

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION

MAR 20 9 50 AM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

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

ADDRESS (number and street) Check if different than previously reported
1295 State Street
CITY, STATE and ZIP CODE
Springfield, Massachusetts 01111-0001

2. FEC IDENTIFICATION NUMBER
C 00118943

3. This committee has qualified as a multicandidate committee. (see FEC FORM 144) Prior to January 1, 1994

4. TYPE OF REPORT

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

- Monthly Report Due On:
- February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31
- Twelfth day report preceding _____
(Type of Election)
election on _____ in the State of _____
- Thirtieth day report following the General Election on _____
in the State of _____

(b) Is this Report an Amendment? YES NO

| SUMMARY | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|---|
| 5. Covering Period <u>Feb 1, 1998</u> through <u>Feb 28, 1998</u> | | |
| 6. (a) Cash on Hand January 1, 19 <u>98</u> | | \$ 7,869.36 |
| (b) Cash on Hand at Beginning of Reporting Period | \$ 12,462.75 | |
| (c) Total Receipts (from Line 19) | \$ 58,226.39 | \$ 67,429.57 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | \$ 70,689.14 | \$ 75,298.93 |
| 7. Total Disbursements (from Line 30) | \$ 17,589.63 | \$ 22,199.42 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) ... | \$ 53,099.51 | \$ 53,099.51 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | \$ | For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20483 Toll Free 800-424-6630 Local 202-219-2420 |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | \$ - 0 - | |

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

Type or Print Name of Treasurer
Bruce C. Frisbie

Signature of Treasurer
Bruce C. Frisbie

Date
3/13/98

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

| | | | | | | | | | |
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FEC FORM 3X
(revised 9/93)

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

(revised 1/1/91)

| NAME OF COMMITTEE | | REPORT COVERING PERIOD | | |
|---|---|-------------------------------|---------------------------|-------------|
| Massachusetts Mutual Life Insurance Co. Political Action Committee | | FROM Feb 1, 1998 | TO Feb 28, 1998 | |
| | | COLUMN A Total This Period | COLUMN B Calendar Year | |
| I. Receipts | | | | |
| 11. | Contributions (other than loans) From: | | | |
| a. | Individual/Persons Other Than Political Committees | | | |
| I. | Itemized (use Schedule A) | 32,658.31 | 35,033.31 | 11(a)(1) |
| II. | Unitemized | 25,484.30 | 32,300.78 | 11(a)(2) |
| III. | Total (add I and II) > | 58,142.61 | 67,334.09 | 11(a)(1)(D) |
| b. | Political Party Committees | | | 11(b) |
| c. | Other Political Committees (such as PACs) | | | 11(c) |
| d. | Total Contributions (add a II, b and c) > | 58,142.61 | 67,334.09 | 11(d) |
| 12. | Transfers From Affiliated/Other Party Committees | | | 12 |
| 13. | All Loans Received | | | 13 |
| 14. | Loan Repayments Received | | | 14 |
| 15. | Offsets To Operating Expenditures (Refunds, Rebates, etc.) | | | 15 |
| 16. | Refunds of Contributions Made to Federal Candidates and Other Political Committees | | | 16 |
| 17. | Other Federal Receipts (Dividends, Interest, etc.) | 83.78 | 95.48 | 17 |
| 18. | Transfers from Nonfederal Account for Joint Activity | | | 18 |
| 19. | Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) > | 58,226.39 | 67,429.57 | 19 |
| 20. | Total Federal Receipts (subtract line 18 from line 19) > | 58,226.39 | 67,429.57 | 20 |
| II. Disbursements | | | | |
| 21. | Operating Expenditures: | | | |
| a. | Shared Federal/Non-Federal Activity (from Schedule H4) | | | |
| I. | Federal Share | | | 21(a)(1) |
| II. | Non-Federal Share | | | 21(a)(2) |
| b. | Other Federal Operating Expenditures | 89.63 | 199.42 | 21(b) |
| c. | Total Operating Expenditures (add a I, a II, and b) > | 89.63 | 199.42 | 21(c) |
| 22. | Transfers to Affiliated/Other Party Committees | | | 22 |
| 23. | Contributions to Federal Candidates/Committees and Other Political Committees | 17,500.00 | 22,000.00 | 23 |
| 24. | Independent Expenditures (use Schedule E) | | | 24 |
| 25. | Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) | | | 25 |
| 26. | Loan Repayments Made | | | 26 |
| 27. | Loans Made | | | 27 |
| 28. | Refunds of Contributions To: | | | |
| a. | Individuals/Persons Other Than Political Committees | | | 28(a) |
| b. | Political Party Committees | | | 28(b) |
| c. | Other Political Committees (such as PACs) | | | 28(c) |
| d. | Total Contribution Refunds (add a, b and c) > | | | 28(d) |
| 29. | Other Disbursements | | | 29 |
| 30. | Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) > | 17,589.63 | 22,199.42 | 30 |
| 31. | Total Federal Disbursements (subtract line 21 a II from line 30) > | 17,589.63 | 22,199.42 | 31 |
| III. Net Contributions/Operating Expenditures | | | | |
| 32. | Total Contributions (other than loans)(from line 11d) | 58,142.61 | 67,334.09 | 32 |
| 33. | Total Contribution Refunds (from line 28d) | | | 33 |
| 34. | Net Contributions (other than loans)(subtract line 33 from 32) | 58,142.61 | 67,334.09 | 34 |
| 35. | Total Federal Operating Expenditures (add 21 a I and 21 b) > | 89.63 | 199.42 | 35 |
| 36. | Offsets to Operating Expenditures (from line 15) | | | 36 |
| 37. | Net Operating Expenditures (subtract line 36 from 35) > | 89.63 | 199.42 | 37 |

SCHEDULE A

ITEMIZED RECEIPTS
(Contributions from Employees)

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

PAGE 1 OF 10
FOR LINE NUMBER 11a(l)

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

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

| A. Full Name, Mailing Address and Zip Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|-------------------------------------|------------------------------------|
| ALFANO, SUSAN A. 22 RIDGEWOOD ROAD SOMERS, CT 06071 | Massachusetts Mutual Life Insurance Company | MONTHLY PAYROLL DEDUCTION | \$125.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | Occupation SENIOR VICE PRESIDENT | Aggregate Year-to-Date -->\$ 250.00 | |
| B. Full Name, Mailing Address and Zip Code | Member of Massachusetts Mutual Life Insurance Company | Date (month, day, year) | Amount of Each Receipt this Period |
| AVERY, MICHAEL C. 813 NORTH JUNE STREET LOS ANGELES, CA 90004 | Occupation AGENT | 2/28/98 | \$250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | Aggregate Year-to-Date -->\$ 250.00 | | |
| C. Full Name, Mailing Address and Zip Code | Member of Massachusetts Mutual Life Insurance Company | Date (month, day, year) | Amount of Each Receipt this Period |
| BARLEY, CHARLES J. 2601 SALEM DRIVE CINNAMINSON, NJ 08077 | Occupation AGENT | 2/10/98 | \$300.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | Aggregate Year-to-Date -->\$ 300.00 | | |
| D. Full Name, Mailing Address and Zip Code | Member of Massachusetts Mutual Life Insurance Company | Date (month, day, year) | Amount of Each Receipt this Period |
| BAYER, HARRY H. 3424 BROOKWOOD TRACE BIRMINGHAM, AL 35243 | Occupation AGENT | 2/3/98 | \$250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | Aggregate Year-to-Date -->\$ 250.00 | | |
| E. Full Name, Mailing Address and Zip Code | Member of Massachusetts Mutual Life Insurance Company | Date (month, day, year) | Amount of Each Receipt this Period |
| BLUE, JAMES D. II 233 CONANT ROAD WESTWOOD, MA 02090 | Occupation AGENT | 2/23/98 | \$250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | Aggregate Year-to-Date -->\$ 250.00 | | |
| F. Full Name, Mailing Address and Zip Code | Member of Massachusetts Mutual Life Insurance Company | Date (month, day, year) | Amount of Each Receipt this Period |
| BOOK, MICHAEL 5 IKE COURT MARLBORO, NJ 07746 | Occupation AGENT | 2/3/98 | \$250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | Aggregate Year-to-Date -->\$ 250.00 | | |
| G. Full Name, Mailing Address and Zip Code | Name of Employer Massachusetts Mutual Life Insurance Company | Date (month, day, year) | Amount of Each Receipt this Period |
| BURKETT, LAWRENCE V. JR 28 CRESENT CIRCLE WESTFIELD, MA 01085 | Occupation EX VP & GENERAL COUNSEL | 2/5/98 | \$2,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | Aggregate Year-to-Date -->\$ 2,000.00 | | |

SUBTOTAL of Receipts This Page (optional).....> \$3,425.00

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

SCHEDULE A

ITEMIZED RECEIPTS
(Contributions from Employees)

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

| A. Full Name, Mailing Address and Zip Code | Member of Massachusetts Mutual Life Insurance Company | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---------------------------------------|------------------------------------|
| BURSTIN, DAVID 1435 BENNINGTON AVENUE PITTSBURGH, PA 15217 | Occupation AGENT | 2/3/98 | \$750.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | | Aggregate Year-to-Date -->\$ 750.00 | |
| B. Full Name, Mailing Address and Zip Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| CAREY, PETER G. 12 WHITMAN POND SIMSBURY, CT 06070 | Massachusetts Mutual Life Insurance Company | 2/28/98 | \$750.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | | Aggregate Year-to-Date -->\$ 750.00 | |
| C. Full Name, Mailing Address and Zip Code | Member of Massachusetts Mutual Life Insurance Company | Date (month, day, year) | Amount of Each Receipt this Period |
| CLIPPINGER, SCOTT W. 509 ORIOLE DRIVE EVANSVILLE, IN 47715 | Occupation AGENT | 2/10/98 | \$250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | | Aggregate Year-to-Date -->\$ 250.00 | |
| D. Full Name, Mailing Address and Zip Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| CONNOR, ALAN M. 1 WEBSTER LANE WILBRAHAM, MA 01095 | Cornerstone Real Estate Advisors, Inc. | 2/5/98 | \$700.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | | Aggregate Year-to-Date -->\$ 700.00 | |
| E. Full Name, Mailing Address and Zip Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| COWAN, HOWARD 941 PARK AVENUE NEW YORK, NY 10028 | Massachusetts Mutual Life Insurance Company | 2/10/98 | \$2,500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | | Aggregate Year-to-Date -->\$ 2,500.00 | |
| F. Full Name, Mailing Address and Zip Code | Member of Massachusetts Mutual Life Insurance Company | Date (month, day, year) | Amount of Each Receipt this Period |
| CREW, ROBERT W. 4233 S. CYPRESS DERBY, KS 67037 | Occupation AGENT | 2/28/98 | \$350.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | | Aggregate Year-to-Date -->\$ 350.00 | |
| G. Full Name, Mailing Address and Zip Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| CUOZZO, PETER D. 68 GREAT POND ROAD SOUTH GLASTONBURY, CT 08073 | Massachusetts Mutual Life Insurance Company | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | | Aggregate Year-to-Date -->\$ 700.00 | |

| | |
|---|------------|
| SUBTOTAL of Receipts This Page (optional).....> | \$5,300.00 |
| TOTAL This Period (last page this line number only).....> | |

SCHEDULE A

ITEMIZED RECEIPTS
(Contributions from Employees)

Use separate schedule(s)
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PAGE 3 OF 10
FOR LINE NUMBER 11a(i)

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

| A. Full Name, Mailing Address and Zip Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|-------------------------------------|------------------------------------|
| DAVIES, JOHN B. 1259 WESTERN AVE WESTFIELD, MA 01085 | Massachusetts Mutual Life Insurance Company | MONTHLY PAYROLL DEDUCTION | \$200.00 |
| | Occupation EXECUTIVE VICE PRESIDENT | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | | Aggregate Year-to-Date -->\$ 400.00 | |
| B. Full Name, Mailing Address and Zip Code DICKEY, ANDREW C. 883 RIDGE ROAD WILBRAHAM, MA 01095 | Massachusetts Mutual Life Insurance Company | 2/23/98 | \$350.00 |
| | Occupation MANAGING DIRECTOR | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | | Aggregate Year-to-Date -->\$ 350.00 | |
| C. Full Name, Mailing Address and Zip Code DORMAN, STEVEN W. 7912 RIVER FALLS DRIVE POTOMAC, MD 20854 | Massachusetts Mutual Life Insurance Company | 2/3/98 | \$750.00 |
| | Occupation GENERAL AGENT | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | | Aggregate Year-to-Date -->\$ 750.00 | |
| D. Full Name, Mailing Address and Zip Code EAGAN, JAY 8604 OXFORD AVENUE LUBBOCK, TX 79413 | Massachusetts Mutual Life Insurance Company | 2/11/98 | \$750.00 |
| | Occupation GENERAL AGENT | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | | Aggregate Year-to-Date -->\$ 750.00 | |
| E. Full Name, Mailing Address and Zip Code ESTLER, STEVEN D. 2177 N.E. 83RD STREET FORT LAUDERDALE, FL 33308 | Massachusetts Mutual Life Insurance Company | 2/19/98 | \$350.00 |
| | Occupation AGENT | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | | Aggregate Year-to-Date -->\$ 350.00 | |
| F. Full Name, Mailing Address and Zip Code FITZGERALD, DANIEL J. 8 WARD DRIVE WILBRAHAM, MA 01095 | Massachusetts Mutual Life Insurance Company | MONTHLY PAYROLL DEDUCTION | \$166.66 |
| | Occupation PRESIDENT & CEO / INTL | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | | Aggregate Year-to-Date -->\$ 333.32 | |
| G. Full Name, Mailing Address and Zip Code FLEBOTTE, NORMAN B. 3 HOMESTEAD STREET PALMER, MA 01069 | Massachusetts Mutual Life Insurance Company | 2/5/98 | \$350.00 |
| | Occupation MANAGING DIRECTOR | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | | Aggregate Year-to-Date -->\$ 350.00 | |

SUBTOTAL of Receipts This Page (optional).....> \$2,916.66

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

SCHEDULE A

ITEMIZED RECEIPTS
(Contributions from Employees)

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

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NAME OF COMMITTEE (in Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

| A. Full Name, Mailing Address and Zip Code | Member of Massachusetts Mutual Life Insurance Company | Date (month, day, year) | Amount of Each Receipt this Period |
|---|--|--------------------------------------|---------------------------------------|
| FOLEY, DAVID E. 4500 REDMOND ROAD SPRINGFIELD, OH 45505 | Occupation AGENT | 2/10/98 | \$350.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | | Aggregate Year-to-Date --->\$ 350.00 | |
| B. Full Name, Mailing Address and Zip Code | Member of Massachusetts Mutual Life Insurance Company | Date (month, day, year) | Amount of Each Receipt this Period |
| FOSTER, JOHN E. 10403 TRUMPETER CT. VIENNA, VA 22182 | Occupation AGENT | 2/10/98 | \$250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | | Aggregate Year-to-Date -->\$ 250.00 | |
| C. Full Name, Mailing Address and Zip Code | Name of Employer Massachusetts Mutual Life Insurance Company | Date (month, day, year) | Amount of Each Receipt this Period |
| FRASER, GRANT D. 238 HILLGREEN PLACE ARCADIA, CA 91006 | Occupation GENERAL AGENT | 2/3/98 | \$750.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | | Aggregate Year-to-Date -->\$ 750.00 | |
| D. Full Name, Mailing Address and Zip Code | Member of Massachusetts Mutual Life Insurance Company | Date (month, day, year) | Amount of Each Receipt this Period |
| GREENWOOD, JACK R. 124 CONWAY STREET CARLISLE, PA 17013 | Occupation AGENT | 2/10/98 | \$260.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | | Aggregate Year-to-Date -->\$ 260.00 | |
| E. Full Name, Mailing Address and Zip Code | Name of Employer Massachusetts Mutual Life Insurance Company | Date (month, day, year) | Amount of Each Receipt this Period |
| HAMBLIN, JEFFERY D. 10605 HANNAH FARM ROAD OAKTON, VA 22124 | Occupation AGENT | 2/19/98 | \$650.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | | Aggregate Year-to-Date -->\$ 650.00 | |
| F. Full Name, Mailing Address and Zip Code | Member of Massachusetts Mutual Life Insurance Company | Date (month, day, year) | Amount of Each Receipt this Period |
| HEGER, STEVEN K. 17531 APPLEWOOD LANE ROCKVILL, MD 20855 | Occupation AGENT | 2/10/98 | \$250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | | Aggregate Year-to-Date -->\$ 250.00 | |
| G. Full Name, Mailing Address and Zip Code | Member of Massachusetts Mutual Life Insurance Company | Date (month, day, year) | Amount of Each Receipt this Period |
| HEISLER, MARK A. 12427 BAYHILL DRIVE CARMEL, IN 46033 | Occupation AGENT | 2/3/98 | \$250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | | Aggregate Year-to-Date -->\$ 250.00 | |

SUBTOTAL of Receipts This Page (optional).....> \$2,750.00

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

SCHEDULE A

ITEMIZED RECEIPTS
(Contributions from Employees)

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Massachusetts Mutual Life Insurance Company Political Action Committee

| A. Full Name, Mailing Address and Zip Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---------------------------------------|------------------------------------|
| HENDERSON, JON A. 902 WEST BUTTERFIELD COURT PEORIA, IL 61614 | Massachusetts Mutual Life Insurance Company | 2/3/98 | \$750.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | Occupation GENERAL AGENT | Aggregate Year-to-Date -->\$ 750.00 | |
| B. Full Name, Mailing Address and Zip Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| HIMRICH, IVAN C. 6200 McALPINE FARM ROAD CHARLOTTE, NC 28228 | Massachusetts Mutual Life Insurance Company | 2/3/98 | \$750.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | Occupation GENERAL AGENT | Aggregate Year-to-Date -->\$ 750.00 | |
| C. Full Name, Mailing Address and Zip Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| HUFFMAN, GARY T. 4 WHITMAN POND ROAD SIMSBURY, CT 06070 | Massachusetts Mutual Life Insurance Company | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | Occupation SENIOR VICE PRESIDENT | Aggregate Year-to-Date -->\$ 1,000.00 | |
| D. Full Name, Mailing Address and Zip Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| JOHNSON, TERRILL B. 8807 18TH STREET W. ROCK ISLAND, IL 61201 | Massachusetts Mutual Life Insurance Company | 2/10/98 | \$750.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | Occupation GENERAL AGENT | Aggregate Year-to-Date -->\$ 750.00 | |
| E. Full Name, Mailing Address and Zip Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| KIBBE, MARY WILSON 984 GRAYSON DRIVE SPRINGFIELD, MA 01119 | Massachusetts Mutual Life Insurance Company | 2/17/98 | \$1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | Occupation EXECUTIVE DIRECTOR | Aggregate Year-to-Date -->\$ 1,000.00 | |
| F. Full Name, Mailing Address and Zip Code | Member of | Date (month, day, year) | Amount of Each Receipt this Period |
| KUHN, DON A. 5923 CAMELBACK CT. INDIANAPOLIS, IN 46260 | Massachusetts Mutual Life Insurance Company | 2/10/98 | \$250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | Occupation AGENT | Aggregate Year-to-Date -->\$ 250.00 | |
| G. Full Name, Mailing Address and Zip Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| LANDER, ELLEN R. 142 E. 18TH STREET, APT 14A NEW YORK, NY 10003 | Massachusetts Mutual Life Insurance Company | 2/5/98 | \$250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | Occupation MANAGING DIRECTOR | Aggregate Year-to-Date -->\$ 250.00 | |

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

SCHEDULE A

ITEMIZED RECEIPTS
(Contributions from Employees)

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

| A. Full Name, Mailing Address and Zip Code | Member of Massachusetts Mutual Life Insurance Company | Date (month, day, year) | Amount of Each Receipt this Period |
|---|--|----------------------------|---------------------------------------|
| LARGE, GREGORY K. 61 W 62ND STREET, APT 21D NEW YORK, NY 10023 | AGENT | 2/3/98 | \$650.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | Aggregate Year-to-Date -->\$ | 650.00 | |
| B. Full Name, Mailing Address and Zip Code | Member of Massachusetts Mutual Life Insurance Company | Date (month, day, year) | Amount of Each Receipt this Period |
| LECCE, VINCENT 1127 MOHEGAN ROAD NISKAYUNA, NY 12309 | AGENT | 2/3/98 | \$250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | Aggregate Year-to-Date -->\$ | 250.00 | |
| C. Full Name, Mailing Address and Zip Code | Name of Employer Massachusetts Mutual Life Insurance Company | Date (month, day, year) | Amount of Each Receipt this Period |
| LITTLE, ROBERT F. 37 W. COLONIAL ROAD WILBRAHAM, MA 01095 | MANAGING DIRECTOR | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | Aggregate Year-to-Date -->\$ | 250.00 | |
| D. Full Name, Mailing Address and Zip Code | Name of Employer Massachusetts Mutual Life Insurance Company | Date (month, day, year) | Amount of Each Receipt this Period |
| LOMELI, P. ANN FUTTER 68 OUTLOOK AVENUE WEST HARTFORD, CT 06119 | VP, ASSOC SECY & ASSOC G. COU | 2/5/98 | \$425.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | Aggregate Year-to-Date -->\$ | 425.00 | |
| E. Full Name, Mailing Address and Zip Code | Member of Massachusetts Mutual Life Insurance Company | Date (month, day, year) | Amount of Each Receipt this Period |
| LYON, DAVID L. 3604 WESTBURY ROAD BIRMINGHAM, AL 35229 | AGENT | 2/3/98 | \$250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | Aggregate Year-to-Date -->\$ | 250.00 | |
| F. Full Name, Mailing Address and Zip Code | Name of Employer Massachusetts Mutual Life Insurance Company | Date (month, day, year) | Amount of Each Receipt this Period |
| MARSHALL, J. EUGENE 15 MULBERRY BLUFF DRIVE SAVANNAH, GA 31408 | GENERAL AGENT | 2/11/98 | \$750.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | Aggregate Year-to-Date -->\$ | 750.00 | |
| G. Full Name, Mailing Address and Zip Code | Name of Employer Massachusetts Mutual Life Insurance Company | Date (month, day, year) | Amount of Each Receipt this Period |
| MELTZER, ALAN L. 11215 LOCKWOOD DRIVE SILVER SPRINGS, MD 20901 | GENERAL AGENT | 2/4/98 2/25/98 | \$416.66 \$416.66 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | Aggregate Year-to-Date -->\$ | 833.32 | |

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|---|------------|
| SUBTOTAL of Receipts This Page (optional).....> | \$3,158.32 |
| TOTAL This Period (last page this line number only).....> | |

SCHEDULE A

ITEMIZED RECEIPTS
(Contributions from Employees)

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

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

| A. Full Name, Mailing Address and Zip Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|-------------------------------------|------------------------------------|
| MICELI, ANDREW M. 108 STRATHMORE PLACE LOS GATOS, CA 95030 | Massachusetts Mutual Life Insurance Company | 2/3/98 | \$400.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | Occupation GENERAL AGENT | Aggregate Year-to-Date -->\$ 400.00 | |
| B. Full Name, Mailing Address and Zip Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| MULLINIX, JAMES P. 12505 ALHAMBRA LEAWOOD, KS 66209 | Massachusetts Mutual Life Insurance Company | 2/18/98 | \$500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | Occupation GENERAL AGENT | Aggregate Year-to-Date -->\$ 500.00 | |
| C. Full Name, Mailing Address and Zip Code | Member of Massachusetts Mutual Life Insurance Company | Date (month, day, year) | Amount of Each Receipt this Period |
| ORPHAN, NICHOLAS J. 7420 PRINCETON TRACE ATLANTA, GA 30328 | | 2/3/98 | \$425.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | Occupation AGENT | Aggregate Year-to-Date -->\$ 425.00 | |
| D. Full Name, Mailing Address and Zip Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| OSGOOD, CHRISTINE 100 GREEN HILL ROAD LONGMEADOW, MA 01106-2938 | Massachusetts Mutual Life Insurance Company | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | Occupation VICE PRESIDENT | Aggregate Year-to-Date -->\$ 425.00 | |
| E. Full Name, Mailing Address and Zip Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| OTWELL, JAMES WOODARD 3507 REDINGTON DRIVE GREENSBORO, NC 27410 | Massachusetts Mutual Life Insurance Company | 2/10/98 | \$750.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | Occupation GENERAL AGENT | Aggregate Year-to-Date -->\$ 750.00 | |
| F. Full Name, Mailing Address and Zip Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| PAJAK, JOHN 31 MARYLAND AVENUE CHICOPEE, MA 01020 | Massachusetts Mutual Life Insurance Company | MONTHLY PAYROLL DEDUCTION | \$166.67 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | Occupation PRESIDENT & COO | Aggregate Year-to-Date -->\$ 333.34 | |
| G. Full Name, Mailing Address and Zip Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| PARISI, VINCENT A. 7 SOUTH PARK CT. HOLMDEL, NJ 07733 | Massachusetts Mutual Life Insurance Company | 2/3/98 | \$750.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | Occupation GENERAL AGENT | Aggregate Year-to-Date -->\$ 750.00 | |

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|---|------------|
| SUBTOTAL of Receipts This Page (optional).....> | \$2,891.67 |
| TOTAL This Period (last page this line number only).....> | |

SCHEDULE A

ITEMIZED RECEIPTS
(Contributions from Employees)

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

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

| A. Full Name, Mailing Address and Zip Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|--------------------------------------|------------------------------------|
| POLK, CLIFF P. JR 7 MEADOWMEW LANE LITTLETON, CO 80121 | Massachusetts Mutual Life Insurance Company | 2/11/98 | \$400.00 |
| | Occupation GENERAL AGENT | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | | Aggregate Year-to-Date --->\$ 400.00 | |
| REESE, ELIZABETH G. 45 DRUMLIN ROAD WEST SIMSBURY, CT 08092 | Massachusetts Mutual Life Insurance Company | 2/26/98 | \$300.00 |
| | Occupation CHIEF EXECUTIVE DIRECTOR | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | | Aggregate Year-to-Date --->\$ 300.00 | |
| RICHARDS, BRUCE G. 12202 N.E. 31ST PLACE BELLEVUE, WA 98005 | Massachusetts Mutual Life Insurance Company | 2/18/98 | \$750.00 |
| | Occupation GENERAL AGENT | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | | Aggregate Year-to-Date --->\$ 750.00 | |
| ROGERS, WILLIAM J. II 1381 WESLEY PARKWAY, NW ATLANTA, GA 30327 | Massachusetts Mutual Life Insurance Company | 2/3/98 | \$750.00 |
| | Occupation GENERAL AGENT | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | | Aggregate Year-to-Date --->\$ 750.00 | |
| SCHULMAN, DAVID B. 9513 SEA TURTLE DRIVE PLANTATION, FL 33324 | Massachusetts Mutual Life Insurance Company | 2/3/98 | \$750.00 |
| | Occupation GENERAL AGENT | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | | Aggregate Year-to-Date --->\$ 750.00 | |
| SCIARRINO, JOHN P. 17305 LASSEN COURT NORTHRIDGE, CA 91325 | Massachusetts Mutual Life Insurance Company | 2/26/98 | \$250.00 |
| | Occupation AGENT | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | | Aggregate Year-to-Date --->\$ 250.00 | |
| SMITH, DANIEL M. 90 DOLAN DRIVE GUILFORD, CT 06437 | Massachusetts Mutual Life Insurance Company | 2/3/98 | \$250.00 |
| | Occupation AGENT | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | | Aggregate Year-to-Date --->\$ 250.00 | |

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|---|------------|
| SUBTOTAL of Receipts This Page (optional).....> | \$3,450.00 |
| TOTAL This Period (last page this line number only).....> | |

SCHEDULE A

ITEMIZED RECEIPTS
(Contributions from Employees)

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

| A. Full Name, Mailing Address and Zip Code | Member of Massachusetts Mutual Life Insurance Company | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|-------------------------------|------------------------------------|
| SPADA, JOSEPH W. 17 STONEGATE DRIVE ROSELAND, NJ 07068 | AGENT | 2/17/98 | \$300.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | | Aggregate Year-to-Date --->\$ | 300.00 |
| B. Full Name, Mailing Address and Zip Code | Member of Massachusetts Mutual Life Insurance Company | Date (month, day, year) | Amount of Each Receipt this Period |
| SUNDBERG, DAVID C. 3320 DURADO CT. LINCOLN, NE 68520 | AGENT | 2/26/98 | \$250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | | Aggregate Year-to-Date --->\$ | 250.00 |
| C. Full Name, Mailing Address and Zip Code | Name of Employer Massachusetts Mutual Life Insurance Company | Date (month, day, year) | Amount of Each Receipt this Period |
| TRAPANI, MICHAEL A. 2284 LAKE PAGE DRIVE COLLIERVILLE, TN 39017 | GENERAL AGENT | 2/3/98 | \$400.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | | Aggregate Year-to-Date --->\$ | 400.00 |
| D. Full Name, Mailing Address and Zip Code | Member of Massachusetts Mutual Life Insurance Company | Date (month, day, year) | Amount of Each Receipt this Period |
| TREADWELL, BARBARA 20 WATERSIDE PLAZA NEW YORK, NY 10010 | AGENT | 2/3/98 | \$850.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | | Aggregate Year-to-Date --->\$ | 850.00 |
| E. Full Name, Mailing Address and Zip Code | Name of Employer Massachusetts Mutual Life Insurance Company | Date (month, day, year) | Amount of Each Receipt this Period |
| VANDERVEEN, MICHAEL 249 REGAL COURT SW GRANDVILLE, MI 49418 | GENERAL AGENT | 2/26/98 | \$750.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | | Aggregate Year-to-Date --->\$ | 750.00 |
| F. Full Name, Mailing Address and Zip Code | Name of Employer Massachusetts Mutual Life Insurance Company | Date (month, day, year) | Amount of Each Receipt this Period |
| WALCOTT, EUSTIS 297 ARDSLEY ROAD LONGMEADOW, MA 01106 | EXECUTIVE VICE PRESIDENT | 2/5/98 | \$500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | | Aggregate Year-to-Date --->\$ | 500.00 |
| G. Full Name, Mailing Address and Zip Code | Member of Massachusetts Mutual Life Insurance Company | Date (month, day, year) | Amount of Each Receipt this Period |
| WATERS, ROBERT T. 2822 EAST LAKE ROAD SKANEATELES, NY 13152 | AGENT | 2/3/98 | \$250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | | Aggregate Year-to-Date --->\$ | 250.00 |

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|---|------------|
| SUBTOTAL of Receipts This Page (optional).....> | \$3,100.00 |
| TOTAL This Period (last page this line number only).....> | |

SCHEDULE A

ITEMIZED RECEIPTS
(Contributions from Employees)

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

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

| A. Full Name, Mailing Address and Zip Code | Member of Massachusetts Mutual Life Insurance Company | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---------------------------|------------------------------------|
| WEBSTER, JAMES M. JR 5912 CHARLESMEAD ROAD BALTIMORE, MD 21212 | Occupation AGENT | 2/11/98 | \$850.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | Aggregate Year-to-Date -->\$ 650.00 | | |
| B. Full Name, Mailing Address and Zip Code | Name of Employer Massachusetts Mutual Life Insurance Company | Date (month, day, year) | Amount of Each Receipt this Period |
| WENDLANDT, GARY E. 55 SCULLY ROAD SOMERS, CT 06071 | Occupation EXECUTIVE VICE PRESIDENT & CI | MONTHLY PAYROLL DEDUCTION | \$166.66 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | Aggregate Year-to-Date -->\$ 333.32 | | |
| C. Full Name, Mailing Address and Zip Code | Member of Massachusetts Mutual Life Insurance Company | Date (month, day, year) | Amount of Each Receipt this Period |
| WILLIAMS, MICHAEL R. 2825 SOUTH 101ST STREET OMAHA, NE 68124 | Occupation AGENT | 2/28/98 | \$250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | Aggregate Year-to-Date -->\$ 250.00 | | |
| D. Full Name, Mailing Address and Zip Code | Member of Massachusetts Mutual Life Insurance Company | Date (month, day, year) | Amount of Each Receipt this Period |
| WINTHROP, KENNETH R. 7609 W. 83RD STREET PLAYA DEL REY, CA 90293 | Occupation AGENT | 2/28/98 | \$250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | Aggregate Year-to-Date -->\$ 250.00 | | |
| E. Full Name, Mailing Address and Zip Code | Member of Massachusetts Mutual Life Insurance Company | Date (month, day, year) | Amount of Each Receipt this Period |
| WYSE, KENT L. 13105 NEUROTH HWY. JASPER, MI 49248 | Occupation AGENT | 2/3/98 | \$250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | Aggregate Year-to-Date -->\$ 250.00 | | |
| F. Full Name, Mailing Address and Zip Code | Member of Massachusetts Mutual Life Insurance Company | Date (month, day, year) | Amount of Each Receipt this Period |
| YARON, ITZHAK 1122 SOUTH CLARK DRIVE, NO. 1 LOS ANGELES, CA 90035 | Occupation AGENT | 2/26/98 | \$250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | Aggregate Year-to-Date -->\$ 250.00 | | |
| G. Full Name, Mailing Address and Zip Code | Name of Employer Massachusetts Mutual Life Insurance Company | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA | Aggregate Year-to-Date -->\$ | | |
| SUBTOTAL of Receipts This Page (optional).....> | | | \$1,816.66 |
| TOTAL This Period (last page this line number only).....> | | | \$32,658.31 |

SCHEDULE A

ITEMIZED RECEIPTS
(Other Receipts - Interest Earned)

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

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

| | | | |
|---|---|---|--|
| A. Full Name, Mailing Address and Zip Code MassMutual Employee Credit Union 1295 State Street Springfield, MA 01111 | Name of Employer Interest on Savings Account Occupation | Date (month, day, year) 2/28/98 | Amount of Each Receipt this Period \$83.78 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date -->\$ 95.48 | | |
| B. Full Name, Mailing Address and Zip Code MassMutual Employee Credit Union 1295 State Street Springfield, MA 01111 | Name of Employer Interest on Money Market Account Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date -->\$ | | |
| C. Full Name, Mailing Address and Zip Code | Name of Employer Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date -->\$ | | |
| D. Full Name, Mailing Address and Zip Code | Name of Employer Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date -->\$ | | |
| E. Full Name, Mailing Address and Zip Code | Name of Employer Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date -->\$ | | |
| F. Full Name, Mailing Address and Zip Code | Name of Employer Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date -->\$ | | |
| G. Full Name, Mailing Address and Zip Code | Name of Employer Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date -->\$ | | |
| SUBTOTAL of Receipts This Page (optional)> | | | \$83.78 |
| TOTAL This Period (last page this line number only)> | | | \$83.78 |

SCHEDULE B ITEMIZED DISBURSEMENTS
(Other Federal Operating Expenditures)

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

PAGE 1 OF 1
FOR LINE NUMBER 21b

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

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

| A. Full Name, Mailing Address and Zip Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement this Period |
|--|--|-------------------------|---|
| Fleet National Bank P.O. Box 5091 Hartford, CT 06102 | Interest Payment incurred on Loan Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) NA | 2/2/98 | \$10.63 |
| Fleet National Bank (IRS Depository Bank) P.O. Box 5091 Hartford, CT 06102 | Federal Income Tax Payment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) NA | 2/19/98 | \$78.00 |
| C. Full Name, Mailing Address and Zip Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement this Period |
| D. Full Name, Mailing Address and Zip Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement this Period |
| E. Full Name, Mailing Address and Zip Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement this Period |
| F. Full Name, Mailing Address and Zip Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement this Period |
| G. Full Name, Mailing Address and Zip Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement this Period |
| H. Full Name, Mailing Address and Zip Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement this Period |
| I. Full Name, Mailing Address and Zip Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement this Period |

SUBTOTAL of Receipts This Page (optional).....> \$89.63

TOTAL This Period (last page this line number only).....> \$89.63

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

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

PAGE 1 OF 2
 FOR LINE NUMBER 23

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

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

| A. Full Name, Mailing Address and Zip Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement this Period |
|---|---|-------------------------|---|
| BOB KERREY FOR US SENATE COMMITTEE 3412 "P" ST., NW WASHINGTON, DC 20007 | CONTRIBUTION - SENATE NE - 11/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) | 02/06/98 | \$1,000.00 |
| B. Full Name, Mailing Address and Zip Code BURR FOR CONGRESS P.O. BOX 5732 WINSTON-SALEM, NC 27113 | CONTRIBUTION - HOUSE NC 5TH - 11/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) | 02/11/98 | \$1,000.00 |
| C. Full Name, Mailing Address and Zip Code CITIZENS FOR BUNNING 1717 DIXIE HWY., SUITE 180 FORT WRIGHT, KY 41011 | CONTRIBUTION - HOUSE KY 4TH - 11/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) | 02/23/98 | \$1,000.00 |
| D. Full Name, Mailing Address and Zip Code FRIENDS OF BYRON DORGAN 420 C. STREET, NE BASEMENT WASHINGTON, DC 20002 | CONTRIBUTION - SENATE ND - 11/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) | 02/16/98 | \$1,000.00 |
| E. Full Name, Mailing Address and Zip Code FRIENDS OF CHRIS DODD 203 "C" STREET, NE WASHINGTON, DC 20002 | CONTRIBUTION - SENATE CT - 11/98 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) | 02/23/98 | \$1,000.00 |
| F. Full Name, Mailing Address and Zip Code FRIENDS OF JERRY SOLOMON P.O. BOX 469 SARATOGA SPRINGS, NY 12888 | CONTRIBUTION - HOUSE NY 22ND - 11/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) | 02/08/98 | \$1,000.00 |
| G. Full Name, Mailing Address and Zip Code FUND FOR A RESPONSIBLE FUTURE P.O. BOX 529 WASHINGTON, DC 20044 | CONTRIBUTION TO POLITICAL COMMITTEE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) PAC | 02/06/98 | \$2,500.00 |
| H. Full Name, Mailing Address and Zip Code HOBSON FOR CONGRESS 82 WEST COLUMBIA SPRINGFIELD, OH 45502 | CONTRIBUTION - HOUSE OH 7TH - 11/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) | 02/16/98 | \$500.00 |
| I. Full Name, Mailing Address and Zip Code LIFE PAC 1001 PENNSYLVANIA AVE., NW WASHINGTON, DC 20004-2599 | CONTRIBUTION TO POLITICAL COMMITTEE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) PAC | 02/16/98 | \$2,500.00 |

SUBTOTAL of Receipts This Page (optional).....> \$11,500.00

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

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

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

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

| A. Full Name, Mailing Address and Zip Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement this Period |
|---|--|-------------------------|--|
| MANTON FOR CONGRESS P.O. BOX 75214 WASHINGTON, DC 20013-5214 | CONTRIBUTION - HOUSE NY 7TH - 11/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) | 02/06/98 | \$1,000.00 |
| MARTIN FROST CAMPAIGN COMMITTEE P.O. BOX 4219 DALLAS, TX 75208 | CONTRIBUTION - HOUSE 24th TX - 11/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) | 02/23/98 | \$1,000.00 |
| MATSUI FOR CONGRESS 5501 CHEROKEE AVE, SUITE 112 ALEXANDRIA, VA 22312 | CONTRIBUTION - HOUSE CA 5TH - 11/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) | 02/23/98 | \$1,000.00 |
| MONTANANS FOR RICK HILL P.O. BOX 1256 HELENA, MT 59624 | CONTRIBUTION - HOUSE MT at Large - 11/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) | 02/23/98 | \$500.00 |
| RANGEL FOR THE 106TH CONGRESS COMMITTEE MANHATTANVILLE STATION P.O. BOX 5677, 365 WEST 125TH STREET NEW YORK, NY 10027 | CONTRIBUTION - HOUSE NY 15TH - 11/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) | 02/11/98 | \$1,000.00 |
| RANGEL FOR THE 108TH CONGRESS COMMITTEE MANHATTANVILLE STATION P.O. BOX 5677, 365 WEST 125TH STREET NEW YORK, NY 10027 | CONTRIBUTION - HOUSE NY 15TH - 11/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) | 02/19/98 | \$1,000.00 |
| SUE KELLY FOR CONGRESS BOX 491, OLD WEST POINT ROAD CORNWALL ON HUDSON, NY 12520 | CONTRIBUTION - HOUSE 19TH NY - 11/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) | 02/11/98 | \$500.00 |
| SUSAN GOLDING FOR U.S. SENATE P.O. BOX 465 RANCHO SANTA FE, CA 92067 | CONTRIBUTION - SENATE CA - 11/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) | 02/03/98 | (-\$1000.00-- CHECK VOIDED SEE NOV 97 RPT) |
| TOM DELAY CONGRESSIONAL COMMITTEE 4010 FRANCONIA ROAD ALEXANDRIA, VA 22310 | CONTRIBUTION - HOUSE TX 22ND - 11/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) | 02/23/98 | \$1,000.00 |

| | |
|---|-------------|
| SUBTOTAL of Receipts This Page (optional).....> | \$6,000.00 |
| TOTAL This Period (last page this line number only).....> | \$17,500.00 |

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

| | |
|---|---|
| <input checked="" type="checkbox"/> Hand Delivered | Date of Receipt <i>3-20-98</i> |
| <input type="checkbox"/> First Class Mail | POSTMARKED |
| <input type="checkbox"/> Registered/Certified Mail | POSTMARKED |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> Received from the House office of Records and Registration | Date of Receipt |
| <input type="checkbox"/> Received from the Senate Office of Public Records | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Postmarked _____ and/or Date of Receipt |
| <input type="checkbox"/> Electronic Filing | |
| <i>SEM</i> PREPARER | <i>3-20-98</i> DATE PREPARED |