

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

2. **FEC IDENTIFICATION NUMBER** C00118943  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

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

5. Covering Period 02 01 2011 through 02 28 2011

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

Type or Print Name of Treasurer Mr. Bruce C., Frisbie

Signature of Treasurer Electronically Filed by Mr. Bruce C., Frisbie Date 03 19 2011

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

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

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Massachusetts Mutual Life Insurance Company Political Action Committee

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	Y	Y	Y	Y	2	0	1	1		94751.69
Y	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	115687.74									
(c) Total Receipts (from Line 19) .....	99037.31	129054.52								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	214725.05	223806.21								
7. Total Disbursements (from Line 31) .....	91254.99	100336.15								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	123470.06	123470.06								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Massachusetts Mutual Life Insurance Company Political Action Committee

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	1	1

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) .....	82008.11	88094.64
(ii) Unitemized .....	16982.02	40891.94
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	98990.13	128986.58
(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) .....	98990.13	128986.58
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	47.18	67.94
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	99037.31	129054.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	99037.31	129054.52

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	609.54	690.70
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	609.54	690.70
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	90000.00	99000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	645.45	645.45
(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)) .....	645.45	645.45
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	91254.99	100336.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	91254.99	100336.15

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	98990.13	128986.58
34. Total Contribution Refunds (from Line 28(d)) .....	645.45	645.45
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	98344.68	128341.13
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	609.54	690.70
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	609.54	690.70

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

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

FOR LINE NUMBER: PAGE 6 / 49  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
PATRICK MURPHY

Mailing Address 32 W 651 HONEY HILL

City State Zip Code  
WAYNE IL 60184

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 07 / 2011

Transaction ID: 38620892

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
GREGORY K. LARGE

Mailing Address 11 BLANCHARD RD

City State Zip Code  
GREENWICH CT 06831-3676

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
02 / 07 / 2011

Transaction ID: 38620893

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
DAVID S. KATES

Mailing Address 17 WILLOW GATE

City State Zip Code  
ROSLYN HEIGHTS NY 11577-1425

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 08 / 2011

Transaction ID: 38626406

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4000.00

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

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

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

FOR LINE NUMBER: PAGE 7 / 49  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
STEPHEN M. SELIGMAN

Mailing Address 120 E 34TH ST APT 14

City State Zip Code  
NEW YORK NY 10016-4609

FEC ID number of contributing federal political committee. C

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y  
02 / 08 / 2011

**Transaction ID:** 38626408

Amount of Each Receipt this Period 250.00

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

Mailing Address 317 PRESIDENT ST

City State Zip Code  
BROOKLYN NY 11231-4900

FEC ID number of contributing federal political committee. C

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y  
02 / 08 / 2011

**Transaction ID:** 38626409

Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
JOHN J. MILLER

Mailing Address 13 WHIPPANY AVE

City State Zip Code  
WARREN NJ 07059-5774

FEC ID number of contributing federal political committee. C

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt M M / D D / Y Y Y Y  
02 / 08 / 2011

**Transaction ID:** 38626410

Amount of Each Receipt this Period 600.00

**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 8 / 49
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) ROBERT B. FAKHIMI	Date of Receipt MM / DD / YYYY 02 / 10 / 2011
	Mailing Address 4140 ARBOLADO DR	<b>Transaction ID:</b> 38752233
	City State Zip Code WALNUT CREEK CA 94598-4674	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer SELF Occupation GENERAL INSURANCE AGENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) RUSSELL ROLNICK	Date of Receipt MM / DD / YYYY 02 / 11 / 2011
	Mailing Address 8 TALL PINES CT	<b>Transaction ID:</b> 38759444
	City State Zip Code WEST NYACK NY 10994-1341	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer SELF Occupation INSURANCE AGENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) ANDREW L. MOORE	Date of Receipt MM / DD / YYYY 02 / 15 / 2011
	Mailing Address 1446 W WESLEY RD NW	<b>Transaction ID:</b> 38782206
	City State Zip Code ATLANTA GA 30327-1814	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer SELF Occupation GENERAL INSURANCE AGENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	7300.00
<b>TOTAL</b> This Period (last page this line 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 9 / 49  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
SHELLEY M. FIORE

Mailing Address 4760 SURFWOOD DR

City State Zip Code  
COMMERCE TWP MI 48382-1341

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

Name of Employer SELF Occupation GENERAL INSURANCE AGENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2011

Transaction ID: 38782207

Amount of Each Receipt this Period  
2000.00

**B.**

Full Name (Last, First, Middle Initial)  
DENNIS R. FIORE

Mailing Address 4760 SURFWOOD DR

City State Zip Code  
COMMERCE TWP MI 48382-1341

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

Name of Employer SELF Occupation GENERAL INSURANCE AGENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2011

Transaction ID: 38782208

Amount of Each Receipt this Period  
2000.00

**C.**

Full Name (Last, First, Middle Initial)  
JON A. HENDERSON

Mailing Address 205 EDELWEISS DR

City State Zip Code  
WEXFORD PA 15090-9468

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

Name of Employer SELF Occupation GENERAL INSURANCE AGENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2011

Transaction ID: 38782210

Amount of Each Receipt this Period  
2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6000.00**

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

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

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

FOR LINE NUMBER: PAGE 10 / 49  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
GARY E. LEWIS

Mailing Address 5719 WORTHAM LN

City State Zip Code  
DALLAS TX 75252-4982

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

Name of Employer SELF Occupation GENERAL INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 1 5 / 2 0 1 1

**Transaction ID: 38783860**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
MATTHEW J. DOBBIE

Mailing Address 3 WOODSTOCK CT

City State Zip Code  
MECHANICSBURG PA 17050-8230

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

Name of Employer SELF Occupation GENERAL INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 1 5 / 2 0 1 1

**Transaction ID: 38783862**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
DAVID J. MEANS

Mailing Address 2940 FOX ST

City State Zip Code  
ORONO MN 55356-9384

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

Name of Employer SELF Occupation GENERAL INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 1 5 / 2 0 1 1

**Transaction ID: 38783898**

Amount of Each Receipt this Period  
2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6000.00**

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

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

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

FOR LINE NUMBER: PAGE 11 / 49  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
GREGORY A. MCROBERTS

Mailing Address 9400 TIMBERWOLF LN

City State Zip Code  
ZIONSVILLE IN 46077-8323

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

Name of Employer SELF Occupation GENERAL INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 02 / 15 / 2011  
Transaction ID: 38783899  
Amount of Each Receipt this Period: 2000.00

**B.** Full Name (Last, First, Middle Initial)  
LUIS A. HERNANDEZ

Mailing Address 3615 HARLANO ST

City State Zip Code  
CORAL GABLES FL 33134-7119

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

Name of Employer SELF Occupation GENERAL INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 02 / 15 / 2011  
Transaction ID: 38783900  
Amount of Each Receipt this Period: 2000.00

**C.** Full Name (Last, First, Middle Initial)  
FRANK E. WOODRUFF

Mailing Address 10101 REUNION PL

City State Zip Code  
SAN ANTONIO TX 78216-4160

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

Name of Employer SELF Occupation GENERAL INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 02 / 15 / 2011  
Transaction ID: 38783901  
Amount of Each Receipt this Period: 2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 6000.00

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

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

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

FOR LINE NUMBER: PAGE 12 / 49  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
TIMOTHY M. LUDWIG

Mailing Address 120 PARTRIDGE RUN

City EAST GREENWICH State RI Zip Code 02818-1141

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

Name of Employer SELF Occupation GENERAL INSURANCE AGENT

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 02 / 15 / 2011  
**Transaction ID: 38783902**  
 Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
MICHAEL J. EMERY, CLU

Mailing Address 6155 RYAN VALLEY DR

City BELMONT State MI Zip Code 49306-8002

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

Name of Employer SELF Occupation GENERAL INSURANCE AGENT

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 02 / 15 / 2011  
**Transaction ID: 38783903**  
 Amount of Each Receipt this Period: 2000.00

**C.** Full Name (Last, First, Middle Initial)  
JON A. LAW

Mailing Address 5 MANN DR

City LIVERPOOL State NY Zip Code 13088-5477

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

Name of Employer SELF Occupation GENERAL INSURANCE AGENT

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 02 / 15 / 2011  
**Transaction ID: 38783904**  
 Amount of Each Receipt this Period: 2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5000.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 49  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
ROBERT F. HARTNETT

Mailing Address 65 COURTER AVE

City State Zip Code  
MAPLEWOOD NJ 07040-2819

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
02 / 18 / 2011

**Transaction ID:** 38798417

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
JEFFREY C. GRAVES

Mailing Address 5909 DALECROSS CT

City State Zip Code  
GLEN ALLEN VA 23059-6963

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

Name of Employer SELF Occupation GENERAL INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
02 / 18 / 2011

**Transaction ID:** 38800355

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
JOSEPH F. SPARACIO

Mailing Address 9 MONTAUK AVENUE EXT

City State Zip Code  
SAG HARBOR NY 11963-3509

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

Name of Employer SELF Occupation GENERAL INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
02 / 18 / 2011

**Transaction ID:** 38800356

Amount of Each Receipt this Period  
2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **4300.00**

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

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

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

FOR LINE NUMBER: PAGE 14 / 49  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
DAVID A. PEARRE, II

Mailing Address 1140 OAK GROVE LN

City State Zip Code  
LAKE FOREST IL 60045-1631

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

Name of Employer SELF Occupation GENERAL INSURANCE AGENT

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 1 8 / 2 0 1 1

**Transaction ID:** 38800357

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
PAUL E. KARLITZ

Mailing Address 18 BRIARCLIFF RD

City State Zip Code  
TENAFLY NJ 07670-2902

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 1 8 / 2 0 1 1

**Transaction ID:** 38800710

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
GREGORY A. BLUM

Mailing Address 13 FOX MEADOW CT

City State Zip Code  
WOODBURY NY 11797-1505

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

Name of Employer SELF Occupation GENERAL INSURANCE AGENT

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 1 8 / 2 0 1 1

**Transaction ID:** 38800712

Amount of Each Receipt this Period  
2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3300.00**

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

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

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

FOR LINE NUMBER: PAGE 15 / 49  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
GARY P. RANFTLE  
 Mailing Address 3 N EQUESTRIAN CT  
 City State Zip Code  
 HAUPPAUGE NY 11788-3334  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 2 / 1 8 / 2 0 1 1  
**Transaction ID:** 38800714  
 Amount of Each Receipt this Period  
 2000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation GENERAL INSURANCE AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

**B.** Full Name (Last, First, Middle Initial)  
STEVEN WEINMAN  
 Mailing Address 21 PUDDINGSTONE RD  
 City State Zip Code  
 MORRIS PLAINS NJ 07950-1114  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 2 / 1 8 / 2 0 1 1  
**Transaction ID:** 38802794  
 Amount of Each Receipt this Period  
 1000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation GENERAL INSURANCE AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

**C.** Full Name (Last, First, Middle Initial)  
JAMES K. MCANDREWS  
 Mailing Address 13310 INDIAN CREEK RD  
 City State Zip Code  
 HOUSTON TX 77079-7139  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 2 / 1 8 / 2 0 1 1  
**Transaction ID:** 38802829  
 Amount of Each Receipt this Period  
 5000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation GENERAL INSURANCE AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 8000.00  
**TOTAL** This Period (last page this line number only) ..... ►





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

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

FOR LINE NUMBER: PAGE 17 / 49  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
CARL L. KICKHAM

Mailing Address 12715 CLAYTON RD

City State Zip Code  
SAINT LOUIS MO 63131-1105

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

Name of Employer SELF Occupation GENERAL INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2011

**Transaction ID: 38811447**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
FERNANDO F. LOPEZ

Mailing Address 1483 AVE ASHFORD # 40

City State Zip Code  
SAN JUAN PR 00907-1515

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

Name of Employer SELF Occupation GENERAL INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
02 / 23 / 2011

**Transaction ID: 38811668**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
TODD A. REID

Mailing Address 5811 COVE CREEK LN

City State Zip Code  
MURRAY UT 84107-6649

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

Name of Employer SELF Occupation GENERAL INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 23 / 2011

**Transaction ID: 38811669**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **5000.00**

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

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

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

FOR LINE NUMBER: PAGE 18 / 49  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
PETER S. NOVAK  
 Mailing Address 168 COLONY RD  
 City State Zip Code  
LONGMEADOW MA 01106-1256  
 Date of Receipt  
MM / DD / YYYY  
02 / 23 / 2011  
**Transaction ID: 38811670**  
 Amount of Each Receipt this Period  
2000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation GENERAL INSURANCE AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

**B.** Full Name (Last, First, Middle Initial)  
JOSEPH L. DILEO  
 Mailing Address 60 GALILEO  
 City State Zip Code  
WILLIAMSVILLE NY 14221-2777  
 Date of Receipt  
MM / DD / YYYY  
02 / 25 / 2011  
**Transaction ID: 39249969**  
 Amount of Each Receipt this Period  
1000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation GENERAL INSURANCE AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

**C.** Full Name (Last, First, Middle Initial)  
KIMBERLY A. MICHEL  
 Mailing Address 16880 AVENIDA DESANT  
 City State Zip Code  
PACIFIC PALIS CA 90272  
 Date of Receipt  
MM / DD / YYYY  
02 / 25 / 2011  
**Transaction ID: 39249970**  
 Amount of Each Receipt this Period  
2000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation GENERAL INSURANCE AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5000.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 49

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

ROBERT P. BURKE

Mailing Address 1700 STONE CHURCH CT

City

VIRGINIA BCH

State

VA

Zip Code

23455-7027

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF

Occupation

GENERAL INSURANCE AGENT

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY  
02 / 25 / 2011

Transaction ID: 39249971

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

PETER W. GREENBERG

Mailing Address 700 HEMPSTEAD AVE

City

ROCKVILLE CTR

State

NY

Zip Code

11570-1351

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF

Occupation

INSURANCE AGENT

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
02 / 22 / 2011

Transaction ID: 39249999

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

JEFFREY A. KEIM

Mailing Address 6127 FOREST EDGE DR

City

WHITEHOUSE

State

OH

Zip Code

43571-9744

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF

Occupation

INSURANCE AGENT

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

MM / DD / YYYY  
02 / 08 / 2011

Transaction ID: 39281223

Amount of Each Receipt this Period

0.00

**[MEMO ITEM]**

Refund(s) on Schedule B  
Totaling \$10.00 This changes  
the YTD Total to \$0.00

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

5300.00

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

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

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

FOR LINE NUMBER: PAGE 20 / 49  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
BRIAN K. PITANIELLO  
Mailing Address 5403 20TH ST  
City LUBBOCK State TX Zip Code 79407-2111  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF Occupation INSURANCE AGENT  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00  
**[MEMO ITEM]**  
Refund(s) on Schedule B Totaling \$125.00 This changes the YTD Total to \$0.-00

**B.** Full Name (Last, First, Middle Initial)  
SAMUEL H. SCHIFFER  
Mailing Address 509 EDGEBROOK LN  
City WEST PALM BEACH State FL Zip Code 33411-5302  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF Occupation INSURANCE AGENT  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ -100.00  
**[MEMO ITEM]**  
Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$-1-00.00

**C.** Full Name (Last, First, Middle Initial)  
ALLEN W. CARR  
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 SELF Occupation INSURANCE AGENT  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ -150.00  
**[MEMO ITEM]**  
Refund(s) on Schedule B Totaling \$150.00 This changes the YTD Total to \$-1-50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 0.00  
**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 21 / 49
	<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.** Full Name (Last, First, Middle Initial)  
William C. Haycox

Mailing Address 513 58TH ST

City State Zip Code  
VIRGINIA BCH VA 23451-2230

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ -100.00

Date of Receipt: 02 / 22 / 2011

Transaction ID: 39281227

Amount of Each Receipt this Period: 0.00

**[MEMO ITEM]**  
Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$-100.00

**B.** Full Name (Last, First, Middle Initial)  
Louis F. Grammes

Mailing Address 6105 STEPHENS CROSSI

City State Zip Code  
MECHANICSBURG PA 17050-2371

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 41.70

Date of Receipt: 02 / 28 / 2011

Transaction ID: 39281228

Amount of Each Receipt this Period: 0.00

**[MEMO ITEM]**  
Refund(s) on Schedule B Totaling \$41.70 This changes the YTD Total to \$41.70

**C.** Full Name (Last, First, Middle Initial)  
T.J. Shaughnessy

Mailing Address 133 RIVERWALK WAY

City State Zip Code  
MANCHESTER NH 03101-2642

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt: 02 / 28 / 2011

Transaction ID: 39281229

Amount of Each Receipt this Period: 0.00

**[MEMO ITEM]**  
Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$0.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 0.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 49  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
PATRICK D. OLSEN

Mailing Address 2505 DEVILS GLEN RD

City State Zip Code  
BETTENDORF IA 52722-6715

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

Name of Employer Occupation  
SELF INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 18.75

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 1

Transaction ID: 39281230

Amount of Each Receipt this Period  
0.00

**[MEMO ITEM]**  
Refund(s) on Schedule B  
Totaling \$18.75 This changes  
the YTD Total to \$18.-  
75

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

Mailing Address 11 COBTAIL WAY

City State Zip Code  
SIMSBURY CT 06070-2530

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 811.20

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 1

Transaction ID: PR1120475421679

Amount of Each Receipt this Period  
405.60

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

**C.** Full Name (Last, First, Middle Initial)  
MS. DEBRA PALERMINO

Mailing Address 168 CENTERWOOD RD

City State Zip Code  
NEWINGTON CT 06111-3110

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE INS. EXECUTIVE VICE PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 393.48

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 1

Transaction ID: PR1156272821679

Amount of Each Receipt this Period  
196.74

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **602.34**

**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: PAGE 23 / 49  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Sean Gooden

Mailing Address 10151 WOODROSE LN

City State Zip Code  
HIGHLANDS RANCH CO 80129-5404

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 28 / 2011

Transaction ID: PR1233883021679

Amount of Each Receipt this Period: 125.00

P/R Deduction (\$125.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
MR. BRADLEY LUCIDO

Mailing Address 65 ROSEWOOD DR

City State Zip Code  
SUFFIELD CT 06078-2014

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation SVP CHIEF COMPL OFF & ASSOC GEN COUNSEL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 394.80

Date of Receipt: 02 / 28 / 2011

Transaction ID: PR1285753921679

Amount of Each Receipt this Period: 197.40

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

**C.**

Full Name (Last, First, Middle Initial)  
MR. ROBERT STINGLE

Mailing Address 30 CIDERMILL HTS

City State Zip Code  
NORTH GRANBY CT 06060-1430

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation SENIOR VICE PRESIDENT & GENERAL AUDITO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 575.84

Date of Receipt: 02 / 28 / 2011

Transaction ID: PR1322703221679

Amount of Each Receipt this Period: 287.92

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **610.32**

**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: PAGE 24 / 49  
(check only one)

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

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

**A.**

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

Mailing Address 10 HENLEY COMMONS

City State Zip Code  
FARMINGTON CT 06032-1553

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 307.80

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 1

**Transaction ID:** PR1342771921679

Amount of Each Receipt this Period  
153.90

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

**B.**

Full Name (Last, First, Middle Initial)  
MR. JOHN W CHANDLER

Mailing Address 118 COLONY RD

City State Zip Code  
LONGMEADOW MA 01106-1216

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 381.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 1

**Transaction ID:** PR1355574321679

Amount of Each Receipt this Period  
190.50

P/R Deduction (\$95.25 Bi-Weekly)

**C.**

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

Mailing Address 140 COLONIAL AVE

City State Zip Code  
NORTH ANDOVER MA 01845-6349

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE EXECUTIVE VICE PRESIDENT  
INS.

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 789.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 1

**Transaction ID:** PR1360837721679

Amount of Each Receipt this Period  
394.50

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **738.90**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 49

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. John Vaccaro

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  
MASSACHUSETTS MUTUAL LIFE  
INS.

Occupation  
SENIOR VICE PRESIDENT

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

363.68

Date of Receipt

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

Transaction ID: PR1434639321679

Amount of Each Receipt this Period

181.84

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

**B.**

Full Name (Last, First, Middle Initial)

MR. ROGER PUTNAM

Mailing Address 7 ELLIOTT DR

City

SIMSBURY

State

CT

Zip Code

06070-1669

FEC ID number of contributing federal political committee.

C

Name of Employer  
MASSACHUSETTS MUTUAL LIFE  
INS.

Occupation  
SENIOR VICE PRESIDENT

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

412.60

Date of Receipt

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

Transaction ID: PR1479403921679

Amount of Each Receipt this Period

206.30

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

**C.**

Full Name (Last, First, Middle Initial)

MR. Kevin Rasch

Mailing Address 48 FOX DEN RD

City

WEST SIMSBURY

State

CT

Zip Code

06092-2217

FEC ID number of contributing federal political committee.

C

Name of Employer  
MASSACHUSETTS MUTUAL LIFE  
INS.

Occupation  
VP & ASSISTANT GENERAL COUNSEL

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

253.60

Date of Receipt

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

Transaction ID: PR1569232321679

Amount of Each Receipt this Period

126.80

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

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

514.94

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

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

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

FOR LINE NUMBER: PAGE 26 / 49

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

DONALD E. HELMS

Mailing Address 1225 BRAYSTONE TRL

City State Zip Code  
COLLIERVILLE TN 38017-3647

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

Name of Employer Occupation  
SELF GENERAL INSURANCE AGENT

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 257.75

Date of Receipt

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

Transaction ID: PR1602275921679

Amount of Each Receipt this Period

174.25

P/R Deduction (\$174.25 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MS. LAURA CULLISON

Mailing Address 2239 1/2 N LINCOLN AVE APT 1A

City State Zip Code  
CHICAGO IL 60614-3738

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE INS. ASSISTANT VICE PRESIDENT & COUNSEL

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

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

Transaction ID: PR1824626121679

Amount of Each Receipt this Period

125.00

P/R Deduction (\$62.50 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

ALAN L. MELTZER

Mailing Address 6500 ROCK SPRING DR

City State Zip Code  
BETHESDA MD 20817-1105

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

Name of Employer Occupation  
SELF INSURANCE AGENT

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 833.34

Date of Receipt

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

Transaction ID: PR789845121679

Amount of Each Receipt this Period

416.67

P/R Deduction (\$416.67 Monthly)

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

715.92

**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: PAGE 27 / 49  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 2401 WEALDSTONE RD

City State Zip Code  
TOLEDO OH 43617-1304

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

Name of Employer SELF Occupation GENERAL INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 337.00

Date of Receipt: 02 / 28 / 2011  
Transaction ID: PR789875521679  
Amount of Each Receipt this Period: 167.00  
P/R Deduction (\$167.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
David H. Root

Mailing Address 1430 POLK ST

City State Zip Code  
HOLLYWOOD FL 33020-5245

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 28 / 2011  
Transaction ID: PR789881621679  
Amount of Each Receipt this Period: 125.00  
P/R Deduction (\$125.00 Monthly)

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

Mailing Address 3428 HAMPTON AVE

City State Zip Code  
NASHVILLE TN 37215-1408

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

Name of Employer SELF Occupation GENERAL INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 337.00

Date of Receipt: 02 / 28 / 2011  
Transaction ID: PR790086621679  
Amount of Each Receipt this Period: 167.00  
P/R Deduction (\$167.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **459.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 49  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Stephen D. Estler

Mailing Address 2177 NE 63RD ST

City FT LAUDERDALE State FL Zip Code 33308-1330

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

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 334.00

Date of Receipt 02 / 28 / 2011

Transaction ID: PR790109421679

Amount of Each Receipt this Period 167.00

P/R Deduction (\$167.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. ANDREW C DICKEY

Mailing Address 1183 LONGMEADOW ST

City LONGMEADOW State MA Zip Code 01106-2201

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation SVP & DEPUTY CHIEF INVESTMENT OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 307.68

Date of Receipt 02 / 28 / 2011

Transaction ID: PR790159321679

Amount of Each Receipt this Period 153.84

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

**C.** Full Name (Last, First, Middle Initial)  
MR. CLIFFORD M NOREEN

Mailing Address 95 BENT TREE DR

City E LONGMEADOW State MA Zip Code 01028-1365

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

Name of Employer BABSON CAPITAL MANAGEMENT LLC Occupation MANAGING DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 384.64

Date of Receipt 02 / 28 / 2011

Transaction ID: PR790184121679

Amount of Each Receipt this Period 192.32

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 513.16

**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: PAGE 29 / 49  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 32 JOSHUA DR

City State Zip Code  
WEST SIMSBURY CT 06092-2124

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

Name of Employer Occupation  
CORNERSTONE RE ADVISERS PRESIDENT & CEO  
LLC

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 307.68

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 1

**Transaction ID:** PR790206321679

Amount of Each Receipt this Period 153.84

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

**B.** Full Name (Last, First, Middle Initial)  
MS. Diana K Ruddick

Mailing Address 15 SHODDY MILL RD

City State Zip Code  
GLASTONBURY CT 06033-3514

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE VICE PRESIDENT  
INS.

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 244.80

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 1

**Transaction ID:** PR790207121679

Amount of Each Receipt this Period 122.40

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

**C.** Full Name (Last, First, Middle Initial)  
MR. Ed D Youmell

Mailing Address 15 KENSINGTON DR

City State Zip Code  
WILBRAHAM MA 01095-2800

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE VICE PRESIDENT  
INS.

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 253.20

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 1

**Transaction ID:** PR790209521679

Amount of Each Receipt this Period 126.60

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **402.84**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 49  
(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 (Last, First, Middle Initial)  
MR. HARVEY BR HOFFMAN

Mailing Address 50 DEVONSHIRE TER

City State Zip Code  
E LONGMEADOW MA 01028-3139

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

Name of Employer  
MASSACHUSETTS MUTUAL LIFE INS.

Occupation  
CORPORATE VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
384.64

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2011

Transaction ID: PR790231421679

Amount of Each Receipt this Period  
192.32

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

**B.**

Full Name (Last, First, Middle Initial)  
MR. ISADORE JERMYN

Mailing Address 18 DUXBURY LN

City State Zip Code  
LONGMEADOW MA 01106-2006

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

Name of Employer  
MASSACHUSETTS MUTUAL LIFE INS.

Occupation  
SVP & CHIEF ACTUARY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.80

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2011

Transaction ID: PR790232521679

Amount of Each Receipt this Period  
115.40

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

**C.**

Full Name (Last, First, Middle Initial)  
MR. JOHN E DEITELBAUM

Mailing Address 11 MIDDLE RD

City State Zip Code  
ELLINGTON CT 06029-3615

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

Name of Employer  
MASSACHUSETTS MUTUAL LIFE INS.

Occupation  
SVP, DEPUTY GENERAL COUNSEL & ASST SEC

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
610.20

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2011

Transaction ID: PR790248221679

Amount of Each Receipt this Period  
305.10

P/R Deduction (\$152.55 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **612.82**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 49

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
MR. KENNETH S COHEN

Mailing Address 59 WOODLOT RD

City State Zip Code  
AMHERST MA 01002-3451

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

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

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 538.48

Date of Receipt

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

Transaction ID: PR790278021679

Amount of Each Receipt this Period

269.24

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

**B.**

Full Name (Last, First, Middle Initial)  
MR. KEVIN M SWEENEY

Mailing Address 14 ERICKA CIR

City State Zip Code  
E LONGMEADOW MA 01028-1658

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE VICE PRESIDENT  
INS.

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 230.76

Date of Receipt

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

Transaction ID: PR790278921679

Amount of Each Receipt this Period

115.38

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

**C.**

Full Name (Last, First, Middle Initial)  
MR. MARK S HIGGINS

Mailing Address 1290 OAK GROVE PL

City State Zip Code  
WESTLAKE VILLAGE CA 91362-4249

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

Name of Employer Occupation  
CORNERSTONE RE ADVISERS EXECUTIVE VICE PRESIDENT  
LLC

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 307.68

Date of Receipt

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

Transaction ID: PR790311021679

Amount of Each Receipt this Period

153.84

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

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

538.46

**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 32 / 49
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. ROBERT CASALE		Date of Receipt
	Mailing Address 30 THISTLE LN		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	BRISTOL	CT	06010-8057
	FEC ID number of contributing federal political committee.		Transaction ID: PR790342221679
		Amount of Each Receipt this Period	<input type="text" value="433.56"/>
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.		Occupation EVP & CIO	P/R Deduction (\$216.78 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="867.12"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. RICHARD D BOURGEOIS		Date of Receipt
	Mailing Address 11 ECHO HILL RD		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	WILBRAHAM	MA	01095-2663
	FEC ID number of contributing federal political committee.		Transaction ID: PR790352221679
		Amount of Each Receipt this Period	<input type="text" value="153.84"/>
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.		Occupation SENIOR VICE PRESIDENT	P/R Deduction (\$76.92 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="307.68"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. ROBERT S ROSENTHAL		Date of Receipt
	Mailing Address 12 SHERWOOD LN		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	AVON	CT	06001-3215
	FEC ID number of contributing federal political committee.		Transaction ID: PR790355421679
		Amount of Each Receipt this Period	<input type="text" value="115.40"/>
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.		Occupation VP & ASSOCIATE GENERAL COUNSEL	P/R Deduction (\$57.70 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="230.80"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="702.80"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 49

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. Roger W Crandall

Mailing Address 107 HAMPDEN RD

City

SOMERS

State

CT

Zip Code

06071-1279

FEC ID number of contributing federal political committee.

C

Name of Employer  
MASSACHUSETTS MUTUAL LIFE INS.

Occupation  
CHAIRMAN, PRESIDENT & CEO

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

769.24

Date of Receipt

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

Transaction ID: PR790355921679

Amount of Each Receipt this Period

384.62

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

**B.**

Full Name (Last, First, Middle Initial)

MS. SUSAN A MOORE

Mailing Address 70 BROOKS RD

City

LONGMEADOW

State

MA

Zip Code

01106-2129

FEC ID number of contributing federal political committee.

C

Name of Employer  
BABSON CAPITAL MANAGEMENT LLC

Occupation  
MANAGING DIRECTOR

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

538.48

Date of Receipt

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

Transaction ID: PR790370121679

Amount of Each Receipt this Period

269.24

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

**C.**

Full Name (Last, First, Middle Initial)

JEFFREY C. DOLLARHIDE

Mailing Address 9646 E LAUREL LN

City

SCOTTSDALE

State

AZ

Zip Code

85260-5956

FEC ID number of contributing federal political committee.

C

Name of Employer  
SELF

Occupation  
GENERAL INSURANCE AGENT

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

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

Transaction ID: PR790394921679

Amount of Each Receipt this Period

416.67

P/R Deduction (\$416.67 Monthly)

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

1070.53

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

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

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

FOR LINE NUMBER: PAGE 34 / 49  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
ALBERTO GUTIERREZ  
Mailing Address 8530 SW 84TH CT  
City MIAMI State FL Zip Code 33143-6914  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF Occupation INSURANCE AGENT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 02 / 28 / 2011  
Transaction ID: PR790522221679  
Amount of Each Receipt this Period 125.00  
P/R Deduction (\$125.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
WALTER W. WOLAK  
Mailing Address 525 ANGELO DR  
City BETHLEHEM State PA Zip Code 18017-3735  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF Occupation GENERAL INSURANCE AGENT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 417.00  
Date of Receipt 02 / 28 / 2011  
Transaction ID: PR790525721679  
Amount of Each Receipt this Period 167.00  
P/R Deduction (\$167.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Robert L. Belvedere  
Mailing Address 74 WINDHAM RD  
City ROCKVILLE CENTRE State NY Zip Code 11570-1232  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF Occupation INSURANCE AGENT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 02 / 28 / 2011  
Transaction ID: PR790530221679  
Amount of Each Receipt this Period 125.00  
P/R Deduction (\$125.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 417.00  
**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 49  
(check only one)

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

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

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

Mailing Address 17 WINTERBERRY RD

City State Zip Code  
DEEP RIVER CT 06417-2126

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

Name of Employer Occupation  
CORNERSTONE RE ADVISERS LLC MANAGING DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2011

**Transaction ID:** PR790544521679

Amount of Each Receipt this Period  
115.38

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

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

Mailing Address 48 PINE GROVE CIR

City State Zip Code  
EAST LONGMEADOW MA 01028-1300

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE INS. CORPORATE VICE PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 307.80

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2011

**Transaction ID:** PR790587421679

Amount of Each Receipt this Period  
153.90

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

**C.** Full Name (Last, First, Middle Initial)  
MR. NORMAN A SMITH

Mailing Address 32 LAUREL ST

City State Zip Code  
LONGMEADOW MA 01106-1124

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

Name of Employer Occupation  
MASSACHUSETTS MUTUAL LIFE INS. SVP & CONTROLLER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2011

**Transaction ID:** PR790808621679

Amount of Each Receipt this Period  
115.38

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **384.66**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 49  
(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
							17

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

**A.**

Full Name (Last, First, Middle Initial)  
MR. DAVID S ALLEN

Mailing Address 41 FOUR MILE RD

City WEST HARTFORD State CT Zip Code 06107-2710

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.80

Date of Receipt 02 / 28 / 2011

**Transaction ID:** PR790809721679

Amount of Each Receipt this Period 115.40

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

**B.**

Full Name (Last, First, Middle Initial)  
MR. RODNEY J DILLMAN

Mailing Address 15 CATHERINE LN

City SUFFIELD State CT Zip Code 06078-1931

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

Name of Employer MASSMUTUAL INTERNATIONAL Occupation SENIOR VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

Date of Receipt 02 / 28 / 2011

**Transaction ID:** PR790812621679

Amount of Each Receipt this Period 115.38

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

**C.**

Full Name (Last, First, Middle Initial)  
STEPHEN K. COLLINS

Mailing Address 341 JOHNSTONE DR

City MADISON State MS Zip Code 39110-6565

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

Name of Employer SELF Occupation GENERAL INSURANCE AGENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 334.00

Date of Receipt 02 / 28 / 2011

**Transaction ID:** PR791191521679

Amount of Each Receipt this Period 167.00

P/R Deduction (\$167.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **397.78**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 49  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MS. MELISSA MILLAN

Mailing Address 31 SEMINARY RD

City SIMSBURY State CT Zip Code 06070-2010

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 538.48

Date of Receipt 02 / 28 / 2011  
Transaction ID: PR791207721679  
Amount of Each Receipt this Period 269.24  
P/R Deduction (\$134.62 Bi-Weekly)

**B.**

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

Mailing Address 10 CRESCENT HL

City SPRINGFIELD State MA Zip Code 01105-1915

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS.  
Occupation VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

Date of Receipt 02 / 28 / 2011  
Transaction ID: PR791348021679  
Amount of Each Receipt this Period 115.38  
P/R Deduction (\$57.69 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
MS. ELIZABETH W CHICARES

Mailing Address 186 BELLE WOODS DR

City GLASTONBURY State CT Zip Code 06033-1667

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

Name of Employer MASSACHUSETTS MUTUAL LIFE INS.  
Occupation SENIOR VICE PRESIDENT & CHIEF RISK OFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.64

Date of Receipt 02 / 28 / 2011  
Transaction ID: PR791351721679  
Amount of Each Receipt this Period 192.32  
P/R Deduction (\$96.16 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **576.94**

**TOTAL** This Period (last page this line 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 38 / 49  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MR. MICHAEL T ROLLINGS  
Mailing Address 5 DURHAM RD  
City LONGMEADOW State MA Zip Code 01106-1507  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation EXECUTIVE VICE PRESIDENT & CFO  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 769.24  
Date of Receipt 02 / 28 / 2011  
Transaction ID: PR791365821679  
Amount of Each Receipt this Period 384.62  
P/R Deduction (\$192.31 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
MR. THOMAS M FINKE  
Mailing Address 4920 HARDISON RD  
City CHARLOTTE State NC Zip Code 28226-6418  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation EVP & CHIEF INVESTMENT OFFICER  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 853.16  
Date of Receipt 02 / 28 / 2011  
Transaction ID: PR791511921679  
Amount of Each Receipt this Period 426.58  
P/R Deduction (\$213.29 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
MS. PATRICIA WALSH  
Mailing Address 88 BANCROFT RD  
City NORTHAMPTON State MA Zip Code 01060-2111  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Occupation SENIOR VICE PRESIDENT  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 230.76  
Date of Receipt 02 / 28 / 2011  
Transaction ID: PR791569721679  
Amount of Each Receipt this Period 115.38  
P/R Deduction (\$57.69 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 926.58  
**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 39 / 49
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. PAUL SMITH	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 70 DOVER RD	<b>Transaction ID:</b> PR791859021679
	City State Zip Code LONGMEADOW MA 01106-1254	Amount of Each Receipt this Period 138.50
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 277.00	P/R Deduction (\$69.25 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. MICHAEL O'CONNOR	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 41 BELLECLAIRE AVE	<b>Transaction ID:</b> PR792107721679
	City State Zip Code LONGMEADOW MA 01106-1415	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation CORPORATE VP & ASSOC GENERAL COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.60	P/R Deduction (\$96.15 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MS. ELAINE A SARSYNSKI	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 75 BARNDOR HILLS RD	<b>Transaction ID:</b> PR796671821679
	City State Zip Code SUFFIELD CT 06078-1360	Amount of Each Receipt this Period 192.32
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer MASSACHUSETTS MUTUAL LIFE INS.	Occupation EXECUTIVE VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.64	P/R Deduction (\$96.16 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>523.12</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>82008.11</b>

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

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

FOR LINE NUMBER: PAGE 40 / 49  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.**

Full Name (Last, First, Middle Initial)  
MassMutual Federal Credit Union

Mailing Address 1295 State Street

City State Zip Code  
Springfield MA 01111

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
61.14

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 2 8 / 2 0 1 1

Transaction ID: 39275449

Amount of Each Receipt this Period  
40.38

Feb-11 Interest - Money Market Account

**B.**

Full Name (Last, First, Middle Initial)  
MassMutual Federal Credit Union

Mailing Address 1295 State Street

City State Zip Code  
Springfield MA 01111

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
67.94

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 2 8 / 2 0 1 1

Transaction ID: 39275451

Amount of Each Receipt this Period  
6.80

Feb-11 Interest - Checking Account

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>47.18</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>47.18</b>



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<b>A.</b>	Full Name (Last, First, Middle Initial) TFP-FOJB Committee  Mailing Address 631-B Pennsylvania Ave., SE  City Washington State DC Zip Code 20003  Purpose of Disbursement 2011 Committee Contribution Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 38611927 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 1 1	Amount of Each Disbursement this Period 6000.00  2011 Committee Contribution
<b>B.</b>	Full Name (Last, First, Middle Initial) Majority Committee  Mailing Address 104 Hume Avenue  City Alexandria State VA Zip Code 22301  Purpose of Disbursement 2011 PAC Contribution Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 38611929 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 1 1	Amount of Each Disbursement this Period 5000.00  2011 PAC Contribution
<b>C.</b>	Full Name (Last, First, Middle Initial) ERIC PAC  Mailing Address 25 E. Main Street, Suite 200  City Richmond State VA Zip Code 23219  Purpose of Disbursement 2011 PAC Contribution Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 38611930 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 1 1	Amount of Each Disbursement this Period 5000.00  2011 PAC Contribution

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

16000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Madison PAC	Transaction ID: 38620895 Date of Disbursement 02 / 10 / 2011
	Mailing Address 235 State Street Unit 204	Amount of Each Disbursement this Period 5000.00
	City Springfield State MA Zip Code 01103	
	Purpose of Disbursement Event: February 10, 2011	011 Category/ Type
	Candidate Name Madison PAC	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Event: February 10, 2011

B.	Full Name (Last, First, Middle Initial) Berg For Congress	Transaction ID: 38620897 Date of Disbursement 02 / 10 / 2011
	Mailing Address PO Box 9394	Amount of Each Disbursement this Period 1000.00
	City Fargo State ND Zip Code 58106	
	Purpose of Disbursement Event: February 10, 2011	011 Category/ Type
	Candidate Name Mr. Richard Berg	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Event: February 10, 2011

C.	Full Name (Last, First, Middle Initial) LEGPAC	Transaction ID: 38620898 Date of Disbursement 02 / 07 / 2011
	Mailing Address 38 Ivy Street, SE	Amount of Each Disbursement this Period 3000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement 2011 PAC Contribution	011 Category/ Type
	Candidate Name LEGPAC	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		2011 PAC Contribution

SUBTOTAL of Disbursements This Page (optional) ..... ▶

9000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 499 South Capitol St., SW, #100</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement 2011 Nat'l Party Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 38620901 <b>Date of Disbursement</b> 02 / 07 / 2011</p> <p>Amount of Each Disbursement this Period 15000.00</p> <p>011 Category/ Type</p> <p>2011 Nat'l Party Contribu- tion</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee</p> <p>Mailing Address 120 Maryland Ave., NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement 2011 Nat'l Party Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 38620902 <b>Date of Disbursement</b> 02 / 07 / 2011</p> <p>Amount of Each Disbursement this Period 15000.00</p> <p>011 Category/ Type</p> <p>2011 Nat'l Party Contribu- tion</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) National Republican Congressional Committee</p> <p>Mailing Address 320 First Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement 2011 Nat'l Party Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 38620903 <b>Date of Disbursement</b> 02 / 07 / 2011</p> <p>Amount of Each Disbursement this Period 15000.00</p> <p>011 Category/ Type</p> <p>2011 Nat'l Party Contribu- tion</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

45000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) National Republican Senatorial Committee</p> <p>Mailing Address Ronald Reagan Republican Center 425 2nd Street, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement 2011 Nat'l Party Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 38620904 <b>Date of Disbursement</b> 02 / 07 / 2011</p> <p>Amount of Each Disbursement this Period 15000.00</p> <p>011 Category/ Type</p> <p>2011 Nat'l Party Contribu- tion</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Capuano For Congress Committee</p> <p>Mailing Address PO Box 440305</p> <p>City Somerville State MA Zip Code 02144</p> <p>Purpose of Disbursement Event: February 16, 2011</p> <p>Candidate Name Rep. Michael E. Capuano</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 08</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 38785215 <b>Date of Disbursement</b> 02 / 16 / 2011</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p> <p>Event: February 16, 2011</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ryan For Congress</p> <p>Mailing Address P. O. Box 1919</p> <p>City Janesville State WI Zip Code 53547</p> <p>Purpose of Disbursement Event: February 28, 2011</p> <p>Candidate Name Rep. Paul D. Ryan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 38819318 <b>Date of Disbursement</b> 02 / 28 / 2011</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>011 Category/ Type</p> <p>Event: February 28, 2011</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

22000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<b>A.</b> Full Name (Last, First, Middle Initial) 21st Century Majority Fund Mailing Address 6065 Roswell Road, #2274 City Atlanta State GA Zip Code 30328 Purpose of Disbursement Void - State Check Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 39275456 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 1 1
	Amount of Each Disbursement this Period -1000.00 Void - State Check
<b>B.</b> Full Name (Last, First, Middle Initial) Pete King For Congress Committee Mailing Address Post Office Box 1428 City Seaford State NY Zip Code 11783 Purpose of Disbursement Void - State Check Candidate Name Rep. Peter T. King Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 39275457 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 1 1
	Amount of Each Disbursement this Period -1000.00 Void - State Check

SUBTOTAL of Disbursements This Page (optional) ..... ▶

-2000.00

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

9000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) BRIAN K. PITANIELLO</p> <p>Mailing Address 5403 20TH ST</p> <p>City LUBBOCK State TX Zip Code 79407-2111</p> <p>Purpose of Disbursement Refund of ACH draft</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 38742336</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="125.00"/></p> <p>Refund of ACH draft</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Louis F. Grammes</p> <p>Mailing Address 6105 STEPHENS CROSSI</p> <p>City MECHANICSBURG State PA Zip Code 17050-2371</p> <p>Purpose of Disbursement ACH Draft Return</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 39275452</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="41.70"/></p> <p>ACH Draft Return</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) T.J. Shaughnessy</p> <p>Mailing Address 133 RIVERWALK WAY</p> <p>City MANCHESTER State NH Zip Code 03101-2642</p> <p>Purpose of Disbursement ACH Draft Return</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 39275458</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p> <p>ACH Draft Return</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="266.70"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>PATRICK D. OLSEN</b>	<b>Transaction ID:</b> 39275599 <b>Date of Disbursement</b> MM / DD / YYYY 02 / 02 / 2011
	Mailing Address 2505 DEVILS GLEN RD	Amount of Each Disbursement this Period <b>18.75</b>
	City <b>BETTENDORF</b> State <b>IA</b> Zip Code <b>52722-6715</b>	
	Purpose of Disbursement ACH Draft Return Candidate Name	<b>010</b> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>ACH Draft Return</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>ALLEN W. CARR</b>	<b>Transaction ID:</b> 39275612 <b>Date of Disbursement</b> MM / DD / YYYY 02 / 18 / 2011
	Mailing Address 427 RHODA DR	Amount of Each Disbursement this Period <b>150.00</b>
	City <b>LANCASTER</b> State <b>PA</b> Zip Code <b>17601-3669</b>	
	Purpose of Disbursement Refund of Contrib Candidate Name	<b>010</b> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Refund of Contrib</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>JEFFREY A. KEIM</b>	<b>Transaction ID:</b> 39275654 <b>Date of Disbursement</b> MM / DD / YYYY 02 / 08 / 2011
	Mailing Address 6127 FOREST EDGE DR	Amount of Each Disbursement this Period <b>10.00</b>
	City <b>WHITEHOUSE</b> State <b>OH</b> Zip Code <b>43571-9744</b>	
	Purpose of Disbursement ACH Draft Return Candidate Name	<b>010</b> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>ACH Draft Return</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>178.75</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

SAMUEL H. SCHIFFER

Mailing Address 509 EDGEBROOK LN

City WEST PALM BEACH State FL Zip Code 33411-5302

Purpose of Disbursement Refund of Contrib

Candidate Name

010  
Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 39275666

Date of Disbursement

02 / 11 / 2011

Amount of Each Disbursement this Period

100.00

Refund of Contrib

B.

Full Name (Last, First, Middle Initial)

William C. Haycox

Mailing Address 513 58TH ST

City VIRGINIA BCH State VA Zip Code 23451-2230

Purpose of Disbursement Refund of Contrib

Candidate Name

010  
Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 39279868

Date of Disbursement

02 / 22 / 2011

Amount of Each Disbursement this Period

100.00

Refund of Contrib

SUBTOTAL of Disbursements This Page (optional) .....

200.00

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

645.45



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Chase PaymenTech	Transaction ID: 39275453 Date of Disbursement
	Mailing Address P.O. Box 29534	<input type="text" value="02"/> / <input type="text" value="03"/> / <input type="text" value="2011"/>
	City Phoenix State AZ Zip Code 85038	Amount of Each Disbursement this Period
	Purpose of Disbursement Feb-11 Paymentech processing fees	<input type="text" value="48.03"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Feb-11 Paymentech processing fees

B.	Full Name (Last, First, Middle Initial) American Express Merchant Services	Transaction ID: 39275454 Date of Disbursement
	Mailing Address P.O. Box 53852	<input type="text" value="02"/> / <input type="text" value="24"/> / <input type="text" value="2011"/>
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period
	Purpose of Disbursement Feb-11 AMEX Processing Fees	<input type="text" value="561.51"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Feb-11 AMEX Processing Fees

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="609.54"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="609.54"/>