

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) 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 address is changed)

Springfield

CITY ▲

MA

STATE ▲

01111-0001

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

vcummings@massmutual.com

Optional Second E-Mail Address

mmorris@massmutual.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

06 / 03 / 2019

3. FEC IDENTIFICATION NUMBER ►

C C00118943

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

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

Type or Print Name of Treasurer Morris, Maureen H., , Ms.,

Signature of Treasurer Morris, Maureen H., , Ms.,

[Electronically Filed]

Date

06 / 03 / 2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State
 District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number
2. _____ FEC ID number
3. _____ FEC ID number
4. _____ FEC ID number

Write or Type Committee Name

Massachusetts Mutual Life Insurance Company Political Action Committee

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Massachusetts Mutual Life Insurance Company

Mailing Address

1295 State Street

Springfield

MA

01111-0001

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name C., Virginia, , Ms., Cummings

Mailing Address

1295 State Street

Springfield

MA

01111-0001

Title or Position

CITY

STATE

ZIP CODE

PAC Manager/Administ

Telephone number 413 - 744 - 5777

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Morris, Maureen H., , Ms.,

Mailing Address

1295 State Street

Springfield

MA

01111-0001

CITY

STATE

ZIP CODE

Title or Position AVP & Associate Trea

Telephone number 413 - 744 - 1465

Full Name of Designated Agent

Darley, Derek D., , ,

Mailing Address

1295 State Street

Springfield

MA

01111-0001

CITY

STATE

ZIP CODE

Title or Position

AVP & Assistant Trea

Telephone number

413

744

4170

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

MassMutual Federal Credit Union

Mailing Address

1295 State Street

Springfield

MA

01111-0001

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F1A

Transaction ID :

Amended Statement of Organization to remove affiliation with the OppenheimerFunds, Inc. Political Action Committee

Form/Schedule:

Transaction ID: