

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
Massachusetts Mutual Life Insurance Company Political Action Committee

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00118943 3. IS THIS REPORT NEW (N) OR AMENDED (A) AMENDED (A)

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

5. Covering Period 06 / 01 / 2018 through 06 / 30 / 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
C., Bruce, , Mr., Frisbie
Type or Print Name of Treasurer

Signature of Treasurer C., Bruce, , Mr., Frisbie [Electronically Filed] Date 08 / 16 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Massachusetts Mutual Life Insurance Company Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		98617.43
(b) Cash on Hand at Beginning of Reporting Period.....	84087.93	
(c) Total Receipts (from Line 19)	62917.35	525111.35
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	147005.28	623728.78
7. Total Disbursements (from Line 31).....	96125.02	572848.52
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	50880.26	50880.26
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

Write or Type Committee Name

Massachusetts Mutual Life Insurance Company Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	39381.22	334070.81
(ii) Unitemized	23372.23	169631.90
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	62753.45	503702.71
(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)	62753.45	503702.71
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).....	125.02	3676.08
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	17500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	38.88	232.56
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	62917.35	525111.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	62917.35	525111.35

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	125.02	3692.52
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	125.02	3692.52
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	96000.00	569000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	50.00
(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	50.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	106.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	96125.02	572848.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	96125.02	572848.52

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	62753.45	503702.71
34. Total Contribution Refunds (from Line 28(d))	0.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	62753.45	503652.71
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	125.02	3692.52
37. Offsets to Operating Expenditures (from Line 15, page 3).....	125.02	3676.08
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	16.44

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

Amended to correctly reflect beginning balances

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 131
<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. Anderson, Sean, F, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 49 Farmington Ave
 City Longmeadow State MA Zip Code 01106-1432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) Vice President-Real Estate & Facilitie
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt 06 / 19 / 2018
Transaction ID : 78019588
 Amount of Each Receipt this Period 750.00
 Memo Item

B. Rajagopalan, Parthasarathy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 620 RIDGEWOOD CT
 City OAK BROOK State IL Zip Code 60523-2610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 262.50

Date of Receipt 06 / 22 / 2018
Transaction ID : 78056992
 Amount of Each Receipt this Period 56.25
 Memo Item

C. Gilley, Joel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7169 CORNING RD
 City ZIONSVILLE State PA Zip Code 18092-2318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 437.50

Date of Receipt 06 / 22 / 2018
Transaction ID : 78056996
 Amount of Each Receipt this Period 93.75
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Podbielski, Justin, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 219 CHERRY HILL DR
 City NEWINGTON State CT Zip Code 06111-1045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt 06 / 22 / 2018
Transaction ID : 78056997
 Amount of Each Receipt this Period 56.25
 Memo Item

B. Garrah, Bernard, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2968 WATERFALL WAY
 City WESTLAKE State OH Zip Code 44145-6821
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 656.30

Date of Receipt 06 / 23 / 2018
Transaction ID : 78060952
 Amount of Each Receipt this Period 140.65
 Memo Item

C. Carey, Jeffrey, Thomas, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 104 ANDREW COURT
 City SWANSEA State MA Zip Code 02777-5052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt 06 / 23 / 2018
Transaction ID : 78060959
 Amount of Each Receipt this Period 56.25
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	253.15
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: (check only one)	PAGE 9 OF 131
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Picone, Thomas J, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 ASCOT CIR
 City MOUNT KISCO State NY Zip Code 10549-4753
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) General Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 546.90

Date of Receipt 06 / 23 / 2018
Transaction ID : 78060967
 Amount of Each Receipt this Period 117.20
 Memo Item

B. Ilan, Ivan, Manuel, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2369 S BEVERLY GLEN BLVD STE 303
 City LOS ANGELES State CA Zip Code 90064-2470
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt 06 / 23 / 2018
Transaction ID : 78060971
 Amount of Each Receipt this Period 56.25
 Memo Item

C. Young, Sylvia, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9211 63RD PL W
 City MUKILTEO State WA Zip Code 98275-3531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 23 / 2018
Transaction ID : 78060972
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	248.45
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: (check only one)	PAGE 10 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Greenman, Ari, Benjamin, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 80 WRIGHT STREET
 City WESTPORT State CT Zip Code 06880-3117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt 06 / 23 / 2018
Transaction ID : 78060974
 Amount of Each Receipt this Period 56.25
 Memo Item

B. Mullen, Dennis, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23 MANOR RD
 City OLD GREENWICH State CT Zip Code 06870-1408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 26 / 2018
Transaction ID : 78078338
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Chau, Sheila, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2290 ROANOKE RD
 City SAN MARINO State CA Zip Code 91108-2633
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 26 / 2018
Transaction ID : 78078462
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	656.25
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 131
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Hodgson, Christopher, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 165 ROCK ODUNDEE RD
 City SOUTH DARTMOUTH State MA Zip Code 02748-1442
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 26 / 2018
Transaction ID : 78078877
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Ditzel, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 128 PINE ST
 City NORWELL State MA Zip Code 02061-2619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 26 / 2018
Transaction ID : 78081920
 Amount of Each Receipt this Period 500.00
 Memo Item

C. King, Christopher, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 43415 SUNNY RIDGE LN
 City HOLLYWOOD State MD Zip Code 20636-2548
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 26 / 2018
Transaction ID : 78081968
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Roman, Richard, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 CARROLL CT
 City SAN RAFAEL State CA Zip Code 94903-3720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 26 / 2018
Transaction ID : 78083782
 Amount of Each Receipt this Period 600.00
 Memo Item

B. Glassman, Peter, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3161 KEY BLVD
 City ARLINGTON State VA Zip Code 22201-5040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 28 / 2018
Transaction ID : 78094903
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Shin, Janelle, Jungran, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 E SAN JOSE AVE APT D
 City BURBANK State CA Zip Code 91501-2670
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 28 / 2018
Transaction ID : 78095192
 Amount of Each Receipt this Period 300.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Varon, Scott, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3785 CLUBLAND TRL
 City MARIETTA State GA Zip Code 30068-4019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 28 / 2018
Transaction ID : 78110961
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Balogh, Daniel, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 PURPLE FINCH WAY
 City MARIETTA State SC Zip Code 29661-5171
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 06 / 29 / 2018
Transaction ID : 78121545
 Amount of Each Receipt this Period 2500.00
 Memo Item

C. Alfonso, Ricardo, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 KENSINGTON DR
 City NORTH BARRINGTON State IL Zip Code 60010-6960
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) General Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 833.30

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1120127760556
 Amount of Each Receipt this Period 416.60
 Memo Item
 P/R Deduction (\$416.60 Monthly)

SUBTOTAL of Receipts This Page (optional).....	3416.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Wietsma, Eric, H, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) Head of Retirement Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 349.96

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1120474560556
 Amount of Each Receipt this Period 53.84
 Memo Item
 P/R Deduction (\$26.92 Bi-Weekly)

B. Scanlon, Sue, J, MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23 Judith Dr
 City Manchester State CT Zip Code 06040-6517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) Vice President - Compliance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 505.57

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1120474960556
 Amount of Each Receipt this Period 77.78
 Memo Item
 P/R Deduction (\$38.89 Bi-Weekly)

C. TODD, Andrew, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9997 DELL RD
 City EDEN PRAIRIE State MN Zip Code 55347-3524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1250.04

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1135598760556
 Amount of Each Receipt this Period 208.34
 Memo Item
 P/R Deduction (\$104.17 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	339.96
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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. Carmon, Timothy, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 61 Rainbow Trl

City South Windsor	State CT	Zip Code 06074-2953
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) Vice President - Risk Management
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.11

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR1233812060556

Amount of Each Receipt this Period
76.94

Memo Item

P/R Deduction (\$38.47 Bi-Weekly)

B. SCIACCA, ANTHONY, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5619 CHALLISFORD LN

City CHARLOTTE	State NC	Zip Code 28226-2627
-------------------	-------------	------------------------

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

Name of Employer (for Individual) BARINGS LLC	Occupation (for Individual) MANAGING DIRECTOR
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR1264218160556

Amount of Each Receipt this Period
269.24

Memo Item

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

C. GACEVICH, KENNETH, MI, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) BARINGS LLC	Occupation (for Individual) MANAGING DIRECTOR
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
734.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR1264219260556

Amount of Each Receipt this Period
113.00

Memo Item

P/R Deduction (\$56.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	459.18
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 131
<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. Wallace, Amanda, H, MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 Carriage Dr
 City Tolland State CT Zip Code 06084-2910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) Vice President - Operations
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1285750060556
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

B. O'Donnell, Alethea, , MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) AVP Compliance
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.35

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1285752360556
 Amount of Each Receipt this Period 53.90
 Memo Item
 P/R Deduction (\$26.95 Bi-Weekly)

C. Lucido, Bradley, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) SVP Chief Compliance Off & Dep Gen C
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1285753960556
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	296.20
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. PHILLIPS, JOHN, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) BARINGS LLC	Occupation (for Individual) VICE PRESIDENT
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
349.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR1285754160556

Amount of Each Receipt this Period
53.84

Memo Item

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

B. PRINCE, JEFFREY, T, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) BARINGS LLC	Occupation (for Individual) MANAGING DIRECTOR
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR1334223460556

Amount of Each Receipt this Period
76.92

Memo Item

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

C. Wellman, Philip, S, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 150 N Beacon St

City Hartford	State CT	Zip Code 06105-2247
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) VP & Chief Comp Officer Inst. Funds
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
349.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR1342766160556

Amount of Each Receipt this Period
53.84

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Fanning, Mike, R, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) EVP - MassMutual U.S.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1360837760556
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. Goldman, Victor, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12030 N 62ND ST
 City SCOTTSDALE State AZ Zip Code 85254-4953
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) General Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1368736160556
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

C. Barrett, Hugh, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) AVP Government Relations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.25

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1386532060556
 Amount of Each Receipt this Period 38.50
 Memo Item
 P/R Deduction (\$19.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	615.40
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 131
<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. RYAN, PAULA, T, MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 RIDGE RD

City SIMSBURY	State CT	Zip Code 06070-2134
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BARINGS LLC	Occupation (for Individual) MANAGING DIRECTOR
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2018

Transaction ID : PR1391580660556

Amount of Each Receipt this Period
76.92

Memo Item

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

B. GRODIN, David, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1391 VIEW DR

City SAN LEANDRO	State CA	Zip Code 94577-5336
---------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) Insurance Agent
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2018

Transaction ID : PR1417170860556

Amount of Each Receipt this Period
50.00

Memo Item

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

C. Yvon, Jack, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 Woodside Dr

City Wilbraham	State MA	Zip Code 01095-2741
-------------------	-------------	------------------------

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) AVP Sales
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
217.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2018

Transaction ID : PR1434638360556

Amount of Each Receipt this Period
33.40

Memo Item

P/R Deduction (\$16.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	160.32
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Vaccaro, John, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18 Anna Marie Ln

City E Longmeadow State MA Zip Code 01028-3018

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) SVP - MassMutual Financial Network

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.35

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1434639360556

Amount of Each Receipt this Period 153.90

Memo Item

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

B. COUTU, DAVID, J, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 MELLISSA CIR

City GREENVILLE State RI Zip Code 02828-1025

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

Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1479403860556

Amount of Each Receipt this Period 76.92

Memo Item

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

C. Putnam, Roger, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8 The Glade

City Simsbury State CT Zip Code 06070-1041

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) SVP - Insurance Operations

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1479403960556

Amount of Each Receipt this Period 192.30

Memo Item

P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 423.12

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 131
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Russell, Douglas, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 Craigie St
 City Cambridge State MA Zip Code 02138-3470
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) Managing Director, Head of MassMutua
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2018
Transaction ID : PR1500908560556
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. Smith, Cale, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1956 LONGWOOD DR
 City BATON ROUGE State LA Zip Code 70808-1247
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) General Agent
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2018
Transaction ID : PR1500946660556
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. YOUNG, JOHN, M, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 349.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2018
Transaction ID : PR1541043560556
 Amount of Each Receipt this Period
 53.84
 Memo Item
 P/R Deduction (\$26.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	823.04
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 131
<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. Viviano, Mark, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 105 Northfield Rd

City Longmeadow	State MA	Zip Code 01106-2143
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Massachusetts Mutual Life Insurance Co	Occupation (for Individual) AVP Investment Operations
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR1541058560556

Amount of Each Receipt this Period
38.50

Memo Item

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

B. HERNANDEZ, Carlos, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8600 SW 84TH AVENUE

City MIAMI	State FL	Zip Code 33143-6912
---------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) Insurance Agent
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
399.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR1541766160556

Amount of Each Receipt this Period
66.66

Memo Item

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

C. MARTINEZ, Margee, Dinaris, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1200 ALHAMBRA CIR

City CORAL GABLES	State FL	Zip Code 33134-3532
----------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) Insurance Agent
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR1541766460556

Amount of Each Receipt this Period
41.66

Memo Item

P/R Deduction (\$20.83 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	146.82
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. LEONARD, TARYN, , MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 49 MAGAZINE ST

City CAMBRIDGE	State MA	Zip Code 02139-3909
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BARINGS LLC	Occupation (for Individual) MANAGING DIRECTOR
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2018

Transaction ID : PR1560527860556

Amount of Each Receipt this Period
53.90

Memo Item

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

B. Picken, Todd, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 27 Grey Oak Ln

City Whately	State MA	Zip Code 01093
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Massachusetts Mutual Life Insurance Co	Occupation (for Individual) Corporate Vice President - Treasurer
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2018

Transaction ID : PR1560539260556

Amount of Each Receipt this Period
30.80

Memo Item

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

C. Jaeggi, Rachel, , MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 29 Hoffmann Rd

City Canton	State CT	Zip Code 06019-2151
----------------	-------------	------------------------

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) Vice President - Operations
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2018

Transaction ID : PR1564484360556

Amount of Each Receipt this Period
77.00

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	161.70
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. DEBLOIS, WILLIAM, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 JAMESON DR

City REHOBOTH	State MA	Zip Code 02769-2039
------------------	-------------	------------------------

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

Name of Employer (for Individual) BARINGS LLC	Occupation (for Individual) MANAGING DIRECTOR
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR1581879960556

Amount of Each Receipt this Period
77.00

Memo Item

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

B. Valle-Yanez, Lorie, , MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 575 Mountain Rd

City West Hartford	State CT	Zip Code 06117-1842
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) Vice President - Diversity & Inclusion
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR1606911960556

Amount of Each Receipt this Period
76.92

Memo Item

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

C. Cwikla, Thomas, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 Deer Mdw

City Tolland	State CT	Zip Code 06084-3256
-----------------	-------------	------------------------

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) External Wholesaler
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
251.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR1606916760556

Amount of Each Receipt this Period
38.50

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	192.42
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. BENOIT, George, , , JR
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 69 JILLIAN WAY

City WESTPORT	State MA	Zip Code 02790-4231
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) Insurance Agent
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
297.26

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR1619196060556

Amount of Each Receipt this Period
41.66

Memo Item

P/R Deduction (\$20.83 Semi-Monthly)

B. HESS, Van, Michael, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 555 35TH ST

City MANHATTAN BEACH	State CA	Zip Code 90266-3407
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) Insurance Agent
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR1637459660556

Amount of Each Receipt this Period
50.00

Memo Item

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

C. HICKS, Ryan, Charles, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 113 GREEN VALLEY LN

City CANONSBURG	State PA	Zip Code 15317-3543
--------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) Insurance Agent
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR1645235160556

Amount of Each Receipt this Period
41.66

Memo Item

P/R Deduction (\$20.83 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	133.32
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. GRIFFITH, Matthew, Ashbrook, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 517 NW 156TH CIR

City EDMOND	State OK	Zip Code 73013-2087
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) Insurance Agent
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
399.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR1645265360556

Amount of Each Receipt this Period
66.66

Memo Item

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

B. Ferrero, Amy, L, MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 42 Stonehill Rd

City E Longmeadow	State MA	Zip Code 01028-1367
----------------------	-------------	------------------------

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) Vice President - Claims
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
349.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR1663791260556

Amount of Each Receipt this Period
53.84

Memo Item

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

C. PERRY, Jonathan, Samuel, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15 BROAD ST APT 2826

City NEW YORK	State NY	Zip Code 10005-1991
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) Insurance Agent
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
200.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR1663829360556

Amount of Each Receipt this Period
33.34

Memo Item

P/R Deduction (\$16.67 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	153.84
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 131
<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. Craddock, Geoffrey, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 Stepping Stone Ln
 City Greenwich State CT Zip Code 06830-4031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) Chief Risk Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 468.75

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1663850360556
 Amount of Each Receipt this Period 312.50
 Memo Item
 P/R Deduction (\$156.25 Bi-Weekly)

B. HETTIGER, John, Stratton, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12484 BURKE DR
 City CARMEL State IN Zip Code 46032-7284
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1692497560556
 Amount of Each Receipt this Period 41.66
 Memo Item
 P/R Deduction (\$20.83 Semi-Monthly)

C. MILLER, Bryce, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7602 SIMS RD
 City WAXHAW State NC Zip Code 28173-7631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1702297360556
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	404.16
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 OF 131
<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. FREEMAN, Gregory, Thomas, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5901 N MERIDIAN ST
 City INDIANAPOLIS State IN Zip Code 46208-1532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1710289860556
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

B. Orzell, Jennifer, , MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 44 Westwoods Dr
 City Canton State CT Zip Code 06019-4500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) Vice President & Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1717732360556
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. MORAN, Michael, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 W BROADWAY UNIT 607
 City BOSTON State MA Zip Code 02127-1062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1717744860556
 Amount of Each Receipt this Period 41.66
 Memo Item
 P/R Deduction (\$20.83 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 168.58
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. SHEAN, Michael, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 427 BONNIE BRAE RD
 City HINSDALE State IL Zip Code 60521-2815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1727302660556
 Amount of Each Receipt this Period 83.34
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

B. DOWNS, Kevin, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2777 CAPTAIN CT
 City DACULA State GA Zip Code 30019-7840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.30

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1728049560556
 Amount of Each Receipt this Period 44.12
 Memo Item
 P/R Deduction (\$22.06 Semi-Monthly)

C. STARK, Timothy, Darren, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4402 POMONA RD
 City DALLAS State TX Zip Code 75209-2824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1728061460556
 Amount of Each Receipt this Period 41.67
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	169.13
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 131
<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. KAPLAN, Brian, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 300 E 71ST ST #16K

City NEW YORK	State NY	Zip Code 10021-5242
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) Insurance Agent
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2018

Transaction ID : PR1728066560556

Amount of Each Receipt this Period
50.00

Memo Item

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

B. Benson, Wendy, , MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 270 Allerton Commons Ln

City Braintree	State MA	Zip Code 02184-8248
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Massachusetts Mutual Life Insurance Co	Occupation (for Individual) Vice President - Wealth Management
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2018

Transaction ID : PR1728095760556

Amount of Each Receipt this Period
76.92

Memo Item

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

C. LOPEZ, Bavy, Uriah, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2060 ELIZA GLYNNE LN

City KNOXVILLE	State TN	Zip Code 37931-3681
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) Insurance Agent
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2018

Transaction ID : PR1762108060556

Amount of Each Receipt this Period
50.00

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	176.92
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 31 OF 131
<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. Griffith, Donald, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 46 Pinewood Dr

City Longmeadow	State MA	Zip Code 01106-1638
--------------------	-------------	------------------------

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) Vice President - Compliance
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2018

Transaction ID : PR1779022360556

Amount of Each Receipt this Period
76.92

Memo Item

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

B. Coburn, Christopher, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21 Bayberry Dr

City Easthampton	State MA	Zip Code 01027-2735
---------------------	-------------	------------------------

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) AVP Marketing
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2018

Transaction ID : PR1841433160556

Amount of Each Receipt this Period
38.50

Memo Item

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

C. CHIPPER, Jeffrey, S., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 527 LIBERTY DRIVE

City YARDLEY	State PA	Zip Code 19067-4538
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) Insurance Agent
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
208.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2018

Transaction ID : PR1857099560556

Amount of Each Receipt this Period
41.66

Memo Item

P/R Deduction (\$20.83 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	157.08
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. BLUM, Daniel, Scott, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4652 LUE LN
 City CARMICHAEL State CA Zip Code 95608-6649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.25

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1857115460556
 Amount of Each Receipt this Period 58.90
 Memo Item
 P/R Deduction (\$29.45 Semi-Monthly)

B. SCHULMAN, Gabriel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 385 GRAND ST APT L1406
 City NEW YORK State NY Zip Code 10002-3936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.04

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1869366260556
 Amount of Each Receipt this Period 33.34
 Memo Item
 P/R Deduction (\$16.67 Semi-Monthly)

C. Kennedy, John, F, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 51 Andrew Dr
 City Canton State CT Zip Code 06019-5001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) Vice President - Distribution Strategy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1913873360556
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 169.16
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Corbett, Tim, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 Mountain Spring Rd

City Farmington	State CT	Zip Code 06032-1612
--------------------	-------------	------------------------

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) EVP & Chief Investment Officer
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2499.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2018

Transaction ID : PR1929995860556

Amount of Each Receipt this Period
384.60

Memo Item

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

B. Frederick, Christine, , MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 Emerson Ln

City Granby	State CT	Zip Code 06035-2713
----------------	-------------	------------------------

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) Senior Vice President - Compliance
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2018

Transaction ID : PR1934313160556

Amount of Each Receipt this Period
57.70

Memo Item

P/R Deduction (\$28.85 Bi-Weekly)

C. GOLDSMITH, Daniel, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1667 ARONA ST

City SAINT PAUL	State MN	Zip Code 55108-2351
--------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) Insurance Agent
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
586.38

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2018

Transaction ID : PR1934322560556

Amount of Each Receipt this Period
130.52

Memo Item

P/R Deduction (\$65.26 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	572.82
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. SMITH, Robert, John, , JR
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2235 CASITAS WAY

City PALM SPRINGS	State CA	Zip Code 92264-8202
----------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) Insurance Agent
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
523.71

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR1934331960556

Amount of Each Receipt this Period
121.06

Memo Item

P/R Deduction (\$60.53 Semi-Monthly)

B. Blue, Dominic, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 28 Eastham Lane

City Longmeadow	State MA	Zip Code 01106-2342
--------------------	-------------	------------------------

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) Head of Workplace Transformation
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
349.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR1947062960556

Amount of Each Receipt this Period
53.84

Memo Item

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

C. Brown, Marc, A, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 119 Winterwood

City Windsor	State CT	Zip Code 06095-1052
-----------------	-------------	------------------------

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) Information Risk Consultant
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
227.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR1950870360556

Amount of Each Receipt this Period
35.00

Memo Item

P/R Deduction (\$17.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	209.90
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: (check only one)	PAGE 35 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. LINDQUIST, Jeremy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 ELIJAH HILL LN
 City LONDONDERRY State NH Zip Code 03053-3958
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1950887160556
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

B. Bouyea, Michael, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Tigger Lane
 City South Hadley State MA Zip Code 01075-3315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) AVP - Continuous Improvement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.25

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1961247260556
 Amount of Each Receipt this Period 38.50
 Memo Item
 P/R Deduction (\$19.25 Bi-Weekly)

C. LAROCHE, Brian, Jay, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2009 COMPASS CIR
 City VIRGINIA BCH State VA Zip Code 23451-1713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1961258960556
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	138.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. ARRANTS, Berkely, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6036 POST OAK GREEN LN
 City HOUSTON State TX Zip Code 77055-5500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1961263960556
 Amount of Each Receipt this Period 125.00
 Memo Item
 P/R Deduction (\$62.50 Semi-Monthly)

B. CHICK, Steven, Edward, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 124 ELM ST
 City WILLIAMSTOWN State MA Zip Code 01267-2576
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 282.50

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1965200760556
 Amount of Each Receipt this Period 53.00
 Memo Item
 P/R Deduction (\$26.50 Semi-Monthly)

C. ROBINETTE, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 HERBERT CT
 City BRENTWOOD State TN Zip Code 37027-7653
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1980140960556
 Amount of Each Receipt this Period 41.66
 Memo Item
 P/R Deduction (\$20.83 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	219.66
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. GODSEY, Joseph, Cornelius, , III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17269 AVENIDA DE LA HERRADURA

City PACIFIC PALISADES	State CA	Zip Code 90272-2004
---------------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) Insurance Agent
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
264.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2018

Transaction ID : PR1980161060556

Amount of Each Receipt this Period
55.88

Memo Item

P/R Deduction (\$27.94 Semi-Monthly)

B. FOWLER, IAN, M, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 301 CHEROKEE RD

City LAKE FOREST	State IL	Zip Code 60045-3062
---------------------	-------------	------------------------

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

Name of Employer (for Individual) BARINGS LLC	Occupation (for Individual) MANAGING DIRECTOR
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2018

Transaction ID : PR2006647560556

Amount of Each Receipt this Period
77.00

Memo Item

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

C. BOTNER, Ryan, J., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1414 57TH AVE S

City FARGO	State ND	Zip Code 58104-7215
---------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) Insurance Agent
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2018

Transaction ID : PR2006660060556

Amount of Each Receipt this Period
83.34

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	216.22
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. BACH, Joshua, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 28TH AVE NE
 City FARGO State ND Zip Code 58102-1704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR2006660460556
 Amount of Each Receipt this Period 41.66
 Memo Item
 P/R Deduction (\$20.83 Semi-Monthly)

B. ALEMANY ROJAS, Tomasz, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 145 GABLES BLVD
 City WESTON State FL Zip Code 33326-5501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR2008497860556
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

C. Belletsky, Marc, R, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Moosehorn Hill Rd
 City West Granby State CT Zip Code 06090-1007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) Advanced Markets Consultant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.20

Date of Receipt 06 / 30 / 2018
Transaction ID : PR2012004160556
 Amount of Each Receipt this Period 30.80
 Memo Item
 P/R Deduction (\$15.40 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	122.46
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. ROBERTSON, William, Shane, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5100 FM 126
 City NOLAN State TX Zip Code 79537-1702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR2016623360556
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

B. TABORDA, Favio, Javier, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 231 MENDOZA AVE
 City CORAL GABLES State FL Zip Code 33134-3943
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR2016646460556
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

c. SCOTT, Seth, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1127 BALDWIN ST
 City MECHANICSBURG State PA Zip Code 17055-3935
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR2016658060556
 Amount of Each Receipt this Period 41.66
 Memo Item
 P/R Deduction (\$20.83 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	141.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Murphy, Richard, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 67 Sewall Woods Rd

City Melrose	State MA	Zip Code 02176-1709
-----------------	-------------	------------------------

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) AVP Project Mgmt
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2018

Transaction ID : PR2020232360556

Amount of Each Receipt this Period
50.00

Memo Item

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

B. Provenzano, Louise, , MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 316 Wolcott Street

City Bristol	State CT	Zip Code 06010-6427
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Massachusetts Mutual Life Insurance Co	Occupation (for Individual) Change Agent Consultant
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2018

Transaction ID : PR2030698660556

Amount of Each Receipt this Period
30.80

Memo Item

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

C. Concepcion, Luis, O, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12 Hawks Ridge

City Avon	State CT	Zip Code 06001-4417
--------------	-------------	------------------------

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

Name of Employer (for Individual) Massachusetts Mutual Life Insurance Co	Occupation (for Individual) AVP & Counsel
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2018

Transaction ID : PR2030723160556

Amount of Each Receipt this Period
38.50

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	119.30
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 41 OF 131
<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. Glynn, Dennis, E, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37 Daniel Ridge
 City Westfield State MA Zip Code 01085-4151
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Massachusetts Mutual Life Insurance Co Occupation (for Individual) Product Management Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.25

Date of Receipt 06 / 30 / 2018
Transaction ID : PR2030750560556
 Amount of Each Receipt this Period 38.50
 Memo Item
 P/R Deduction (\$19.25 Bi-Weekly)

B. Englerth, Troy, K, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7253 W Melinda Lane
 City Glendale State AZ Zip Code 85308-9538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Massachusetts Mutual Life Insurance Co Occupation (for Individual) AVP Group Business
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.25

Date of Receipt 06 / 30 / 2018
Transaction ID : PR2030750760556
 Amount of Each Receipt this Period 38.50
 Memo Item
 P/R Deduction (\$19.25 Bi-Weekly)

C. HARTUNG, Bret, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4317 N DAMEN AVE
 City CHICAGO State IL Zip Code 60618-1705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR2038720460556
 Amount of Each Receipt this Period 125.00
 Memo Item
 P/R Deduction (\$62.50 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 202.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. HAYWARD, Justin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 WESTON RD
 City WELLESLEY State MA Zip Code 02482-6313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR2041714660556
 Amount of Each Receipt this Period 41.66
 Memo Item
 P/R Deduction (\$20.83 Semi-Monthly)

B. MCGEE, DANIEL, J, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10812 ALEXANDER MILL DR
 City CHARLOTTE State NC Zip Code 28277-2701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.10

Date of Receipt 06 / 30 / 2018
Transaction ID : PR2045466560556
 Amount of Each Receipt this Period 115.40
 Memo Item
 P/R Deduction (\$57.70 Bi-Weekly)

C. Parent, Rachel, A, MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 Pembroke Dr
 City Suffield State CT Zip Code 06078-2096
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) CIO - Corporate
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 722.28

Date of Receipt 06 / 30 / 2018
Transaction ID : PR2052377660556
 Amount of Each Receipt this Period 111.12
 Memo Item
 P/R Deduction (\$55.56 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	268.18
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 43 OF 131
<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. HENDERLONG, MICHAEL, E, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 41 BEAVER CREEK CT

City FAR HILLS	State NJ	Zip Code 07931-2594
-------------------	-------------	------------------------

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

Name of Employer (for Individual) BARINGS LLC	Occupation (for Individual) MANAGING DIRECTOR
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2018

Transaction ID : PR2052379360556

Amount of Each Receipt this Period
77.00

Memo Item

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

B. Todd, Lisa, M, MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 945 E Broadway

City Boston	State MA	Zip Code 02127-2479
----------------	-------------	------------------------

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) AVP Sales
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2018

Transaction ID : PR2106069760556

Amount of Each Receipt this Period
38.50

Memo Item

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

C. FLYNN, DANIEL, L, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7917 SKYE LOCHS DR

City WAXHAW	State NC	Zip Code 28173-7493
----------------	-------------	------------------------

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

Name of Employer (for Individual) BARINGS LLC	Occupation (for Individual) MANAGING DIRECTOR
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
722.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2018

Transaction ID : PR2106071660556

Amount of Each Receipt this Period
111.12

Memo Item

P/R Deduction (\$55.56 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Cove, David, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 220 Blue Granite Drive

City Holly Springs	State NC	Zip Code 27540-6453
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) AVP Sales
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
361.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR2139277260556

Amount of Each Receipt this Period
55.60

Memo Item

P/R Deduction (\$27.80 Bi-Weekly)

B. YOFFEE, Michael, David, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9237 REGENTS RD UNIT K210

City LA JOLLA	State CA	Zip Code 92037-9250
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) Insurance Agent
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR2154017260556

Amount of Each Receipt this Period
47.70

Memo Item

P/R Deduction (\$23.85 Semi-Monthly)

C. STOKESBARY, Kevin, Edward, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7133 SAINT ANDREWS LN SE

City SNOQUALMIE	State WA	Zip Code 98065-9092
--------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) Insurance Agent
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
264.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR2159450560556

Amount of Each Receipt this Period
55.88

Memo Item

P/R Deduction (\$27.94 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	159.18
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Cherney, Adam, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2195 LARCH ST
 City WANTAGH State NY Zip Code 11793-4145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 281.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2018
Transaction ID : PR2159503160556
 Amount of Each Receipt this Period
 140.60
 Memo Item
 P/R Deduction (\$140.60 Monthly)

B. BROWN, SCOTT, DA, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 479 CHESTNUT ST
 City WABAN State MA Zip Code 02468-1204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2018
Transaction ID : PR2166460260556
 Amount of Each Receipt this Period
 269.24
 Memo Item
 P/R Deduction (\$134.62 Bi-Weekly)

C. Foley, Brian, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31 Penniman Ter
 City Braintree State MA Zip Code 02184-4121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) AVP Financial
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 309.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2018
Transaction ID : PR2166461760556
 Amount of Each Receipt this Period
 47.62
 Memo Item
 P/R Deduction (\$23.81 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	457.46
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 131
<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. SPRINGER, DAVID, J, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1170 ADAMS LN

City SOUTHLAKE	State TX	Zip Code 76092-8501
-------------------	-------------	------------------------

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

Name of Employer (for Individual) BARINGS LLC	Occupation (for Individual) MANAGING DIRECTOR
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
342.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR2202061260556

Amount of Each Receipt this Period
52.64

Memo Item

P/R Deduction (\$26.32 Bi-Weekly)

B. Acselrod, David, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12 Burr School Rd

City Westport	State CT	Zip Code 06880-3816
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) Head of PCG Integration
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
472.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR2202068960556

Amount of Each Receipt this Period
77.00

Memo Item

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

C. DRABINSKI, Daniel, J., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4100 PURDUE AVE

City DALLAS	State TX	Zip Code 75225-6701
----------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) Insurance Agent
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
255.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR2202104460556

Amount of Each Receipt this Period
57.36

Memo Item

P/R Deduction (\$28.68 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	187.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 47 OF 131
<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. LOPEZ, Freddy, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10070 CORBETT ST
 City LAS VEGAS State NV Zip Code 89149-1204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 376.48

Date of Receipt 06 / 30 / 2018
Transaction ID : PR2204073860556
 Amount of Each Receipt this Period 70.60
 Memo Item
 P/R Deduction (\$35.30 Semi-Monthly)

B. Kochen, Neil, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 93 Sunny Reach Dr
 City West Hartford State CT Zip Code 06117-1531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSMUTUAL TRUST COMPANY Occupation (for Individual) Vice President, Trust Co. Investments
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 867.10

Date of Receipt 06 / 30 / 2018
Transaction ID : PR2244918860556
 Amount of Each Receipt this Period 133.40
 Memo Item
 P/R Deduction (\$66.70 Bi-Weekly)

C. FRITZ, Leah, Nicole, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4315 S 220TH PL
 City KENT State WA Zip Code 98032-4816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 241.51

Date of Receipt 06 / 30 / 2018
Transaction ID : PR2265788760556
 Amount of Each Receipt this Period 43.08
 Memo Item
 P/R Deduction (\$21.54 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	247.08
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Soucie, Delphine, P, MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 Great Mdws
 City West Simsbury State CT Zip Code 06092-2818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Massachusetts Mutual Life Insurance Co Occupation (for Individual) AVP Investment Product Consulting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.20

Date of Receipt 06 / 30 / 2018
Transaction ID : PR2284793160556
 Amount of Each Receipt this Period 30.80
 Memo Item
 P/R Deduction (\$15.40 Bi-Weekly)

B. EPPY, Francine, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 333 LAS OLAS WAY APT 1406
 City FORT LAUDERDALE State FL Zip Code 33301-4303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 258.83

Date of Receipt 06 / 30 / 2018
Transaction ID : PR2292132160556
 Amount of Each Receipt this Period 90.20
 Memo Item
 P/R Deduction (\$45.10 Semi-Monthly)

c. Hahn, Sahang-Hee, , MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 85 Seaport Blvd Unit 1008
 City Boston State MA Zip Code 02210-2161
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) AVP & Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 232.18

Date of Receipt 06 / 30 / 2018
Transaction ID : PR2311363560556
 Amount of Each Receipt this Period 35.72
 Memo Item
 P/R Deduction (\$17.86 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	156.72
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		FOR LINE NUMBER: (check only one)	PAGE 49 OF 131
<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. Rutley, Jennifer, R, MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 66 Thornton Rd

City Needham	State MA	Zip Code 02492-4330
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) Head of MMFA Strategic Research & D
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR2345426560556

Amount of Each Receipt this Period
77.00

Memo Item

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

B. Huntley, David, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16 Hawthorn Rd

City Amherst	State MA	Zip Code 01002-9710
-----------------	-------------	------------------------

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) Vice President - Financial Risk Mgmt
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1392.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR2345715760556

Amount of Each Receipt this Period
214.30

Memo Item

P/R Deduction (\$107.15 Bi-Weekly)

C. Friend, Ernest, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15 Cortland Cir

City Lunenburg	State MA	Zip Code 01462-1494
-------------------	-------------	------------------------

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) Solutions Architect
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
347.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR2348661060556

Amount of Each Receipt this Period
53.40

Memo Item

P/R Deduction (\$26.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	344.70
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Christie, Cynthia, , MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 51 Avalon Lane
 City Marlborough State CT Zip Code 06447-1054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) AVP & Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.71

Date of Receipt **06 / 30 / 2018**
Transaction ID : PR2351779360556
 Amount of Each Receipt this Period 33.34
 Memo Item
 P/R Deduction (\$16.67 Bi-Weekly)

B. DEKAVALLAS, Gus, Emmenuel, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7039 E MAIN ST #A 205
 City SCOTTSDALE State AZ Zip Code 85251-4350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.66

Date of Receipt **06 / 30 / 2018**
Transaction ID : PR2476405460556
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$12.50 Semi-Monthly)

C. JONES, Christopher, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 WOOD DRIVE
 City OYSTER BAY State NY Zip Code 11771-3723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **06 / 30 / 2018**
Transaction ID : PR2476554060556
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	108.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. THOMPSON, Shannon, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 145 STILLMERE CT
 City WINSTON SALEM State NC Zip Code 27101-2311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 331.87

Date of Receipt 06 / 30 / 2018
Transaction ID : PR2476627960556
 Amount of Each Receipt this Period 19.15
 Memo Item
 P/R Deduction (\$19.15 Semi-Monthly)

B. BORGES, Jose, Juan, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 PACIFICA VIA AMANECER
 City TRUJILLO ALTO State PR Zip Code 00976
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.47

Date of Receipt 06 / 30 / 2018
Transaction ID : PR2476688960556
 Amount of Each Receipt this Period 41.66
 Memo Item
 P/R Deduction (\$20.83 Semi-Monthly)

C. Kaltenbach, Geoffrey, Lane, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28 CALLE MATTIS
 City SAN CLEMENTE State CA Zip Code 92673-7050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) General Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1083.55

Date of Receipt 06 / 30 / 2018
Transaction ID : PR2476690260556
 Amount of Each Receipt this Period 166.70
 Memo Item
 P/R Deduction (\$83.35 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 227.51
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 52 OF 131
<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. STURGES, Robert, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 RODNEY ST
 City PORT JEFFERSON STATION State NY Zip Code 11776-3810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 223.53

Date of Receipt 06 / 30 / 2018
Transaction ID : PR2476737360556
 Amount of Each Receipt this Period 41.18
 Memo Item
 P/R Deduction (\$1.85 Semi-Monthly)

B. CUNNINGHAM, Charles, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4211 GROVE AVE
 City WESTERN SPRINGS State IL Zip Code 60558-1347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt 06 / 30 / 2018
Transaction ID : PR2476821460556
 Amount of Each Receipt this Period 83.34
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

C. GILL, Janice, Lynn, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 38 WESLEY CT
 City EATONTOWN State NJ Zip Code 07724-1423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 411.78

Date of Receipt 06 / 30 / 2018
Transaction ID : PR2476869060556
 Amount of Each Receipt this Period 98.04
 Memo Item
 P/R Deduction (\$49.02 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	222.56
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. NOLAN, Jeredith, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6769 TUSCANY LN
 City EAST AMHERST State NY Zip Code 14051-2315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 221.20

Date of Receipt 06 / 30 / 2018
Transaction ID : PR2476879960556
 Amount of Each Receipt this Period 63.20
 Memo Item
 P/R Deduction (\$31.60 Semi-Monthly)

B. MINKA, Stanley, E., , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 EAGLE WAY
 City AVONDALE State PA Zip Code 19311-9723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR2477588060556
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$12.50 Semi-Monthly)

C. DONALDSON, Natalia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 159 OAKESDALE DR
 City BLUFFTON State SC Zip Code 29909-7819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 319.10

Date of Receipt 06 / 30 / 2018
Transaction ID : PR2477740560556
 Amount of Each Receipt this Period 12.50
 Memo Item
 P/R Deduction (\$12.50 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	100.70
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. WIGGINS, Tera, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1001 DEXTER CIR
 City BIRMINGHAM State AL Zip Code 35242-6663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.65

Date of Receipt 06 / 30 / 2018
Transaction ID : PR2478151760556
 Amount of Each Receipt this Period 73.55
 Memo Item
 P/R Deduction (\$73.55 Semi-Monthly)

B. Sherman, Renee, S, MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Daria Dr
 City Bolton State CT Zip Code 06043-7800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Vice President - Wealth Mgt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 479.05

Date of Receipt 06 / 30 / 2018
Transaction ID : PR2478172360556
 Amount of Each Receipt this Period 73.70
 Memo Item
 P/R Deduction (\$36.85 Bi-Weekly)

C. Bargery, Brett, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3541 N JASPER MTN CIR
 City MESA State AZ Zip Code 85207-9130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) General Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1083.55

Date of Receipt 06 / 30 / 2018
Transaction ID : PR2478194760556
 Amount of Each Receipt this Period 166.70
 Memo Item
 P/R Deduction (\$83.35 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	313.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 55 OF 131
<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. Nicolas, Gaetan, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 77 Raffaele Dr
 City Waltham State MA Zip Code 02452-0313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) Vice President Sales Support
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1625.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR2484673960556
 Amount of Each Receipt this Period 250.00
 Memo Item
 P/R Deduction (\$125.00 Bi-Weekly)

B. Cregan, Patrick, J, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 Stephenson Terrace
 City Briarcliff Manor State NY Zip Code 10510-1930
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) AVP & Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 203.45

Date of Receipt 06 / 30 / 2018
Transaction ID : PR2484675860556
 Amount of Each Receipt this Period 31.30
 Memo Item
 P/R Deduction (\$15.65 Bi-Weekly)

C. Garrick, Alyssa, D, MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7104 Maricopa Road
 City Charlotte State NC Zip Code 28277-3577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) VP, Business Planning
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 294.80

Date of Receipt 06 / 30 / 2018
Transaction ID : PR2484682660556
 Amount of Each Receipt this Period 73.70
 Memo Item
 P/R Deduction (\$36.85 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	355.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. GILL, Robert, Emmett, , SR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 38 WESLEY CT
 City EATONTOWN State NJ Zip Code 07724-1423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt 06 / 30 / 2018
Transaction ID : PR2490277660556
 Amount of Each Receipt this Period 41.67
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

B. LaPiana, Paul, A, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6615 Green Knoll Drive
 City Dallas State TX Zip Code 75230-2809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) SVP - Sales and Distribution
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2167.10

Date of Receipt 06 / 30 / 2018
Transaction ID : PR2505805860556
 Amount of Each Receipt this Period 333.40
 Memo Item
 P/R Deduction (\$166.70 Bi-Weekly)

C. CHANG, David, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 FERNCROFT CT
 City DANVILLE State CA Zip Code 94526-5517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 470.77

Date of Receipt 06 / 30 / 2018
Transaction ID : PR2507035060556
 Amount of Each Receipt this Period 88.30
 Memo Item
 P/R Deduction (\$44.15 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	463.37
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. MELTZER, Alan, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2000 S OCEAN BLVD APT 3K
 City BOCA RATON State FL Zip Code 33432-8085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2291.63

Date of Receipt 06 / 30 / 2018
Transaction ID : PR789845160556
 Amount of Each Receipt this Period 208.33
 Memo Item
 P/R Deduction (\$208.33 Semi-Monthly)

B. RIDDLE, Bruce, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR789860760556
 Amount of Each Receipt this Period 125.00
 Memo Item
 P/R Deduction (\$125.00 Monthly)

C. HANNING, Bryan, Scott, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 333.40

Date of Receipt 06 / 30 / 2018
Transaction ID : PR789861060556
 Amount of Each Receipt this Period 166.70
 Memo Item
 P/R Deduction (\$166.70 Monthly)

SUBTOTAL of Receipts This Page (optional).....	500.03
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: (check only one)	PAGE 58 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. CAVASSO, Campbell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41-530 WAIKUPANAHA ST
 City WAIMANALO State HI Zip Code 96795-1438
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR789862860556
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

B. HEERDEGEN, Christopher, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6862 SECTION RD
 City OTTAWA LAKE State MI Zip Code 49267-9551
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.08

Date of Receipt 06 / 30 / 2018
Transaction ID : PR789871360556
 Amount of Each Receipt this Period 116.70
 Memo Item
 P/R Deduction (\$58.35 Semi-Monthly)

C. SCHNEIDER, Corey, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 STRATTON RD
 City SCARSDALE State NY Zip Code 10583-7555
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.96

Date of Receipt 06 / 30 / 2018
Transaction ID : PR789873260556
 Amount of Each Receipt this Period 416.66
 Memo Item
 P/R Deduction (\$208.33 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	583.36
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. ROOT, David, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2500 HOLLYWOOD BLVD #304
 City HOLLYWOOD State FL Zip Code 33020-6615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.70

Date of Receipt 06 / 30 / 2018
Transaction ID : PR789881660556
 Amount of Each Receipt this Period 55.88
 Memo Item
 P/R Deduction (\$27.94 Semi-Monthly)

B. DAVIS, David, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR789882260556
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$200.00 Monthly)

C. LEBOLD, Edward, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 945 OAK TER
 City LAKE OSWEGO State OR Zip Code 97034-4664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR789897760556
 Amount of Each Receipt this Period 41.66
 Memo Item
 P/R Deduction (\$20.83 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	297.54
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 60 OF 131
<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. BECKNELL, George, Phelps, , III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 201 CRESCENT ST

City SAN ANTONIO	State TX	Zip Code 78209-4406
---------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) Insurance Agent
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR789915660556

Amount of Each Receipt this Period
166.70

Memo Item

P/R Deduction (\$166.70 Monthly)

B. CARROLL, Gregory, F., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) SELF	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR789921460556

Amount of Each Receipt this Period
200.00

Memo Item

P/R Deduction (\$200.00 Monthly)

C. Bienenfeld, Howard, N., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) SELF	Occupation (for Individual) Insurance Agent
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR789932760556

Amount of Each Receipt this Period
250.00

Memo Item

P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	616.70
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. HINRICHS, Ivan, Carl, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2418 LA MAISON DR
 City CHARLOTTE State NC Zip Code 28226-6200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR789935260556
 Amount of Each Receipt this Period 41.66
 Memo Item
 P/R Deduction (\$20.83 Semi-Monthly)

B. JENSEN, James, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7903 COPELAND RD
 City ODESSA State FL Zip Code 33556-3261
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR789937160556
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

C. SKOOG, John, Curtis, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4945 PINE LN
 City EAGAN State MN Zip Code 55123-4911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR789968760556
 Amount of Each Receipt this Period 41.66
 Memo Item
 P/R Deduction (\$20.83 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	133.32
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. RUCKEL, John, Marvin, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR789975560556
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$200.00 Monthly)

B. DEGEN, John, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR789976860556
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

C. WILSON, John, Walter, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1321 VASSAR ST
 City HOUSTON State TX Zip Code 77006-6029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR789980060556
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 63 OF 131
<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. EPPY, Joseph, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 333 LAS OLAS WAY APT 4103
 City FORT LAUDERDALE State FL Zip Code 33301-2394
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.04

Date of Receipt 06 / 30 / 2018
Transaction ID : PR789983160556
 Amount of Each Receipt this Period 208.34
 Memo Item
 P/R Deduction (\$104.17 Semi-Monthly)

B. Feitelberg, Karl, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 175 DERBY ST UNIT 33
 City HINGHAM State MA Zip Code 02043-4017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR789989160556
 Amount of Each Receipt this Period 110.00
 Memo Item
 P/R Deduction (\$110.00 Monthly)

C. Degen, Kathleen, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR789989260556
 Amount of Each Receipt this Period 120.00
 Memo Item
 P/R Deduction (\$120.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	438.34
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 64 OF 131
<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. Brown, Michael, O., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6512 NE 113TH ST
 City EDMOND State OK Zip Code 73013-8351
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR790030560556
 Amount of Each Receipt this Period 140.00
 Memo Item
 P/R Deduction (\$140.00 Monthly)

B. PINE, Michael, Scott, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 STILL HOLLOW RD
 City NEWBURGH State NY Zip Code 12550-8836
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR790031860556
 Amount of Each Receipt this Period 41.66
 Memo Item
 P/R Deduction (\$20.83 Semi-Monthly)

C. STARR, Mitchell, Bradley, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1250.04

Date of Receipt 06 / 30 / 2018
Transaction ID : PR790035460556
 Amount of Each Receipt this Period 208.34
 Memo Item
 P/R Deduction (\$104.17 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	390.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. DOLAN, Patrick, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4310 PROMENADE BLVD
 City FAIR LAWN State NJ Zip Code 07410-2780
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.32

Date of Receipt 06 / 30 / 2018
Transaction ID : PR790043760556
 Amount of Each Receipt this Period 44.12
 Memo Item
 P/R Deduction (\$22.06 Semi-Monthly)

B. DECOURSEY, Paul, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1467 MORNINGCREST CT
 City INDIANAPOLIS State IN Zip Code 46280-2862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR790044860556
 Amount of Each Receipt this Period 125.00
 Memo Item
 P/R Deduction (\$62.50 Semi-Monthly)

C. HERZOG, Paul, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 HIGHLAND CT
 City GERMANTOWN HILLS State IL Zip Code 61548-9056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 229.41

Date of Receipt 06 / 30 / 2018
Transaction ID : PR790046260556
 Amount of Each Receipt this Period 26.47
 Memo Item
 P/R Deduction (\$26.47 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	195.59
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: (check only one)	PAGE 66 OF 131
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Lang, Ann Raleigh, H., ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2018 Transaction ID : PR790056960556
Mailing Address 6727 RAINBOW AVE			Amount of Each Receipt this Period 120.00
City MISSION HILLS	State KS	Zip Code 66208-2265	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			P/R Deduction (\$120.00 Monthly)
Name of Employer (for Individual) SELF		Occupation (for Individual) Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. KARCHEFSKY, Richard, Irving, ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2018 Transaction ID : PR790066960556
Mailing Address 7502 CARMELA WAY			Amount of Each Receipt this Period 41.66
City DELRAY BEACH	State FL	Zip Code 33446-5668	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			P/R Deduction (\$20.83 Semi-Monthly)
Name of Employer (for Individual) SELF		Occupation (for Individual) Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. VANBENSCHOTEN, Richard, Pierce, , JR			Date of Receipt MM / DD / YYYY 06 / 30 / 2018 Transaction ID : PR790069060556
Mailing Address 875 5TH AVE APT 3A			Amount of Each Receipt this Period 83.34
City NEW YORK	State NY	Zip Code 10065-4952	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			P/R Deduction (\$41.67 Semi-Monthly)
Name of Employer (for Individual) SELF		Occupation (for Individual) Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 500.04	

SUBTOTAL of Receipts This Page (optional).....	245.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. HOMER, Robert, L., , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10751 WILSHIRE AVE NE
 City ALBUQUERQUE State NM Zip Code 87122-3138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR790081660556
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

B. Sinks, R. Timothy, Timothy, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SELF Occupation (for Individual) General Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 833.30

Date of Receipt 06 / 30 / 2018
Transaction ID : PR790086660556
 Amount of Each Receipt this Period 416.60
 Memo Item
 P/R Deduction (\$416.60 Monthly)

C. CURRAN, Scott, Charles, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.40

Date of Receipt 06 / 30 / 2018
Transaction ID : PR790102960556
 Amount of Each Receipt this Period 166.70
 Memo Item
 P/R Deduction (\$166.70 Monthly)

SUBTOTAL of Receipts This Page (optional).....	633.30
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 68 OF 131
<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. ESTLER, Stephen, David, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 06 / 30 / 2018
Transaction ID : PR790109460556
 Amount of Each Receipt this Period 166.66
 Memo Item
 P/R Deduction (\$83.33 Semi-Monthly)

B. MCDONALD, Todd, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 EAGLE RIDGE DR
 City TROY State NY Zip Code 12180-7167
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR790131860556
 Amount of Each Receipt this Period 125.00
 Memo Item
 P/R Deduction (\$62.50 Semi-Monthly)

C. BLAIS, ALAN, L, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) BARINGS LLC Occupation (for Individual) DIRECTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 349.96

Date of Receipt 06 / 30 / 2018
Transaction ID : PR790151860556
 Amount of Each Receipt this Period 53.84
 Memo Item
 P/R Deduction (\$26.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	345.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 69 OF 131
<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. Dickey, Andrew, C, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2934 E Crestview St

City Springfield	State MO	Zip Code 65804-3420
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) Managing Director - Strategic Investme
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR790159360556

Amount of Each Receipt this Period
153.90

Memo Item

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

B. Noreen, Cliff, M, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) Managing Director - Strategic Investme
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR790184160556

Amount of Each Receipt this Period
192.32

Memo Item

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

C. Waddington, Craig, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) Vice President & Actuary
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR790184560556

Amount of Each Receipt this Period
76.92

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	423.14
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Echeverria, David, J, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 36 Farmington Ave

City Longmeadow	State MA	Zip Code 01106-1433
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) Managing Dir - Investments
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
349.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR790188660556

Amount of Each Receipt this Period
53.84

Memo Item

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

B. WHARMBY, DAVID, D, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) BARINGS LLC	Occupation (for Individual) MANAGING DIRECTOR
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR790192660556

Amount of Each Receipt this Period
76.92

Memo Item

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

C. Pellerin, Diane, , MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13 Pittroff Ave

City South Hadley	State MA	Zip Code 01075-2203
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) AVP-Reg Advisory Services
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
365.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR790198560556

Amount of Each Receipt this Period
46.20

Memo Item

P/R Deduction (\$23.10 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	176.96
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 71 OF 131
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

A. PHELAN, DONALD, J, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24 HAMMERSMITH

City AVON	State CT	Zip Code 06001-2915
--------------	-------------	------------------------

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

Name of Employer (for Individual) BARINGS LLC	Occupation (for Individual) VICE PRESIDENT
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
349.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR790207860556

Amount of Each Receipt this Period
53.84

Memo Item

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

B. Hoffman, Harvey, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) SVP - Operational and Strategic Risk
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1527.83

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR790231460556

Amount of Each Receipt this Period
303.42

Memo Item

P/R Deduction (\$151.71 Bi-Weekly)

C. Deitelbaum, John, E, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 Monticello Cir

City Ellington	State CT	Zip Code 06029-8300
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) SVP & Deputy Gen Couns USIG Law
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1750.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR790248260556

Amount of Each Receipt this Period
269.24

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	626.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. TAILLIE, JOHN, R, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 151 MCKENZIE DR

City SOUTHINGTON	State CT	Zip Code 06489-4117
---------------------	-------------	------------------------

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

Name of Employer (for Individual) BARINGS LLC	Occupation (for Individual) VICE PRESIDENT
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR790252060556

Amount of Each Receipt this Period
50.00

Memo Item

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

B. Calabrese, Joseph, A, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) Delivery Leader
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
349.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR790253260556

Amount of Each Receipt this Period
53.84

Memo Item

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

C. Rokowski, Joseph, R, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) MASSMUTUAL TRUST COMPANY	Occupation (for Individual) Vice President - Trust Company
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
975.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR790254560556

Amount of Each Receipt this Period
150.00

Memo Item

P/R Deduction (\$75.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	253.84
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. NASCIMENTO, JAMES, J, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) BARINGS LLC	Occupation (for Individual) VICE PRESIDENT
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
349.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR790260260556

Amount of Each Receipt this Period
53.84

Memo Item

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

B. Puhala, James, P, MR., III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 68 Holcomb St

City East Granby	State CT	Zip Code 06026-9531
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) Vice President - Compliance & Regulat
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
349.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR790260460556

Amount of Each Receipt this Period
53.84

Memo Item

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

C. REEVE, KATHY, S, MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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

City EAST HAMPTON	State CT	Zip Code 06424-1448
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BARINGS LLC	Occupation (for Individual) DIRECTOR
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR790272760556

Amount of Each Receipt this Period
38.46

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	146.14
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 74 OF 131
<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. ACKERMAN, MARK, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 BARBER HILL RD
 City BROAD BROOK State CT Zip Code 06016-9716
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.35

Date of Receipt 06 / 30 / 2018
Transaction ID : PR790296060556
 Amount of Each Receipt this Period 53.90
 Memo Item
 P/R Deduction (\$26.95 Bi-Weekly)

B. NATCHARIAN, MATTHEW, P, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 RIDGEBURY RD
 City AVON State CT Zip Code 06001-3825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.06

Date of Receipt 06 / 30 / 2018
Transaction ID : PR790301460556
 Amount of Each Receipt this Period 269.24
 Memo Item
 P/R Deduction (\$134.62 Bi-Weekly)

C. GATELY, MICHAEL, H, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018
Transaction ID : PR790304960556
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	400.06
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 75 OF 131
<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. Delaney, Pamela, J, MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15 Winterset Ln

City Simsbury	State CT	Zip Code 06070-1720
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) Vice President - Procurement
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2018

Transaction ID : PR790320660556

Amount of Each Receipt this Period
76.92

Memo Item

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

B. Kinsey, Patricia, A, MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16 Sunnyside Ter

City Wilbraham	State MA	Zip Code 01095-1304
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) VP - Strategic Initiatives & Data Inte
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
566.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2018

Transaction ID : PR790322560556

Amount of Each Receipt this Period
77.00

Memo Item

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

C. Kennedy, Rhae, A, MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10 Briar Cliff Dr

City Wilbraham	State MA	Zip Code 01095-1576
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) Managing Director - Investment Analsi
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2018

Transaction ID : PR790351860556

Amount of Each Receipt this Period
76.92

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	230.84
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Barnhart, Richard, P, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) VP, Acctg Standards & Ind Relations
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR790352060556

Amount of Each Receipt this Period
53.90

Memo Item

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

B. Bourgeois, Richard, D, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 Echo Hill Rd

City Wilbraham	State MA	Zip Code 01095-2663
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) Senior Vice President - Tax
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR790352260556

Amount of Each Receipt this Period
153.90

Memo Item

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

C. BUCKLEY, RICHARD, F, MR., Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 CEDAR RDG

City SOUTH HADLEY	State MA	Zip Code 01075-1795
----------------------	-------------	------------------------

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

Name of Employer (for Individual) BARINGS LLC	Occupation (for Individual) MANAGING DIRECTOR
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
349.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR790352360556

Amount of Each Receipt this Period
53.84

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	261.64
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. BRODERICK, ROBERT, J, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 62 ACADEMY DR

City LONGMEADOW	State MA	Zip Code 01106-2154
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BARINGS LLC	Occupation (for Individual) VICE PRESIDENT
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
349.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR790353160556

Amount of Each Receipt this Period
53.84

Memo Item

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

B. Labun, Robert, G, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 84 Wildflower Cir

City Westfield	State MA	Zip Code 01085-4590
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) Vice President, Investment Accounting
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR790354560556

Amount of Each Receipt this Period
76.92

Memo Item

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

C. Rosenthal, Bob, S, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12 Sherwood Ln

City Avon	State CT	Zip Code 06001-3215
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) VP & Assistant General Counsel
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
750.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR790355460556

Amount of Each Receipt this Period
115.40

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	246.16
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Crandall, Roger, W, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 165 Converse St Apt 13
 City Longmeadow State MA Zip Code 01106-1755
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Massachusetts Mutual Life Insurance Co Occupation (for Individual) Chairman President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018
Transaction ID : PR790355960556
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. MOORE, SUSAN, A, MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.06

Date of Receipt 06 / 30 / 2018
Transaction ID : PR790370160556
 Amount of Each Receipt this Period 269.24
 Memo Item
 P/R Deduction (\$134.62 Bi-Weekly)

C. Flanagan, Timothy, C., , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 608 BELLE MEADE CT
 City WAXHAW State NC Zip Code 28173-7159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) General Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1666.70

Date of Receipt 06 / 30 / 2018
Transaction ID : PR790380360556
 Amount of Each Receipt this Period 833.35
 Memo Item
 P/R Deduction (\$833.35 Monthly)

SUBTOTAL of Receipts This Page (optional).....	1487.19
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 79 OF 131
<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. WOOLRIDGE, VICTOR, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 146 LONGHILL ST

City SPRINGFIELD	State MA	Zip Code 01108-1438
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BARINGS LLC	Occupation (for Individual) VICE PRESIDENT
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
349.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2018

Transaction ID : PR790387660556

Amount of Each Receipt this Period
53.84

Memo Item

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

B. Dollarhide, Jeffrey, Carl, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) SELF	Occupation (for Individual) General Agent
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
714.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2018

Transaction ID : PR790394960556

Amount of Each Receipt this Period
714.30

Memo Item

P/R Deduction (\$714.30 Monthly)

C. KOWALSKI, Ken, Croydon, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3620 WILLOW LAWN DR

City LYNCHBURG	State VA	Zip Code 24503-3022
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2018

Transaction ID : PR790397460556

Amount of Each Receipt this Period
83.34

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	851.48
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: (check only one)	PAGE 80 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MARTIN, Brian, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12217 CLEGHORN RD
 City COCKEYSVILLE State MD Zip Code 21030-2218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt 06 / 30 / 2018
Transaction ID : PR790404160556
 Amount of Each Receipt this Period 83.34
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

B. Muirhead, Benjamin, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 600 POST OAK RD
 City GORDON State TX Zip Code 76453-3894
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR790420760556
 Amount of Each Receipt this Period 110.00
 Memo Item
 P/R Deduction (\$110.00 Monthly)

C. DEBACKER, Stephen, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2662 17TH AVE
 City PREEMPTION State IL Zip Code 61276
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR790425360556
 Amount of Each Receipt this Period 250.00
 Memo Item
 P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	443.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. SUNDET, Scott, M.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4739 161 CT
 City URBANDALE State IA Zip Code 50323-0013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR790425460556
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

B. BASEHORE, Corey, Lee, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1785 ELIZA WAY
 City MECHANICSBURG State PA Zip Code 17050-1684
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 685.36

Date of Receipt 06 / 30 / 2018
Transaction ID : PR790435060556
 Amount of Each Receipt this Period 302.44
 Memo Item
 P/R Deduction (\$151.22 Semi-Monthly)

C. LOGAN, Brian, Robert, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 323 SOUTHVIEW DR
 City MECHANICSBURG State PA Zip Code 17055-5258
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR790437060556
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	402.44
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. DAVIS, Jonathan, Scott, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 OVERLOOK RD
 City WESTPORT State CT Zip Code 06880-2327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt 06 / 30 / 2018
Transaction ID : PR790448760556
 Amount of Each Receipt this Period 83.34
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

B. GREENBERG, Stefan, Erich, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 BAILIWICK RD
 City GREENWICH State CT Zip Code 06831-3609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR790448860556
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

C. SEGALL, Robert, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 FAITH LN
 City ARDSLEY State NY Zip Code 10502-2510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt 06 / 30 / 2018
Transaction ID : PR790450360556
 Amount of Each Receipt this Period 83.34
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	216.68
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 83 OF 131
<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. GARBUT, Brett, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33 FARMINGTON LN
 City MELVILLE State NY Zip Code 11747-4016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR790451360556
 Amount of Each Receipt this Period 41.66
 Memo Item
 P/R Deduction (\$20.83 Semi-Monthly)

B. SEROTTE, Steven, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 910 VERNAL WAY
 City MILL VALLEY State CA Zip Code 94941-4422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt 06 / 30 / 2018
Transaction ID : PR790451660556
 Amount of Each Receipt this Period 83.34
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

C. SHAUGHNESSY, T J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 133 RIVERWALK WAY
 City MANCHESTER State NH Zip Code 03101-2642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 426.50

Date of Receipt 06 / 30 / 2018
Transaction ID : PR790463060556
 Amount of Each Receipt this Period 88.24
 Memo Item
 P/R Deduction (\$44.12 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	213.24
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. KAMMERAAD, Jeffrey, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 471 S 168TH AVE
 City HOLLAND State MI Zip Code 49424-2390
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.70

Date of Receipt 06 / 30 / 2018
Transaction ID : PR790466560556
 Amount of Each Receipt this Period 55.88
 Memo Item
 P/R Deduction (\$27.94 Semi-Monthly)

B. CORNETT, Robert, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 STEELMAN RD
 City PURVIS State MS Zip Code 39475-3325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.96

Date of Receipt 06 / 30 / 2018
Transaction ID : PR790467760556
 Amount of Each Receipt this Period 66.66
 Memo Item
 P/R Deduction (\$33.33 Semi-Monthly)

C. VESSELL, Jerry, Donald, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 911 CALLOWAY DR
 City BRENTWOOD State TN Zip Code 37027-6539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt 06 / 30 / 2018
Transaction ID : PR790470160556
 Amount of Each Receipt this Period 83.34
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 205.88
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Wolak, Walter, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 525 ANGELO DR
 City BETHLEHEM State PA Zip Code 18017-3735
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) General Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.05

Date of Receipt 06 / 30 / 2018
Transaction ID : PR790525760556
 Amount of Each Receipt this Period 208.35
 Memo Item
 P/R Deduction (\$208.35 Monthly)

B. BELVEDERE, Robert, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR790530260556
 Amount of Each Receipt this Period 375.00
 Memo Item
 P/R Deduction (\$375.00 Monthly)

C. JONES, Jason, Hughes, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8555 VALEMONT DR
 City ATLANTA State GA Zip Code 30350-2850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR790541560556
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	633.35
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: (check only one)	PAGE 86 OF 131
<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. O GRADY, Thomas, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11301 SILVERSTONE DR
 City MECHANICSVILLE State VA Zip Code 23116-5877
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR790544260556
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

B. DUDECK, THOMAS, G, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 749.97

Date of Receipt 06 / 30 / 2018
Transaction ID : PR790544560556
 Amount of Each Receipt this Period 115.38
 Memo Item
 P/R Deduction (\$57.69 Bi-Weekly)

C. Gray, Jonathan, R, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 152 Morningside Dr
 City Longmeadow State MA Zip Code 01106-2316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) AVP Business Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.25

Date of Receipt 06 / 30 / 2018
Transaction ID : PR790545460556
 Amount of Each Receipt this Period 38.50
 Memo Item
 P/R Deduction (\$19.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	203.88
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 87 OF 131
<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. DULCHINOS, DEAN, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) BARINGS LLC Occupation (for Individual) VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.50

Date of Receipt 06 / 30 / 2018
Transaction ID : PR790568560556
 Amount of Each Receipt this Period 77.00
 Memo Item
 P/R Deduction (\$38.50 Bi-Weekly)

B. KRAEZ, KATHLEEN, L, MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 349.96

Date of Receipt 06 / 30 / 2018
Transaction ID : PR790579460556
 Amount of Each Receipt this Period 53.84
 Memo Item
 P/R Deduction (\$26.92 Bi-Weekly)

C. TREVALLION, DOUGLAS, M, MR., II
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018
Transaction ID : PR790590360556
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	207.76
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 131
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. ROBERGE, ROGER, M, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 ROCKINGHAM CIR
 City EAST LONGMEADOW State MA Zip Code 01028-3197
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2018
Transaction ID : PR790594560556
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. SHETTLE, ROBERT, M, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2018
Transaction ID : PR790597160556
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

C. Lacey, James, O, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) Vice President - Public Relations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 349.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2018
Transaction ID : PR790616260556
 Amount of Each Receipt this Period 53.84
 Memo Item
 P/R Deduction (\$26.92 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. HARVEY, Greg, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR790632960556
 Amount of Each Receipt this Period 150.00
 Memo Item
 P/R Deduction (\$150.00 Monthly)

B. Fawthrop, Roland, P, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) Second VP & Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 349.96

Date of Receipt 06 / 30 / 2018
Transaction ID : PR790658260556
 Amount of Each Receipt this Period 53.84
 Memo Item
 P/R Deduction (\$26.92 Bi-Weekly)

C. Gish, Todd, M, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 57 Middle Rd
 City Ellington State CT Zip Code 06029-3615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) Vice President - GIC Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018
Transaction ID : PR790677160556
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	280.76
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 90 OF 131
<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. BYERS, John, N.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3680 JACOBS MILL RD
 City LONG LAKE State MN Zip Code 55356-9320
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR790684860556
 Amount of Each Receipt this Period 125.00
 Memo Item
 P/R Deduction (\$62.50 Semi-Monthly)

B. TETHER, Jason, M.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1029 E FAIRVIEW LN
 City ROCHESTER HILLS State MI Zip Code 48306-4123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.17

Date of Receipt 06 / 30 / 2018
Transaction ID : PR790687360556
 Amount of Each Receipt this Period 20.83
 Memo Item
 P/R Deduction (\$20.83 Semi-Monthly)

C. FEHRS, David, Scott,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 191 BUCKTHORN DR
 City BADEN State PA Zip Code 15005-2561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1250.04

Date of Receipt 06 / 30 / 2018
Transaction ID : PR790708660556
 Amount of Each Receipt this Period 208.34
 Memo Item
 P/R Deduction (\$104.17 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	354.17
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: (check only one)	PAGE 91 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. CARR, Allen, Wesley, , JR
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 427 RHODA DR

City LANCASTER	State PA	Zip Code 17601-3669
-------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) Insurance Agent
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR790708860556

Amount of Each Receipt this Period
50.00

Memo Item

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

B. WIGHT, Edward, Ira, , JR
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 804 KATESFORD RD

City COCKEYSVILLE	State MD	Zip Code 21030-2246
----------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) Insurance Agent
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR790710960556

Amount of Each Receipt this Period
83.34

Memo Item

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

C. WAHL, Michael, T., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) SELF	Occupation (for Individual) Insurance Agent
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
398.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR790723360556

Amount of Each Receipt this Period
52.95

Memo Item

P/R Deduction (\$43.65 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	186.29
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: (check only one)	PAGE 92 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. THOMALLA, Kenneth, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 122 FOREST EDGE DR
 City PALOS PARK State IL Zip Code 60464-1933
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.04

Date of Receipt 06 / 30 / 2018
Transaction ID : PR790731160556
 Amount of Each Receipt this Period 208.34
 Memo Item
 P/R Deduction (\$104.17 Semi-Monthly)

B. OWENS, Lilburn, Horace, , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 734 HIGHLAND CIR
 City TUPELO State MS Zip Code 38804-2006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR790766360556
 Amount of Each Receipt this Period 41.66
 Memo Item
 P/R Deduction (\$20.83 Semi-Monthly)

C. Morin, Vanessa, B, MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) AVP Field Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.01

Date of Receipt 06 / 30 / 2018
Transaction ID : PR790790360556
 Amount of Each Receipt this Period 61.54
 Memo Item
 P/R Deduction (\$30.77 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	311.54
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 93 OF 131
<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. Allen, David, S, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8 Winhall Ln

City Hartford	State CT	Zip Code 06105-1000
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) SVP - DGC Dispute Resolution & Legal
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2018

Transaction ID : PR790809760556

Amount of Each Receipt this Period
115.40

Memo Item

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

B. PICCONE, SCOTT, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 33 TROTWOOD DR

City WEST HARTFORD	State CT	Zip Code 06117-1644
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BARINGS LLC	Occupation (for Individual) MANAGING DIRECTOR
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2018

Transaction ID : PR790815860556

Amount of Each Receipt this Period
38.46

Memo Item

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

C. SCHROEDER, Mary Jane, Jane, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4740 ALTA CANYADA RD

City LA CANADA	State CA	Zip Code 91011-2027
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) Insurance Agent
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2018

Transaction ID : PR791115960556

Amount of Each Receipt this Period
50.00

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	203.86
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: (check only one)	PAGE 94 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. O'SHAUGHNESSY, JAMES, J, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) BARINGS LLC	Occupation (for Individual) MANAGING DIRECTOR
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR791165960556

Amount of Each Receipt this Period
38.46

Memo Item

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

B. VELTUS, Julie, A., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5735 RIDGECREST DR

City RACINE	State WI	Zip Code 53403-9758
----------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) Insurance Agent
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.29

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR791178760556

Amount of Each Receipt this Period
52.44

Memo Item

P/R Deduction (\$26.22 Semi-Monthly)

C. SHAUGHNESSY, Thomas, E., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4404 S ORANGE AVE # 74011

City BROKEN ARROW	State OK	Zip Code 74011-1191
----------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) Insurance Agent
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR791185160556

Amount of Each Receipt this Period
83.34

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	174.24
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Collins, Stephen, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 236 STANFORD DR
 City SAN ANTONIO State TX Zip Code 78212-2010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) General Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 833.30

Date of Receipt 06 / 30 / 2018
Transaction ID : PR791191560556
 Amount of Each Receipt this Period 416.60
 Memo Item
 P/R Deduction (\$416.60 Monthly)

B. Taylor, Douglas, W, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 68 Northfield Road
 City Longmeadow State MA Zip Code 01106-2144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Massachusetts Mutual Life Insurance Co Occupation (for Individual) Vice President & Appointed Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 349.96

Date of Receipt 06 / 30 / 2018
Transaction ID : PR791193760556
 Amount of Each Receipt this Period 53.84
 Memo Item
 P/R Deduction (\$26.92 Bi-Weekly)

C. Waterman, Robert, C, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) AVP Business Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.20

Date of Receipt 06 / 30 / 2018
Transaction ID : PR791195560556
 Amount of Each Receipt this Period 30.80
 Memo Item
 P/R Deduction (\$15.40 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 501.24
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 96 OF 131
<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. GOETZ, Adam, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 604 QUINCY LANE
 City WEXFORD State PA Zip Code 15090-6836
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 342.35

Date of Receipt 06 / 30 / 2018
Transaction ID : PR791213160556
 Amount of Each Receipt this Period 62.94
 Memo Item
 P/R Deduction (\$31.47 Semi-Monthly)

B. DEBOER, Bruce, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6839 RIDGEWOOD TRL
 City TOLEDO State OH Zip Code 43617-1181
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 376.48

Date of Receipt 06 / 30 / 2018
Transaction ID : PR791215860556
 Amount of Each Receipt this Period 70.60
 Memo Item
 P/R Deduction (\$35.30 Semi-Monthly)

C. WRIGHT, Darren, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6020 E CALLE DEL MEDIA
 City SCOTTSDALE State AZ Zip Code 85251-3018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt 06 / 30 / 2018
Transaction ID : PR791221260556
 Amount of Each Receipt this Period 83.34
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	216.88
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. BIRD, Julie, L.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2273 E CONTINENTAL #120
 City SOUTHLAKE State TX Zip Code 76092-9799
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR791255860556
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

B. DOWD, CHRISTOPHER, P, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2018
Transaction ID : PR791281160556
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

c. WOOD, Greg, Paul, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1249 E 26TH ST
 City TULSA State OK Zip Code 74114-2603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt 06 / 30 / 2018
Transaction ID : PR791295760556
 Amount of Each Receipt this Period 83.34
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	171.80
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 98 OF 131
<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. Lacombe, Kevin, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 39 Christian Hill Rd

City Higganum	State CT	Zip Code 06441-4031
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) VP, Tax Planning and Strategy
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.35

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2018

Transaction ID : PR79132660556

Amount of Each Receipt this Period
53.90

Memo Item

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

B. HASLAM III, John, H., , III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 125 GOETTE TRL

City SAVANNAH	State GA	Zip Code 31410-1056
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) Insurance Agent
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
229.17

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2018

Transaction ID : PR791343060556

Amount of Each Receipt this Period
20.83

Memo Item

P/R Deduction (\$20.83 Semi-Monthly)

C. Chicares, Elizabeth, , MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 186 Belle Woods Dr

City Glastonbury	State CT	Zip Code 06033-1667
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) EVP - CFO & Chief Actuary
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1250.08

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2018

Transaction ID : PR791351760556

Amount of Each Receipt this Period
192.32

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	267.05
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: (check only one)	PAGE 99 OF 131
<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. DEFRANCIS, CHRISTOPHER, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 41 MAYNARD RD

City NORTHAMPTON	State MA	Zip Code 01060-2809
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BARINGS LLC	Occupation (for Individual) MANAGING DIRECTOR
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR791365060556

Amount of Each Receipt this Period
115.40

Memo Item

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

B. BALINT, William, F., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21 ELMCREST DR

City CHICOPEE	State MA	Zip Code 01013-3300
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR791395260556

Amount of Each Receipt this Period
50.00

Memo Item

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

C. HILL, Ryan, M., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1426 AUTUMNMIST DR

City ALLEN	State TX	Zip Code 75002-4956
---------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) Insurance Agent
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
232.21

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR791411660556

Amount of Each Receipt this Period
44.70

Memo Item

P/R Deduction (\$22.35 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	210.10
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 131
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. CARROCCIO, Holly, Brown, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2101 MAPLE LEAF DR
 City PLANO State TX Zip Code 75075-3112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR791411760556
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

B. WEHR, James, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17485 FRANCIS FARM PL
 City HAMILTON State VA Zip Code 20158-3461
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR791423760556
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

C. MORRISON, RUSSELL, D, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) BARINGS LLC Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 349.96

Date of Receipt 06 / 30 / 2018
Transaction ID : PR791511160556
 Amount of Each Receipt this Period 53.84
 Memo Item
 P/R Deduction (\$26.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	153.84
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 101 OF 131
<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. FINKE, THOMAS, M, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) BARINGS LLC	Occupation (for Individual) MANAGING DIRECTOR
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2499.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR791511960556

Amount of Each Receipt this Period
384.60

Memo Item

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

B. Gallop, Mark, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 157 Fairway Xing

City Glastonbury	State CT	Zip Code 06033-1468
---------------------	-------------	------------------------

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

Name of Employer (for Individual) MASSMUTUAL INTERNATIONAL	Occupation (for Individual) Senior Managing Director - MMI
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR791513760556

Amount of Each Receipt this Period
77.00

Memo Item

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

C. THOMPSON, PAUL, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 189 MAYFAIR RD

City MOORESVILLE	State NC	Zip Code 28117-6022
---------------------	-------------	------------------------

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

Name of Employer (for Individual) BARINGS LLC	Occupation (for Individual) MANAGING DIRECTOR
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
702.03

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR791591460556

Amount of Each Receipt this Period
115.40

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 102 OF 131
<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. Goldstein, Rich, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 197 Lynnwood Dr

City Longmeadow	State MA	Zip Code 01106-2013
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) Vice President - HR Operations
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2018

Transaction ID : PR791591660556

Amount of Each Receipt this Period
76.92

Memo Item

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

B. Block, Mary, S, MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 67 Pershing Rd

City Windsor Locks	State CT	Zip Code 06096-2122
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) VP & Assistant General Counsel
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2018

Transaction ID : PR791784460556

Amount of Each Receipt this Period
76.92

Memo Item

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

C. ERWIN, ROBERT, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) BARINGS LLC	Occupation (for Individual) MANAGING DIRECTOR
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
349.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2018

Transaction ID : PR791800260556

Amount of Each Receipt this Period
53.84

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 103 OF 131
<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. Silvanic, Bill, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) SVP - Product & Marketing
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2018

Transaction ID : PR791800460556

Amount of Each Receipt this Period
76.92

Memo Item

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

B. ABOWD, Eric, Steven, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9900 WILBUR MAY PKWY APT 4504

City RENO	State NV	Zip Code 89521-3087
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) Insurance Agent
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2018

Transaction ID : PR791913760556

Amount of Each Receipt this Period
83.34

Memo Item

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

C. Dias, Amy, , MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 120 Cislak Dr

City Ludlow	State MA	Zip Code 01056-1546
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) Head of HR Consulting & Talent Dev
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
512.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2018

Transaction ID : PR791926960556

Amount of Each Receipt this Period
77.00

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....▶	237.26
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Monroe Jr, Bill, F, MR., Jr
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Massachusetts Mutual Life Insurance Co Occupation (for Individual) Vice President - MMLISI
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.11

Date of Receipt 06 / 30 / 2018
Transaction ID : PR791969160556
 Amount of Each Receipt this Period 76.94
 Memo Item
 P/R Deduction (\$38.47 Bi-Weekly)

B. HOUSTON, LINDA, C, MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 FOREST RD
 City WEST HARTFORD State CT Zip Code 06119-1625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARINGS LLC Occupation (for Individual) VICE PRESIDENT
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 350.35

Date of Receipt 06 / 30 / 2018
Transaction ID : PR792038760556
 Amount of Each Receipt this Period 53.90
 Memo Item
 P/R Deduction (\$26.95 Bi-Weekly)

C. KIMPEL, Colin, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6201 WALHONDING RD
 City BETHESDA State MD Zip Code 20816-2138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR792055860556
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	180.84
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 105 OF 131
<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. CHOWDHRY, Ashish, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 2ND ST APT 3306
 City JERSEY CITY State NJ Zip Code 07302-7025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.04

Date of Receipt 06 / 30 / 2018
Transaction ID : PR792081860556
 Amount of Each Receipt this Period 33.34
 Memo Item
 P/R Deduction (\$16.67 Semi-Monthly)

B. SNOOK, George, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR792083360556
 Amount of Each Receipt this Period 300.00
 Memo Item
 P/R Deduction (\$300.00 Monthly)

C. LAU, Jonathan, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 275 ASPEN RD
 City BIRMINGHAM State MI Zip Code 48009-3705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR792101360556
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	383.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. O'Connor, Michael, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17 Twin Hill Rd

City Hubbardston	State MA	Zip Code 01452-1216
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) General Counsel
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2499.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2018

Transaction ID : PR792107760556

Amount of Each Receipt this Period
384.60

Memo Item

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

B. Matthews, Stacy, S., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 PARK AVE APT 3F

City NEW YORK	State NY	Zip Code 10016-3846
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) Insurance Agent
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2018

Transaction ID : PR792127860556

Amount of Each Receipt this Period
120.00

Memo Item

P/R Deduction (\$120.00 Monthly)

C. Conlin, Ellen, S, MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) VP & Assistant General Counsel
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
349.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2018

Transaction ID : PR792129560556

Amount of Each Receipt this Period
53.84

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	558.44
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 107 OF 131
<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. MILLER, John, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13 WHIPPANY AVE
 City WARREN State NJ Zip Code 07059-5774
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt 06 / 30 / 2018
Transaction ID : PR792501460556
 Amount of Each Receipt this Period 83.34
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

B. FERRANTE, Paul, David, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 648 SHORE ACRES DR
 City MAMARONECK State NY Zip Code 10543-4011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR792549060556
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

C. KENNY, Brendan, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 HILLSIDE RD
 City SOUTHAMPTON State NY Zip Code 11968-3731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR792549760556
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	183.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 108 OF 131
<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. ROLNICK, Russell, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 TALL PINES CT
 City WEST NYACK State NY Zip Code 10994-1341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR792728160556
 Amount of Each Receipt this Period 41.66
 Memo Item
 P/R Deduction (\$20.83 Semi-Monthly)

B. LARGE, Brian, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 141 WOLFPIT AVE
 City NORWALK State CT Zip Code 06851-3429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR792732660556
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

C. Karlitz, Paul, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1908 VIA ESTUDILLO
 City PALOS VERDES ESTATES State CA Zip Code 90274-1910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR792971860556
 Amount of Each Receipt this Period 150.00
 Memo Item
 P/R Deduction (\$150.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	241.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. GOLISH, Glen, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22261 HOLLYHOCK TRL
 City BOCA RATON State FL Zip Code 33433-4865
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt **06 / 30 / 2018**
Transaction ID : PR793450560556
 Amount of Each Receipt this Period 83.34
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

B. Maletteri, Michael, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1273 WELLS ST
 City LAKE OSWEGO State OR Zip Code 97034-5047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) General Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt **06 / 30 / 2018**
Transaction ID : PR793567760556
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

C. GEORGE, Ian, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 600 CLEMSON DR
 City PITTSBURGH State PA Zip Code 15243-1736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt **06 / 30 / 2018**
Transaction ID : PR793621460556
 Amount of Each Receipt this Period 83.34
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	366.68
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 110 OF 131
<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. Kaltenbach, Gregory, Linn, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 RAND COURT
 City COTO DE CAZA State CA Zip Code 92679-5148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) General Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 773.89

Date of Receipt 06 / 30 / 2018
Transaction ID : PR793731560556
 Amount of Each Receipt this Period 119.06
 Memo Item
 P/R Deduction (\$59.53 Bi-Weekly)

B. COHN, Seth, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 247 UNDERWOOD DR
 City ATLANTA State GA Zip Code 30328-2942
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR794231460556
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

C. DORMAN, Mark, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3980 FAIRWAY DR
 City MEDINA State OH Zip Code 44256-7847
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR794449360556
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	219.06
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. PERME, Christopher, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11676 STATE ROUTE 88
 City GARRETTSVILLE State OH Zip Code 44231-9105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 476.72

Date of Receipt 06 / 30 / 2018
Transaction ID : PR794455160556
 Amount of Each Receipt this Period 83.34
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

B. OCWIEJA, John, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 N CANAL ST APT 3603
 City CHICAGO State IL Zip Code 60606-1311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt 06 / 30 / 2018
Transaction ID : PR794655560556
 Amount of Each Receipt this Period 83.34
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

C. Powers, Timothy, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1810 CHADSWORTH DR
 City SUN PRAIRIE State WI Zip Code 53590-3554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) General Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 833.30

Date of Receipt 06 / 30 / 2018
Transaction ID : PR794959160556
 Amount of Each Receipt this Period 416.60
 Memo Item
 P/R Deduction (\$416.60 Monthly)

SUBTOTAL of Receipts This Page (optional).....	583.28
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 112 OF 131
<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. STEPHENS, David, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 209 79TH ST UNIT B
 City VIRGINIA BCH State VA Zip Code 23451-1973
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR795338760556
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

B. KATZ, Walter, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1401 RICHMOND AVE STE 200
 City HOUSTON State TX Zip Code 77006-5480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt 06 / 30 / 2018
Transaction ID : PR795359660556
 Amount of Each Receipt this Period 83.34
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

C. HERNANDEZ, CARLOS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) SELF Occupation (for Individual) INSURANCE BROKER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 333.40

Date of Receipt 06 / 30 / 2018
Transaction ID : PR795364060556
 Amount of Each Receipt this Period 166.70
 Memo Item
 P/R Deduction (\$166.70 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. ROBERTSON, Michael, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 569 SHANES LN
 City WEATHERFORD State TX Zip Code 76087-7133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2018
Transaction ID : PR795374460556
 Amount of Each Receipt this Period 83.34
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

B. THOMAS, Gregory, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6223 N PONDEROSA WAY
 City PARKER State CO Zip Code 80134-5623
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2018
Transaction ID : PR795765560556
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

C. FURSTNER, Eric, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 CASOLYN RANCH CT
 City DANVILLE State CA Zip Code 94506-4756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2018
Transaction ID : PR795969860556
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	183.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 114 OF 131
<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. WIRTZ, Edward, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 BRANDING IRON LN
 City ROLLING HILLS ESTATES State CA Zip Code 90274-2501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt 06 / 30 / 2018
Transaction ID : PR796003960556
 Amount of Each Receipt this Period 83.34
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

B. WHITMORE, Edgar, F., , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25471 PRADO DE ORO
 City CALABASAS State CA Zip Code 91302-3664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt 06 / 30 / 2018
Transaction ID : PR796010160556
 Amount of Each Receipt this Period 83.34
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

C. STEARNS, Craig, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 136 HENRY ST
 City FAIRFIELD State CT Zip Code 06824-2820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 282.35

Date of Receipt 06 / 30 / 2018
Transaction ID : PR796044660556
 Amount of Each Receipt this Period 52.94
 Memo Item
 P/R Deduction (\$26.47 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	219.62
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. ADAMS, Max, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 600 NE 27TH ST APT 1603
 City MIAMI State FL Zip Code 33137-5093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2018
Transaction ID : PR796324660556
 Amount of Each Receipt this Period 83.34
 Memo Item
 P/R Deduction (\$41.67 Semi-Monthly)

B. MILGRAM, Arkady, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1391 OAK TRAIL ST
 City NEWBURY PARK State CA Zip Code 91320-5918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2018
Transaction ID : PR796666660556
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

C. NELSON, David, R., , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4794 BORDAGES RD
 City BEAUMONT State TX Zip Code 77705-7675
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 217.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2018
Transaction ID : PR796717260556
 Amount of Each Receipt this Period 58.82
 Memo Item
 P/R Deduction (\$29.41 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	167.16
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 116 OF 131
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

A. Hirschberg, Mike, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 122 Pasadena Pl

City Hawthorne	State NJ	Zip Code 07506-2806
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Massachusetts Mutual Life Insurance Co	Occupation (for Individual) External Wholesaler
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR811444960556

Amount of Each Receipt this Period
38.50

Memo Item

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

B. Janco, Paul, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 335 Cedar Ln

City New Hartford	State CT	Zip Code 06057-2911
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) Sales Manager
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
261.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR811451360556

Amount of Each Receipt this Period
38.50

Memo Item

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

C. PLANK, Joshua, Ryan, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9330 TIMBERWOLF LN

City ZIONSVILLE	State IN	Zip Code 46077-8322
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) Insurance Agent
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR811793660556

Amount of Each Receipt this Period
83.34

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	160.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. ECKART, Scott, Wendell, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4559 SUNFLOWER CT
 City ZIONSVILLE State IN Zip Code 46077-8118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR811820960556
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

B. Young, Jeanne, G, MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) Vice President - Corp Business Resou
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.50

Date of Receipt 06 / 30 / 2018
Transaction ID : PR904834660556
 Amount of Each Receipt this Period 77.00
 Memo Item
 P/R Deduction (\$38.50 Bi-Weekly)

C. Zuber, Lee, M, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 Andrew Cir
 City Hampden State MA Zip Code 01036-9538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS. Occupation (for Individual) AVP Agency Focus Team
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 205.12

Date of Receipt 06 / 30 / 2018
Transaction ID : PR904835460556
 Amount of Each Receipt this Period 30.80
 Memo Item
 P/R Deduction (\$15.40 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	157.80
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 118 OF 131
(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Belmore, Cindy, , MS.,

Mailing Address **7 Crystal Dr**

City Southwick	State MA	Zip Code 01077-9613
--------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) MASSACHUSETTS MUTUAL LIFE INS.	Occupation (for Individual) Vice President - Compliance
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.09

Date of Receipt
06 / 30 / 2018

Transaction ID : PR932682160556

Amount of Each Receipt this Period
53.86

Memo Item

P/R Deduction (\$26.93 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	53.86
TOTAL This Period (last page this line number only).....▶	39381.22

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 119 OF 131
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. MassMutual Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1295 State Street

City Springfield	State MA	Zip Code 01111
---------------------	-------------	-------------------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3676.08

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		29		2018

Transaction ID : 78248724

Amount of Each Receipt this Period
125.02

Memo Item

Jun-18 Refund - Fed Operating Expenditures

B.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

C.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	125.02
TOTAL This Period (last page this line number only).....▶	125.02

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 120 OF 131
<input 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 checked="" type="checkbox"/> 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
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 (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
232.56

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2018

Transaction ID : 78248351

Amount of Each Receipt this Period
38.88

Memo Item

Jun-18 Bank Interest - Money Market Account

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	38.88
TOTAL This Period (last page this line number only).....	38.88

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express Merchant Services

Mailing Address P.O. Box 53852

City
Phoenix

State
AZ

Zip Code
85072

Purpose of Disbursement
Jun-18 AMEX Processing fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	8

FEC Identification Number

C []

Transaction ID : 78248369

Amount of Each Disbursement this Period

[] 33.52

Jun-18 AMEX Processing fees

Memo Item

Full Name (Last, First, Middle Initial)

B. Chase PaymenTech

Mailing Address P.O. Box 29534

City
Phoenix

State
AZ

Zip Code
85038

Purpose of Disbursement
Jun-18 Chase PaymenTech Fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	8

FEC Identification Number

C []

Transaction ID : 78248372

Amount of Each Disbursement this Period

[] 91.50

Jun-18 Chase PaymenTech Fees

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

[]

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[] 125.02

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

[] 125.02

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mike Thompson For Congress

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement

011

Category/
Type

Candidate Name

Thompson, Mike, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: CA District: 05

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2018

FEC Identification Number

C C00326363

Transaction ID : 77884086

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Build America PAC

Mailing Address 153-01 Jamaica Ave., Suite 535

City Jamaica State NY Zip Code 11432

Purpose of Disbursement
In-District Event: June 9, 2018

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 05 / 2018

FEC Identification Number

C C00377143

Transaction ID : 77969360

Amount of Each Disbursement this Period

1000.00

In-District Event: June 9, 2018

Memo Item

Full Name (Last, First, Middle Initial)

C. Faso For Congress

Mailing Address PO Box 448

City Kinderhook State NY Zip Code 12106

Purpose of Disbursement
Event: June 11, 2018

011

Category/
Type

Candidate Name

Faso, John, J., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NY District: 19

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2018

FEC Identification Number

C C00580415

Transaction ID : 77969361

Amount of Each Disbursement this Period

2500.00

Event: June 11, 2018

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

6000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Manchin For West Virginia

Mailing Address PO Box 5202

City
Charleston

State
WV

Zip Code
25361

Purpose of Disbursement
MM-NYL Event: June 14, 2018

011

Category/
Type

Candidate Name

Manchin, Joe, , Sen., III

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: WV District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	8

FEC Identification Number

C C00486563

Transaction ID : 77969364

Amount of Each Disbursement this Period

2500.00

MM-NYL Event: June 14, 2018

Memo Item

Full Name (Last, First, Middle Initial)

B. French Hill For Arkansas

Mailing Address PO Box 7841

City
Little Rock

State
AR

Zip Code
72217

Purpose of Disbursement
PFS Event: June 14, 2018

011

Category/
Type

Candidate Name

Hill, French, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify)

State: AR District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	8

FEC Identification Number

C C00551275

Transaction ID : 77969366

Amount of Each Disbursement this Period

2500.00

PFS Event: June 14, 2018

Memo Item

Full Name (Last, First, Middle Initial)

C. Country Roads PAC

Mailing Address P.O. Box 1387

City
Charleston

State
WV

Zip Code
25325

Purpose of Disbursement
MM/NYL Event: June 14, 2018

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	8

FEC Identification Number

C

Transaction ID : 77971194

Amount of Each Disbursement this Period

2500.00

MM/NYL Event: June 14, 2018

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

7500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kevin McCarthy For Congress

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement
BGR/MM Event: June 21, 2018

011

Category/
Type

Candidate Name
McCarthy, Kevin, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: CA District: 23

Date of Disbursement

MM / DD / YYYY
06 / 11 / 2018

FEC Identification Number

C C00420935

Transaction ID : 77978054

Amount of Each Disbursement this Period

2500.00

BGR/MM Event: June 21, 2018

Memo Item

Full Name (Last, First, Middle Initial)

B. Majority Committee

Mailing Address PO Box 10134

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement
BGR/MM Event: June 21, 2018

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 11 / 2018

FEC Identification Number

C C00428052

Transaction ID : 77978055

Amount of Each Disbursement this Period

5000.00

BGR/MM Event: June 21, 2018

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Mia Love

Mailing Address PO Box 255

City Riverton State UT Zip Code 84065

Purpose of Disbursement
Event: June 13, 2018

011

Category/
Type

Candidate Name

Love, Mia, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: UT District: 04

Date of Disbursement

MM / DD / YYYY
06 / 18 / 2018

FEC Identification Number

C C00505776

Transaction ID : 78056152

Amount of Each Disbursement this Period

5000.00

Event: June 13, 2018

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

12500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Vern Buchanan For Congress

Mailing Address P. O. Box 48928

City
Sarasota

State
FL

Zip Code
34230

Purpose of Disbursement
Event: April 27, 2018

011
Category/
Type

Candidate Name

Buchanan, Vern, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: FL District: 16

Date of Disbursement

/ /

FEC Identification Number

C C00412759

Transaction ID : 78056940

Amount of Each Disbursement this Period

Event: April 27, 2018

Memo Item

Full Name (Last, First, Middle Initial)

B. Vern Buchanan For Congress

Mailing Address P. O. Box 48928

City
Sarasota

State
FL

Zip Code
34230

Purpose of Disbursement
2018 Ways & Means Event Series

011
Category/
Type

Candidate Name

Buchanan, Vern, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify)

State: FL District: 16

Date of Disbursement

/ /

FEC Identification Number

C C00412759

Transaction ID : 78056941

Amount of Each Disbursement this Period

2018 Ways & Means Event Series

Memo Item

Full Name (Last, First, Middle Initial)

C. VERN PAC

Mailing Address 22780 Indian Creek Drive, Suite 10

City
Dulles

State
VA

Zip Code
20166

Purpose of Disbursement
BGR Event: June 27, 20189

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

C

Transaction ID : 78056944

Amount of Each Disbursement this Period

BGR Event: June 27, 20189

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Hoosiers First PAC

Mailing Address 1433 R Street, NW #2

City
Washington

State
DC

Zip Code
20009

Purpose of Disbursement
Event: June 19, 2018

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : 78056966
Amount of Each Disbursement this Period

Event: June 19, 2018
 Memo Item

Full Name (Last, First, Middle Initial)

B. LOV PAC

Mailing Address 3410 Alabama Avenue

City
Alexandria

State
VA

Zip Code
22305

Purpose of Disbursement
Event: June 19, 2018

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : 78056967
Amount of Each Disbursement this Period

Event: June 19, 2018
 Memo Item

Full Name (Last, First, Middle Initial)

C. Tom Reed For Congress

Mailing Address PO Box 10847

City
Rochester

State
NY

Zip Code
14610

Purpose of Disbursement
Events: May 1st & June 12th

011
Category/
Type

Candidate Name
Reed, Tom, , Rep.,

Office Sought: House
 Senate
 President
State: NY District: 23

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : 78056968
Amount of Each Disbursement this Period

Events: May 1st & June 12th
 Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. HECK PAC

Mailing Address 119 First Ave., South - Ste. 320

City Seattle State WA Zip Code 98104

Purpose of Disbursement
2018 PAC Support

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 78056969

Amount of Each Disbursement this Period

2018 PAC Support

Memo Item

Full Name (Last, First, Middle Initial)

B. Terri Sewell For Congress

Mailing Address P.O. Box 1964

City Birmingham State AL Zip Code 35201

Purpose of Disbursement
Event: June 5, 2018

Category/
Type

Candidate Name

Sewell, Terri, , ,

Office Sought: House Senate President
State: AL District: 07

Disbursement For: 2013 Primary General Other (specify)

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 78056970

Amount of Each Disbursement this Period

Event: June 5, 2018

Memo Item

Full Name (Last, First, Middle Initial)

C. Tomorrow is Meaningful (TIM PAC)

Mailing Address 499 S. Capitol Street, SW
Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement
Event: June 6, 2018

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 78056972

Amount of Each Disbursement this Period

Event: June 6, 2018

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ann Wagner For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2018

Mailing Address PO Box 50

FEC Identification Number

C	C00495846
---	-----------

City Ballwin State MO Zip Code 63022

Transaction ID : 78056973

Purpose of Disbursement
Industry Event: June 7, 2018

Amount of Each Disbursement this Period

2500.00

Candidate Name

Wagner, Ann, , Rep.,

011
Category/ Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: MO District: 02

Industry Event: June 7, 2018

Memo Item

Full Name (Last, First, Middle Initial)

B. Andy Barr For Congress, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2018

Mailing Address PO Box 2059

FEC Identification Number

C	C00467571
---	-----------

City Lexington State KY Zip Code 40588

Transaction ID : 78072159

Purpose of Disbursement
MM-NYL Event: June 26, 2018

Amount of Each Disbursement this Period

2500.00

Candidate Name

Barr, Andy, , ,

011
Category/ Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: KY District: 06

MM-NYL Event: June 26, 2018

Memo Item

Full Name (Last, First, Middle Initial)

C. Building America's Republican Representation PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2018

Mailing Address 332 W. Lee Highway
#303

FEC Identification Number

C	C00572271
---	-----------

City Warrenton State VA Zip Code 20186

Transaction ID : 78072160

Purpose of Disbursement
MM-NYL Event: June 26, 2018

Amount of Each Disbursement this Period

2500.00

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

MM-NYL Event: June 26, 2018

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

7500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of Dan Kildee

Mailing Address P.O. Box 248

City
Flint

State
MI

Zip Code
48501

Purpose of Disbursement
Event: June 20, 2018

011

Candidate Name

Kildee, Dan, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MI District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	5		2	0	1	8		

FEC Identification Number

C C00499947

Transaction ID : 78082476

Amount of Each Disbursement this Period

5000.00

Event: June 20, 2018

Memo Item

Full Name (Last, First, Middle Initial)

B. Synergy PAC

Mailing Address 6849 Old Dominion Drive, Suite 222

City
McLean

State
VA

Zip Code
22101

Purpose of Disbursement
Event: July 2, 2018

011

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	1		2	0	1	8		

FEC Identification Number

C C00409623

Transaction ID : 78094913

Amount of Each Disbursement this Period

2500.00

Event: July 2, 2018

Memo Item

Full Name (Last, First, Middle Initial)

C. Stephanie Murphy For Congress

Mailing Address PO Box 205

City
Winter Park

State
FL

Zip Code
32790

Purpose of Disbursement
Industry Event: June 21, 2018

011

Candidate Name

Murphy, Stephanie, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: FL District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	7		2	0	1	8		

FEC Identification Number

C C00620443

Transaction ID : 78124278

Amount of Each Disbursement this Period

3000.00

Industry Event: June 21, 2018

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1	0	5	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stephanie Murphy For Congress

Mailing Address PO Box 205

City Winter Park State FL Zip Code 32790

Purpose of Disbursement
Industry Event: June 21, 2018

011

Category/
Type

Candidate Name

Murphy, Stephanie, , Rep.,

Office Sought: House Senate President
Disbursement For: 2013 Primary General Other (specify) ▼

State: FL District: 07

Date of Disbursement

MM / DD / YYYY
06 / 25 / 2018

FEC Identification Number

C00620443

Transaction ID : 78125189

Amount of Each Disbursement this Period

2000.00

Industry Event: June 21, 2018

Memo Item

Full Name (Last, First, Middle Initial)

B. Lisa Blunt Rochester For Congress

Mailing Address PO Box 9767

City Wilmington State DE Zip Code 19809

Purpose of Disbursement
Industry Event: Jun 28, 2018

011

Category/
Type

Candidate Name

Blunt Rochester, Lisa, , Rep.,

Office Sought: House Senate President
Disbursement For: 2013 Primary General Other (specify) ▼

State: DE District: 00

Date of Disbursement

MM / DD / YYYY
06 / 28 / 2018

FEC Identification Number

C00590778

Transaction ID : 78125190

Amount of Each Disbursement this Period

5000.00

Industry Event: Jun 28, 2018

Memo Item

Full Name (Last, First, Middle Initial)

C. Randy Hultgren For Congress

Mailing Address PO Box 717

City St Charles State IL Zip Code 60174

Purpose of Disbursement
ACLI Event: June 28, 2018

011

Category/
Type

Candidate Name

Hultgren, Randy, , Rep.,

Office Sought: House Senate President
Disbursement For: 2013 Primary General Other (specify) ▼

State: IL District: 14

Date of Disbursement

MM / DD / YYYY
06 / 28 / 2018

FEC Identification Number

C00467522

Transaction ID : 78125191

Amount of Each Disbursement this Period

2500.00

ACLI Event: June 28, 2018

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

9500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Rothfus For Congress

Mailing Address PO Box 435

City
Sewickley

State
PA

Zip Code
15143

Purpose of Disbursement
Event: June 27, 2018

011

Category/
Type

Candidate Name

Rothfus, Keith, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: PA District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	7		2	0	1	8		

FEC Identification Number

C C00497115

Transaction ID : 78125195

Amount of Each Disbursement this Period

2500.00

Event: June 27, 2018

Memo Item

Full Name (Last, First, Middle Initial)

B. Ted Budd For Congress

Mailing Address PO Box 97127

City
Raleigh

State
NC

Zip Code
27624

Purpose of Disbursement
In-District Event: June 28, 2018

011

Category/
Type

Candidate Name

Budd, Theodore, P., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify)

State: NC District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	8		2	0	1	8		

FEC Identification Number

C C00614776

Transaction ID : 78125362

Amount of Each Disbursement this Period

2500.00

In-District Event: June 28, 2018

Memo Item

Full Name (Last, First, Middle Initial)

C. Pascrell For Congress

Mailing Address Pob 100

City
Teaneck

State
NJ

Zip Code
07666

Purpose of Disbursement
Event: May 8, 2018

011

Category/
Type

Candidate Name

Pascrell, William, J., Rep., Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: NJ District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	1		2	0	1	8		

FEC Identification Number

C C00313510

Transaction ID : 78248366

Amount of Each Disbursement this Period

2500.00

Event: May 8, 2018

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

7500.00

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

96000.00