch	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Preserving America's Traditions (PATPAC)

Mailing Address 610 South Boulevard

City Tampa State FL Zip Code 33606

Purpose of Disbursement
2009 PAC Contribution

Candidate Name

011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 32838806

Date of Disbursement

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 9

Amount of Each Disbursement this Period

2000.00

2009 PAC Contribution

B. Full Name (Last, First, Middle Initial)
Friends of Sessions Senate Committee

Mailing Address P.O. Box 4278

City Montgomery State AL Zip Code 36103

Purpose of Disbursement
2009 Candidate Contribution

Candidate Name

Jeff Sessions

011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: AL District:

Transaction ID: 32838809

Date of Disbursement

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 9

Amount of Each Disbursement this Period

1000.00

2009 Candidate Contributi-
on**C.** Full Name (Last, First, Middle Initial)
Snowe For Senate

Mailing Address PO Box 2006

City Portland State ME Zip Code 04104

Purpose of Disbursement
2009 Candidate Contribution

Candidate Name

Sen. Olympia J. Snowe

011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: ME District:

Transaction ID: 32838828

Date of Disbursement

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 9

Amount of Each Disbursement this Period

1000.00

2009 Candidate Contributi-
on

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) All America PAC	Transaction ID: 32838835
Mailing Address	Date of Disbursement
607 14th Street, NW Suite 800	<div> <div>12</div> <div>28</div> <div>2009</div> </div>
City Washington	Amount of Each Disbursement this Period
State DC	<div>2000.00</div>
Zip Code 20005	<div>011</div> Category/ Type
Purpose of Disbursement 2009 PAC Contribution Candidate Name All America PAC	2009 PAC Contribution
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	
B. Full Name (Last, First, Middle Initial) LEGPAC	Transaction ID: 32838844
Mailing Address	Date of Disbursement
38 Ivy Street, SE	<div> <div>12</div> <div>28</div> <div>2009</div> </div>
City Washington	Amount of Each Disbursement this Period
State DC	<div>2500.00</div>
Zip Code 20003	<div>011</div> Category/ Type
Purpose of Disbursement 2009 PAC Contribution Candidate Name LEGPAC	2009 PAC Contribution
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	
C. Full Name (Last, First, Middle Initial) DAK PAC	Transaction ID: 32838849
Mailing Address	Date of Disbursement
607 14th St., NW., Suite 800	<div> <div>12</div> <div>28</div> <div>2009</div> </div>
City Washington	Amount of Each Disbursement this Period
State DC	<div>4000.00</div>
Zip Code 20005	<div>011</div> Category/ Type
Purpose of Disbursement 2009 PAC Contribution Candidate Name	2009 PAC Contribution
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	

SUBTOTAL of Disbursements This Page (optional)

8500.00

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 PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Campaign For Our Country	Transaction ID: 32838856 Date of Disbursement																				
Mailing Address 10 G Street, NE Suite 710	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	8		2	0	0	9												
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2009 PAC Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td colspan="10">1500.00</td> </tr> </table>	1500.00																			
1500.00																					
011 Category/ Type	2009 PAC Contribution																				
B. Full Name (Last, First, Middle Initial) New Millennium PAC	Transaction ID: 32838862 Date of Disbursement																				
Mailing Address P.O. Box 632	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	9		2	0	0	9												
City Union City State NJ Zip Code 07087	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2009 PAC Contribution Candidate Name New Millennium PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
011 Category/ Type	2009 PAC Contribution																				
C. Full Name (Last, First, Middle Initial) Mark Pryor For Us Senate	Transaction ID: 32838871 Date of Disbursement																				
Mailing Address PO Box 2720	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	8		2	0	0	9												
City Little Rock State AR Zip Code 72203	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2009 Candidate Contribution Candidate Name Sen. Mark L. Pryor Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td colspan="10">3000.00</td> </tr> </table>	3000.00																			
3000.00																					
011 Category/ Type	2009 Candidate Contributi- on																				

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Friends Of Jeb Hensarling

Mailing Address PO Box 820504

City
Dallas

State
TX

Zip Code
75382

Purpose of Disbursement
2009 Candidate Contribution

011

Category/
Type

Candidate Name
Rep. Jeb Hensarling

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 05

Transaction ID: 32838881

Date of Disbursement

12 / 28 / 2009

Amount of Each Disbursement this Period

3000.00

2009 Candidate Contribution

B.

Full Name (Last, First, Middle Initial)

Kline For Congress

Mailing Address 101 W Burnsville Pkwy Suite 104

City
Burnsville

State
MN

Zip Code
55337

Purpose of Disbursement
2009 Candidate Contribution

011

Category/
Type

Candidate Name
Rep. John P. Kline

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 02

Transaction ID: 32838887

Date of Disbursement

12 / 28 / 2009

Amount of Each Disbursement this Period

2000.00

2009 Candidate Contribution

C.

Full Name (Last, First, Middle Initial)

Neugebauer Congressional Committee

Mailing Address PO Box 54175

City
Lubbock

State
TX

Zip Code
79453

Purpose of Disbursement
2009 Candidate Contribution

011

Category/
Type

Candidate Name
Rep. Randy R. Neugebauer

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 19

Transaction ID: 32838892

Date of Disbursement

12 / 28 / 2009

Amount of Each Disbursement this Period

1000.00

2009 Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Citizens To Elect Phil Roe To Congress

Mailing Address PO Box 3218

City Johnson City State TN Zip Code 37602

Purpose of Disbursement
2009 Candidate Contribution

Candidate Name
Rep. David Phillip Roe

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 01

Transaction ID: 32838893

Date of Disbursement

12 / 23 / 2009

Amount of Each Disbursement this Period

1000.00

2009 Candidate Contribution

B. Full Name (Last, First, Middle Initial)
Boren For Congress

Mailing Address PO Box 1924

City Muskogee State OK Zip Code 74402

Purpose of Disbursement
2009 Candidate Contribution

Candidate Name
Mr. David Boren

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OK District: 02

Transaction ID: 32838901

Date of Disbursement

12 / 23 / 2009

Amount of Each Disbursement this Period

2000.00

2009 Candidate Contribution

C. Full Name (Last, First, Middle Initial)
Boucher For Congress Committee

Mailing Address P.O. Box 2000

City Abingdon State VA Zip Code 24212

Purpose of Disbursement
2009 Candidate Contribution

Candidate Name
Rep. Rick Boucher

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 09

Transaction ID: 32838902

Date of Disbursement

12 / 23 / 2009

Amount of Each Disbursement this Period

2000.00

2009 Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

John Lewis For Congress

Mailing Address P.O. Box 2323

City
AtlantaState
GAZip Code
30301Purpose of Disbursement
2009 Candidate Contribution

011

Category/
TypeCandidate Name
Rep. John LewisOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 05

Transaction ID: 32838911

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	3	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

2009 Candidate Contributi-
on**B.**

Full Name (Last, First, Middle Initial)

Friends Of John Sarbanes

Mailing Address PO Box 6854

City
TowsonState
MDZip Code
21285Purpose of Disbursement
2009 Candidate Contribution

011

Category/
TypeCandidate Name
Rep. John P. SarbanesOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 03

Transaction ID: 32838912

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	3	/	2	0	0	9

Amount of Each Disbursement this Period

3000.00

2009 Candidate Contributi-
on**C.**

Full Name (Last, First, Middle Initial)

Pioneer PAC

Mailing Address 1200 Trinity Drive

City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
2009 Leadership PAC Contribution

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 32841574

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

2009 Leadership PAC Contr-
ibution

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Snowe For Senate	Transaction ID: 33173156 Date of Disbursement																				
Mailing Address PO Box 2006	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	1		2	0	0	9												
City Portland State ME Zip Code 04104	Amount of Each Disbursement this Period																				
Purpose of Disbursement Void - State Check (orig. reported 8/09 FEC Form 3X)	<table border="1"> <tr> <td>-1000.00</td> </tr> </table>	-1000.00																			
-1000.00																					
Candidate Name Sen. Olympia J. Snowe	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Void - State Check (orig. reported 8/09 FEC Form 3X)																				
B. Full Name (Last, First, Middle Initial) Bob Corker For Senate 2012	Transaction ID: 33173158 Date of Disbursement																				
Mailing Address PO Box 848	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	1		2	0	0	9												
City Chattanooga State TN Zip Code 37401	Amount of Each Disbursement this Period																				
Purpose of Disbursement Void - State Check (Orig. reported 9/09 Form 3X)	<table border="1"> <tr> <td>-1000.00</td> </tr> </table>	-1000.00																			
-1000.00																					
Candidate Name Sen. Robert Corker	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Void - State Check (Orig. reported 9/09 Form 3X)																				
C. Full Name (Last, First, Middle Initial) John Thune for US Senate	Transaction ID: 36922510 Date of Disbursement																				
Mailing Address 2908 West 11th Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	8		2	0	0	9												
City Sioux Falls State SD Zip Code 57104	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2009 Candidate Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name John Thune	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2009 Candidate Contribution																				

SUBTOTAL of Disbursements This Page (optional)

-1000.00

TOTAL This Period (last page this line number only)

104500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MassMutual Federal Credit Union

Mailing Address 1295 State Street

City
Springfield

State
MA

Zip Code
01111

Purpose of Disbursement

PaymenTech Processing Fee (12/3 & 12/15)

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 33333187

Date of Disbursement

12 / 15 / 2009

Amount of Each Disbursement this Period

36.71

PaymenTech Processing Fee
(12/3 & 12/15)

SUBTOTAL of Disbursements This Page (optional)

36.71

TOTAL This Period (last page this line number only)

36.71

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Citizens for Hottinger

Mailing Address 386 Sabrecutt Drive

City State Zip Code
Newark OH 43055Purpose of Disbursement
Void - Returned check (orig. reported 6/20/09 Form 3X)Candidate Name
Jay Hottinger011
Category/
TypeOffice Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District:

Transaction ID: 33339631

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	9

Amount of Each Disbursement this Period

-250.00

Void - Returned check (orig. reported 6/20/09 Form 3X)

B.

Full Name (Last, First, Middle Initial)

John Suthers for Attorney General Committee

Mailing Address P.O. Box 40267

City State Zip Code
Denver CO 80204Purpose of Disbursement
Void - Returned by Campaign (org reported 6/20/09 Form 3X)Candidate Name
Mr. John W. Suthers011
Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 33339692

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	3	/	2	0	0	9

Amount of Each Disbursement this Period

-500.00

Void - Returned by Campaign (org reported 6/20/09 Form 3X)

SUBTOTAL of Disbursements This Page (optional)

-750.00

TOTAL This Period (last page this line number only)

-750.00