



RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

APR 20 10 04 AM '98  
Massachusetts Mutual Life Insurance Company  
1005 State Street Springfield MA 01111-0001  
(413) 744-6250

April 17, 1998

AIRBORNE OVERNIGHT

Public Records Office  
Federal Election Commission  
999 E Street, N.W.  
Washington, DC 20463

Gentlemen:

In order to assure the timely filing of reports, the Massachusetts Mutual Life Insurance Company Political Action Committee has elected, pursuant to Federal Election Commission Regulation 104.5(c), to file monthly reports during 1998.

Accordingly, enclosed please find the monthly report covering the period March 1, 1998 through March 31, 1998.

Sincerely,

Ellen Wilkins Ellis  
Second Vice President  
Government Relations

Enclosure

c: Bruce Frisbie E078  
Gary Gilbert E078

Contributions to the MMPAC are strictly voluntary and recommended contribution levels are merely suggested. The decision to contribute more or less than the recommended level or not to contribute at all will have no effect on an associate's employment with the Company nor will it affect an agent's standing with his or her General Agent. Contributions to the MMPAC are not tax deductible. In addition, Federal law requires MMPAC to use its best efforts to collect and report to the Federal Election Commission the name, mailing address, occupation and name of employer of individuals whose contributions exceed \$200 in a calendar year.

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

APR 20 10 04 AM '98

<b>1. NAME OF COMMITTEE (in full)</b> Massachusetts Mutual Life Insurance Company Political Action Committee	
<b>ADDRESS (number and street)</b> <input type="checkbox"/> Check if different than previously reported  1295 State Street	<b>2. FEC IDENTIFICATION NUMBER</b> C 00118943
<b>CITY, STATE and ZIP CODE</b>  Springfield, Massachusetts 01111-0001	<b>3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M) Prior to January 1, 1994</b>

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- Monthly Report Due On:
- February 20     June 20     October 20
- March 20     July 20     November 20
- April 20     August 20     December 20
- May 20     September 20     January 31
- Twelfth day report preceding \_\_\_\_\_ (Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- Thirtieth day report following the General Election on \_\_\_\_\_  
in the State of \_\_\_\_\_

(b) Is this Report an Amendment?     YES     NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>Mar. 1, 1998</u> through <u>Mar. 31, 1998</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 7,869.36
(b) Cash on Hand at Beginning of Reporting Period	\$ 53,099.51	
(c) Total Receipts (from Line 19)	\$ 45,097.80	\$ 112,527.37
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 98,197.31	\$ 120,396.73
7. Total Disbursements (from Line 30)	\$ 45,000.00	\$ 67,199.42
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 53,197.31	\$ 53,197.31
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 609 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-218-3420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ - 0 -	

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

Type or Print Name of Treasurer <p style="text-align: center;">Bruce C. Frisbie</p>	Date
Signature of Treasurer 	4/15/98

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

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**FEC FORM 3X**

(revised 9/93)

F84AN10\*

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/81)

NAME OF COMMITTEE <b>Massachusetts Mutual Life Insurance Co. Political Action Committee</b>	REPORT COVERING PERIOD FROM <b>Mar 1, 1998</b> TO: <b>Mar 31, 1998</b>	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	33,442.23	68,475.54
ii. Unitemized	11,533.28	43,834.06
iii. Total (add i and ii) >	44,975.51	112,309.60
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a ii, b and c) >	44,975.51	112,309.60
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	122.29	217.77
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	45,097.80	112,527.37
20. Total Federal Receipts (subtract line 18 from line 19) >	45,097.80	112,527.37
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		199.42
b. Other Federal Operating Expenditures		199.42
c. Total Operating Expenditures (add a i, a ii, and b) >		199.42
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	40,000.00	62,000.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) >		
29. Other Disbursements	5,000.00	5,000.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	45,000.00	67,199.42
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	45,000.00	67,199.42
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	44,975.51	112,309.60
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)	44,975.51	112,309.60
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		199.42
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) >		199.42

**SCHEDULE A ITEMIZED RECEIPTS**  
(Contributions from Employees)

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

PAGE 1 OF 21  
FOR LINE NUMBER 11a(i)

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

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ADORNATO, PAUL 418 LONGHILL STREET SPRINGFIELD, MA 01108  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Massachusetts Mutual Life Insurance Company  Occupation SENIOR VICE PRESIDENT	MONTHLY PAYROLL DEDUCTION	\$83.33
Aggregate Year-to-Date -->\$		248.99	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ALFANO, SUSAN A. 22 RIDGEWOOD ROAD SOMERS, CT 06071  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Massachusetts Mutual Life Insurance Company  Occupation SENIOR VICE PRESIDENT	MONTHLY PAYROLL DEDUCTION	\$126.00
Aggregate Year-to-Date -->\$		375.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ASTONE, MICHAEL S. 29 STILLMEADOW LANE SOMERS, CT 06071  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Massachusetts Mutual Life Insurance Company  Occupation MANAGING DIRECTOR	3/11/98	\$350.00
Aggregate Year-to-Date -->\$		350.00	
D. Full Name, Mailing Address and Zip Code	Member of	Date (month, day, year)	Amount of Each Receipt this Period
AVERY, MICHAEL C. 613 NORTH JUNE STREET LOS ANGELES, CA 90004  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Massachusetts Mutual Life Insurance Company  Occupation AGENT		
Aggregate Year-to-Date -->\$		250.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BAILEY, ROBERT W. 90 BURTON HILLS BLVD, SUITE 300 NASHVILLE, TN 37215  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Massachusetts Mutual Life Insurance Company  Occupation GENERAL AGENT	3/11/98	\$750.00
Aggregate Year-to-Date -->\$		750.00	
F. Full Name, Mailing Address and Zip Code	Member of	Date (month, day, year)	Amount of Each Receipt this Period
BARLEY, CHARLES J. 2601 SALEM DRIVE CINNAMINSON, NJ 08077  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Massachusetts Mutual Life Insurance Company  Occupation AGENT		
Aggregate Year-to-Date -->\$		300.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BATEMAN, JAMES M. 3939 OAK RIDGE DRIVE JACKSON, MS 39216  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Massachusetts Mutual Life Insurance Company  Occupation GENERAL AGENT	3/31/98	\$100.00
Aggregate Year-to-Date -->\$		300.00	

SUBTOTAL of Receipts This Page (optional).....> \$1,408.33

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**  
(Contributions from Employees)

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BAUM, DANIEL S. 6959 OLD QUARRY PLACE PAYETTEVILLE, NY 13066	Massachusetts Mutual Life Insurance Company	3/11/98	\$750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT	Aggregate Year-to-Date —>\$ 750.00	
B. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
BAYER, HARRY H. 3424 BROOKWOOD TRACE BIRMINGHAM, AL 35243	Occupation AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date —>\$ 250.00		
C. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
BELLAVIA, SAL J. 124 MARANGALE ROAD MANLIUS, NY 13202	Occupation GENERAL AGENT	3/11/98	\$750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date —>\$ 750.00		
D. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
BLUE, JAMES D. II 233 CONANT ROAD WESTWOOD, MA 02080	Occupation AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date —>\$ 250.00		
E. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
BOOK, MICHAEL 5 IKE COURT MARLBORO, NJ 07746	Occupation AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date —>\$ 250.00		
F. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
BRASSARD, DAVID 175 TANGLEWOOD DRIVE EAST LONGMEADOW, MA 01028	Occupation SENIOR MANAGING DIRECTOR	MONTHLY PAYROLL DEDUCTION	\$55.42
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date —>\$ 201.26		
G. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
BUCHHOLZ, WILLIAM M. 5712 ODANA ROAD MADISON, WI 53719	Occupation AGENT	3/20/98	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date —>\$ 250.00		

SUBTOTAL of Receipts This Page (optional).....>	\$1,606.42
TOTAL This Period (last page this line number only).....>	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

(Contributions from Employees)

Use separate schedule(s)  
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PAGE 3 OF 21  
FOR LINE NUMBER 11a(i)

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**NAME OF COMMITTEE (in Full)**

Massachusetts Mutual Life Insurance Company Political Action Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BURKETT, LAWRENCE V. JR 26 CRESENT CIRCLE WESTFIELD, MA 01085  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Massachusetts Mutual Life Insurance Company  Occupation EX VP & GENERAL COUNSEL		
Aggregate Year-to-Date -->\$		2,000.00	
B. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
BURSTIN, DAVID 1435 BENNINGTON AVENUE PITTSBURGH, PA 15217  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation AGENT		
Aggregate Year-to-Date -->\$		750.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
CAREY, PETER G. 12 WHITMAN POND SIMSBURY, CT 06070  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT		
Aggregate Year-to-Date -->\$		760.00	
D. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
CARROLL, GREGORY F. 10022 LORAIN AVENUE SILVER SPRING, MD 20904  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation AGENT	3/31/98	\$100.00
Aggregate Year-to-Date -->\$		300.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
CASTELLANI, FREDERICK 47 BLUE RIDGE DRIVE SIMSBURY, CT 06070  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation SENIOR VICE PRESIDENT	MONTHLY PAYROLL DEDUCTION	\$83.34
Aggregate Year-to-Date -->\$		250.02	
F. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
CLIPPINGER, SCOTT W. 509 ORIOLE DRIVE EVANSVILLE, IN 47715  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation AGENT		
Aggregate Year-to-Date -->\$		250.00	
G. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
CLIPPINGER, WILLIAM V. 4100 BELLEMEADE AVE. EVANSVILLE, IN 47715  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation AGENT	3/11/98	\$250.00
Aggregate Year-to-Date -->\$		250.00	

SUBTOTAL of Receipts This Page (optional).....> \$433.34

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**  
(Contributions from Employees)

Use separate schedule(s)  
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PAGE 4 OF 21  
FOR LINE NUMBER 11a(i)

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
COHEN, KENNETH 59 WOODLOT ROAD AMHERST, MA 01102	Massachusetts Mutual Life Insurance Company	MONTHLY PAYROLL DEDUCTION	\$83.33
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation SR. VP & ASSOC. GEN. COUNSEL		
	Aggregate Year-to-Date -->\$	249.99	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CONNOR, ALAN M. 1 WEBSTER LANE WILBRAHAM, MA 01095	Cornerstone Real Estate Advisers, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation PRESIDENT, CREA		
	Aggregate Year-to-Date -->\$	700.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CORNACCHIONE, KENNETH C. 611 TAMENEND CT. FISHERS, IN 46038	Massachusetts Mutual Life Insurance Company	3/20/98	\$300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT		
	Aggregate Year-to-Date -->\$	400.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
COWAN, HOWARD 941 PARK AVENUE NEW YORK, NY 10028	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT		
	Aggregate Year-to-Date -->\$	2,500.00	
E. Full Name, Mailing Address and Zip Code	Member of	Date (month, day, year)	Amount of Each Receipt this Period
CREW, ROBERT W. 4233 S. CYPRESS DERBY, KS 67037	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation AGENT		
	Aggregate Year-to-Date -->\$	350.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CUOZZO, PETER D. 66 GREAT POND ROAD SOUTH GLASTONBURY, CT 06073	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation VICE PRESIDENT		
	Aggregate Year-to-Date -->\$	700.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAMIS, RAY R. 920 AMUNDSON DRIVE STILLWATER, MN 55082	Massachusetts Mutual Life Insurance Company	3/11/98	\$400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT		
	Aggregate Year-to-Date -->\$	400.00	
SUBTOTAL of Receipts This Page (optional).....>			\$783.33
TOTAL This Period (last page this line number only).....>			

**SCHEDULE A**

**ITEMIZED RECEIPTS**  
(Contributions from Employees)

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Massachusetts Mutual Life Insurance Company Political Action Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVIES, JOHN B. 1259 WESTERN AVE WESTFIELD, MA 01085	Massachusetts Mutual Life Insurance Company	MONTHLY PAYROLL DEDUCTION	\$200.00
	Occupation EXECUTIVE VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date --->\$ 600.00		
B. Full Name, Mailing Address and Zip Code DICKEY, ANDREW C. 863 RIDGE ROAD WILBRAHAM, MA 01095	Massachusetts Mutual Life Insurance Company		
	Occupation MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date --->\$ 350.00		
C. Full Name, Mailing Address and Zip Code DORMAN, STEVEN W. 7912 RIVER FALLS DRIVE POTOMAC, MD 20854	Massachusetts Mutual Life Insurance Company		
	Occupation GENERAL AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date --->\$ 750.00		
D. Full Name, Mailing Address and Zip Code EAGAN, JAY 8604 OXFORD AVENUE LUBBOCK, TX 79413	Massachusetts Mutual Life Insurance Company		
	Occupation GENERAL AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date --->\$ 750.00		
E. Full Name, Mailing Address and Zip Code ESTLER, STEVEN D. 2177 N.E. 83RD STREET FORT LAUDERDALE, FL 33308	Massachusetts Mutual Life Insurance Company		
	Occupation AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date --->\$ 350.00		
F. Full Name, Mailing Address and Zip Code FERNALD, BRUCE C. 748 SHARP MOUNTAIN CREEK MARIETTA, GA 30067	Massachusetts Mutual Life Insurance Company	3/20/98	\$350.00
	Occupation MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date --->\$ 350.00		
G. Full Name, Mailing Address and Zip Code FIGORE, DENNIS 4760 SURFWOOD DRIVE COMMERCE TOWNSHIP, MI 48382	Massachusetts Mutual Life Insurance Company	3/11/98	\$750.00
	Occupation AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date --->\$ 750.00		

SUBTOTAL of Receipts This Page (optional).....>	\$1,300.00
TOTAL This Period (last page this line number only).....>	



**SCHEDULE A ITEMIZED RECEIPTS**  
(Contributions from Employees)

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

PAGE 6 OF 21  
FOR LINE NUMBER 11a(i)

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FITZGERALD, DANIEL J. 8 WARD DRIVE WILBRAHAM, MA 01095	Massachusetts Mutual Life Insurance Company	MONTHLY PAYROLL DEDUCTION	\$168.66
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation PRESIDENT & CEO / INTL	Aggregate Year-to-Date -->\$ 499.98	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FLANAGAN, TIMOTHY C. 249 GLENMOOR ROAD GLADWYNE, PA 19035	Massachusetts Mutual Life Insurance Company	3/11/98	\$750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT	Aggregate Year-to-Date -->\$ 750.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FLEBOTTE, NORMAN B. 9 HOMESTEAD STREET PALMER, MA 01069	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation MANAGING DIRECTOR	Aggregate Year-to-Date -->\$ 350.00	
D. Full Name, Mailing Address and Zip Code	Member of	Date (month, day, year)	Amount of Each Receipt this Period
FOLEY, DAVID E. 4500 REDMOND ROAD SPRINGFIELD, OH 45505	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation AGENT	Aggregate Year-to-Date -->\$ 350.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FORD, DAVID M. 2521 ALMA AVENUE MANHATTAN BEACH, CA 90266	Massachusetts Mutual Life Insurance Company	3/28/98	\$375.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT	Aggregate Year-to-Date -->\$ 375.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FORD, MAUREEN R. 79 ANVIL DRIVE AVON, CT 06001	Massachusetts Mutual Life Insurance Company	3/6/98	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation SENIOR VICE PRESIDENT	Aggregate Year-to-Date -->\$ 1,000.00	
G. Full Name, Mailing Address and Zip Code	Member of	Date (month, day, year)	Amount of Each Receipt this Period
FOSTER, JOHN E. 10403 TRUMPETER CT. VIENNA, VA 22182	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation AGENT	Aggregate Year-to-Date -->\$ 250.00	

SUBTOTAL of Receipts This Page (optional) .....> \$2,291.66

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

**SCHEDULE A ITEMIZED RECEIPTS**  
(Contributions from Employees)

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

PAGE 7 OF 21  
FOR LINE NUMBER 11a(i)

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

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FRANTZ, GARY A. 2900 TWO PNC PLAZA PITTSBURGH, PA 15222	Massachusetts Mutual Life Insurance Company	3/11/98	\$400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT	Aggregate Year-to-Date -->\$ 400.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FRASER, GRANT D. 238 HILLGREEN PLACE ARCADIA, CA 91006	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT	Aggregate Year-to-Date -->\$ 750.00	
C. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
FUNK, JOHN D. 324 LUCAS ROAD PHOENIXVILLE, PA 19480		3/20/98	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation AGENT	Aggregate Year-to-Date -->\$ 250.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GALE, JEFFREY S. 9129 CHATHAM COURT WESTLAKE, OH 44145	Massachusetts Mutual Life Insurance Company	3/11/98	\$750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT	Aggregate Year-to-Date -->\$ 750.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GAVALAS, NICHOLAS B. 799 CREEKSIDE DRIVE MT. PLEASANT, SC 29464	Massachusetts Mutual Life Insurance Company	3/20/98	\$750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT	Aggregate Year-to-Date -->\$ 750.00	
F. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
GREENWOOD, JACK R. 124 CONWAY STREET CARLISLE, PA 17013			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation AGENT	Aggregate Year-to-Date -->\$ 250.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GRIESHABER, DANIEL D. 2452 WHITEHALL COURT AURORA, IL 60504	Massachusetts Mutual Life Insurance Company	3/11/98	\$400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT	Aggregate Year-to-Date -->\$ 400.00	

SUBTOTAL of Receipts This Page (optional).....> \$2,650.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**  
(Contributions from Employees)

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

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HAMBLÉN, JEFFERY D. 10805 HANNAH FARM ROAD OAKTON, VA 22124	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation AGENT		
	Aggregate Year-to-Date -->\$	650.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HARGREAVES, KENNETH 40 ENGLEWOOD ROAD LONGMEADOW, MA 01106	Massachusetts Mutual Life Insurance Company	MONTHLY PAYROLL DEDUCTION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation EXECUTIVE DIRECTOR		\$83.33
	Aggregate Year-to-Date -->\$	249.99	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HARRIS, MARILYN S. 7426 HIDDEN CREEK DRIVE DALLAS, TX 75252	Massachusetts Mutual Life Insurance Company	3/11/98	\$400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT		
	Aggregate Year-to-Date -->\$	400.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HAYS, MICHAEL D. 118 TRIMMER LANE WESTFIELD, MA 01085	Massachusetts Mutual Life Insurance Company	MONTHLY PAYROLL DEDUCTION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT		\$83.33
	Aggregate Year-to-Date -->\$	249.99	
E. Full Name, Mailing Address and Zip Code	Member of	Date (month, day, year)	Amount of Each Receipt this Period
HEGER, STEVEN K. 17531 APPLEWOOD LANE ROCKVILL, MD 20855	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation AGENT		
	Aggregate Year-to-Date -->\$	250.00	
F. Full Name, Mailing Address and Zip Code	Member of	Date (month, day, year)	Amount of Each Receipt this Period
HEISLER, MARK A. 12427 BAYHILL DRIVE CARMEL IN 46033	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation AGENT		
	Aggregate Year-to-Date -->\$	250.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HENDERSON, JON A. 602 WEST BUTTERFIELD COURT PEORIA, IL 61614	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT		
	Aggregate Year-to-Date -->\$	750.00	

SUBTOTAL of Receipts This Page (optional).....>	\$566.66
TOTAL This Period (last page this line number only).....>	

**SCHEDULE A**

**ITEMIZED RECEIPTS**  
(Contributions from Employees)

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

PAGE 9 OF 21  
FOR LINE NUMBER 11a(j)

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HERTZ, DOUGLAS N. P.O. BOX 383 WILBRAHAM, MA 01095	Massachusetts Mutual Life Insurance Company	3/20/98	\$700.00
	Occupation VP AND ACTUARY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date --->\$ 700.00		
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HINRICHS, IVAN C. 5200 McALPINE FARM ROAD CHARLOTTE, NC 28228	Massachusetts Mutual Life Insurance Company		
	Occupation GENERAL AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date --->\$ 750.00		
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HOLLAND, ALAN L. 10818 N. EVERS PARK DRIVE HOUSTON, TX 77024	Massachusetts Mutual Life Insurance Company	3/11/98	\$400.00
	Occupation GENERAL AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date --->\$ 400.00		
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HUFFMAN, GARY T. 4 WHITMAN POND ROAD SIMSBURY, CT 06070	Massachusetts Mutual Life Insurance Company		
	Occupation SENIOR VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date --->\$ 1,000.00		
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JERMYN, ISADORE 18 DUXBURY LANE LONGMEADOW, MA 01106	Massachusetts Mutual Life Insurance Company	MONTHLY PAYROLL DEDUCTION	\$85.61
	Occupation SENIOR VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date --->\$ 228.55		
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHNSON, GARY 103 DEL NORTE VISTA COURT FOLSOM, CA 95630	Massachusetts Mutual Life Insurance Company	3/1/98	\$750.00
	Occupation GENERAL AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date --->\$ 750.00		
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHNSON, TERRILL B. 8807 16TH STREET W. ROCK ISLAND, IL 61201	Massachusetts Mutual Life Insurance Company		
	Occupation GENERAL AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date --->\$ 750.00		

SUBTOTAL of Receipts This Page (optional).....> \$1,935.61

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**  
(Contributions from Employees)

Use separate schedule(s)  
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Detailed Summary Page

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOYAL, ROBERT E. 949 GLENDALE ROAD WILBRAHAM, MA 01095	Massachusetts Mutual Life Insurance Company	MONTHLY PAYROLL DEDUCTION	\$85.81
	Occupation EXECUTIVE DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date -->\$ 241.13		
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KASAI, CANDICE 25 WALNUT STREET NORTH HAMPTON, MA 01060	Massachusetts Mutual Life Insurance Company	MONTHLY PAYROLL DEDUCTION	\$83.33
	Occupation SENIOR VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date -->\$ 249.99		
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KIBBE, MARY WILSON 984 GRAYSON DRIVE SPRINGFIELD, MA 01119	Massachusetts Mutual Life Insurance Company		
	Occupation EXECUTIVE DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date -->\$ 1,000.00		
D. Full Name, Mailing Address and Zip Code	Member of	Date (month, day, year)	Amount of Each Receipt this Period
KUHN, DON A. 5923 CAMELBACK CT. INDIANAPOLIS, IN 46250	Massachusetts Mutual Life Insurance Company		
	Occupation AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date -->\$ 250.00		
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LANDER, ELLEN R. 142 E. 16TH STREET, APT 14A NEW YORK, NY 10003	Massachusetts Mutual Life Insurance Company		
	Occupation MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date -->\$ 250.00		
F. Full Name, Mailing Address and Zip Code	Member of	Date (month, day, year)	Amount of Each Receipt this Period
LARGE, GREGORY K. 61 W 62ND STREET, APT 21D NEW YORK, NY 10023	Massachusetts Mutual Life Insurance Company		
	Occupation AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date -->\$ 650.00		
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LAURETTI, DAVID 8 GALE ROAD BLOOMFIELD, CT 06002	Massachusetts Mutual Life Insurance Company	MONTHLY PAYROLL DEDUCTION	\$54.44
	Occupation SENIOR MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date -->\$ 210.00		

SUBTOTAL of Receipts This Page (optional).....> \$223.38

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**  
(Contributions from Employees)

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

PAGE 11 OF 21  
FOR LINE NUMBER 11a(l)

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

A. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
LAU, DAVID F. 5215 WINLANE DRIVE BLOOMFIELD HILLS, MI 48302  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation AGENT  Aggregate Year-to-Date -->\$	3/26/98  650.00	\$650.00
B. Full Name, Mailing Address and Zip Code  LECCE, VINCENT 1127 MOHEGAN ROAD NISKAYUNA, NY 12309  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Member of Massachusetts Mutual Life Insurance Company  Occupation AGENT  Aggregate Year-to-Date -->\$	Date (month, day, year)  250.00	Amount of Each Receipt this Period
C. Full Name, Mailing Address and Zip Code  LEE, RONALD B. 18 CARRIAGE ROAD ROSLYN, NY 11576  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company  Occupation GENERAL AGENT  Aggregate Year-to-Date -->\$	Date (month, day, year)  750.00	Amount of Each Receipt this Period
D. Full Name, Mailing Address and Zip Code  LEVIN, GARY J. 12135 CLEAR HARBOR DRIVE TAMPA, FL 33626  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company  Occupation GENERAL AGENT  Aggregate Year-to-Date -->\$	Date (month, day, year)  750.00	Amount of Each Receipt this Period
E. Full Name, Mailing Address and Zip Code  LEWIS, GARY E. 610 CRESTWOOD DRIVE NASHVILLE, TN 37204  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company  Occupation GENERAL AGENT  Aggregate Year-to-Date -->\$	Date (month, day, year)  750.00	Amount of Each Receipt this Period
F. Full Name, Mailing Address and Zip Code  LITTLE, ROBERT F. 37 W. COLONIAL ROAD WILBRAHAM, MA 01095  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company  Occupation MANAGING DIRECTOR  Aggregate Year-to-Date -->\$	Date (month, day, year)  250.00	Amount of Each Receipt this Period
G. Full Name, Mailing Address and Zip Code  LOMELI, P. ANN FUTTER 68 OUTLOOK AVENUE WEST HARTFORD, CT 06119  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Name of Employer Massachusetts Mutual Life Insurance Company  Occupation VP, ASSOC SECY & ASSOC G. COU  Aggregate Year-to-Date -->\$	Date (month, day, year)  425.00	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....> \$2,900.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**  
(Contributions from Employees)

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

PAGE 12 OF 21  
FOR LINE NUMBER 11a(1)

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

A. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
LYON, DAVID L. 3604 WESTBURY ROAD BIRMINGHAM, AL 35223	Occupation AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date -->\$	250.00	
B. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
MAFFETT, BAXTER H. 23 GLEN HOLLOW WEST HARTFORD, CT 06117	Occupation AGENT	3/20/98	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date -->\$	250.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
MARSHALL, J. EUGENE 15 MULBERRY BLUFF DRIVE SAVANNAH, GA 31408	Occupation GENERAL AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date -->\$	750.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
MATTSON, BYRON B. 67 RIDGE ROAD LONGMEADOW, MA 01106	Occupation SENIOR MANAGING DIRECTOR	MONTHLY PAYROLL DEDUCTION	\$56.42
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date -->\$	201.26	
E. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
McCASKILL, TOM 6202 E. MURDOCK WICHITA, KS 67208	Occupation GENERAL AGENT	3/20/98	\$750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date -->\$	750.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
McCRAE, HENRY W. JR 11113 SITHEAN WAY RICHMOND, VA 23233	Occupation GENERAL AGENT	3/11/98	\$750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date -->\$	750.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
McDERMID, MICHAEL J. 665 MOUNTAINVIEW DRIVE LEWISTON, NY 14092	Occupation GENERAL AGENT	3/31/98	\$85.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date -->\$	255.00	

SUBTOTAL of Receipts This Page (optional).....> \$1,680.42

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

**SCHEDULE A ITEMIZED RECEIPTS**  
(Contributions from Employees)

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

A. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
McMAHAN, GARY D. 1506 S. SEABREEZE TRAIL VIRGINIA BEACH, VA 23452	Occupation AGENT	MONTHLY PAYROLL DEDUCTION	\$80.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date -->\$ 280.00		
B. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
MEEHAN, THOMAS G. 324 SAPPHIRE BALBOA ISLAND, CA 92862	Occupation GENERAL AGENT	3/26/98	\$375.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date -->\$ 375.00		
C. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
MELTZER, ALAN L. 11215 LOCKWOOD DRIVE SILVER SPRING, MD 20901	Occupation GENERAL AGENT	3/31/98	\$416.66
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date -->\$ 1,249.98		
D. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
MICELI, ANDREW M. 106 STRATHMORE PLACE LOS GATOS, CA 95030	Occupation GENERAL AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date -->\$ 400.00		
E. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
MILLER, JAMES E. 344 INVERNESS LANE LONGMEADOW, MA 01108	Occupation EXECUTIVE VICE PRESIDENT	MONTHLY PAYROLL DEDUCTION	\$181.81
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date -->\$ 363.62		
F. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
MILLER, MADELYN K. 432 BIRN AVE. WEST SPRINGFIELD, MA 01089	Occupation MANAGING DIRECTOR	3/3/98	\$300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date -->\$ 300.00		
G. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
MONTI, THOMAS A. 117 GROVE STREET WELLESLEY, MA 02161-7803	Occupation GENERAL AGENT	3/20/98	\$750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date -->\$ 750.00		
SUBTOTAL of Receipts This Page (optional).....>			\$2,103.47
TOTAL This Period (last page this line number only).....>			



**SCHEDULE A ITEMIZED RECEIPTS**  
(Contributions from Employees)

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MULLINX, JAMES P. 12505 ALHAMBRA LEAWOOD, KS 66209	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT		
	Aggregate Year-to-Date -->\$	500.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MURPHY, JOHN V. 651 MAIN STREET HINGHAM, MA 02043	Massachusetts Mutual Life Insurance Company	MONTHLY PAYROLL DEDUCTION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation EXECUTIVE VICE PRESIDENT		\$181.82
	Aggregate Year-to-Date -->\$	363.64	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NOLAN, DICK 27 GATEHOUSE ROAD BEDMINSTER, NJ 07921	Massachusetts Mutual Life Insurance Company	3/28/98	\$750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT		
	Aggregate Year-to-Date -->\$	750.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
OCONNOR, THOMAS F. 55 WOODFIELDS DRIVE TOLLAND, CT 06084	Massachusetts Mutual Life Insurance Company	MONTHLY PAYROLL DEDUCTION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation DIRECTOR		\$54.44
	Aggregate Year-to-Date -->\$	210.00	
E. Full Name, Mailing Address and Zip Code	Member of	Date (month, day, year)	Amount of Each Receipt this Period
ORPHAN, NICHOLAS J. 7420 PRINCETON TRACE ATLANTA, GA 30328	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation AGENT		
	Aggregate Year-to-Date -->\$	425.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
OSGOOD, CHRISTINE 100 GREEN HILL ROAD LONGMEADOW, MA 01106-2938	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation VICE PRESIDENT		
	Aggregate Year-to-Date -->\$	425.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
OTWELL, JAMES WOODARD 3507 REDINGTON DRIVE GREENSBORO, NC 27410	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT		
	Aggregate Year-to-Date -->\$	750.00	

SUBTOTAL of Receipts This Page (optional).....>	\$986.26
TOTAL This Period (last page this line number only).....>	

**SCHEDULE A**

**ITEMIZED RECEIPTS**  
(Contributions from Employees)

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PAJAK, JOHN 31 MARYLAND AVENUE CHICOPEE, MA 01020	Massachusetts Mutual Life Insurance Company	MONTHLY PAYROLL DEDUCTION	\$166.67
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation PRESIDENT & COO	Aggregate Year-to-Date -->\$ 500.01	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PARISI, VINCENT A. 7 SOUTH PARK CT. HOLMDEL, NJ 07733	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT	Aggregate Year-to-Date -->\$ 750.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
POLK, CLIFF P. JR 7 MEADOWVIEW LANE LITTLETON, CO 80121	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT	Aggregate Year-to-Date -->\$ 400.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
POLVERINI, LEO J. JR 81 CONCORD ROAD LONGMEADOW, MA 01108	Massachusetts Mutual Life Insurance Company	MONTHLY PAYROLL DEDUCTION	\$87.69
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation SENIOR VICE PRESIDENT	Aggregate Year-to-Date -->\$ 210.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
REESE, ELIZABETH G. 45 DRUMLIN ROAD WEST SIMSBURY, CT 06092	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation CHIEF EXECUTIVE DIRECTOR	Aggregate Year-to-Date -->\$ 300.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARDS, BRUCE C. 12202 N.E. 31ST PLACE BELLEVUE, WA 98005	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT	Aggregate Year-to-Date -->\$ 750.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROGERS, WILLIAM J. II 1381 WESLEY PARKWAY, NW ATLANTA, GA 30327	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT	Aggregate Year-to-Date -->\$ 750.00	

SUBTOTAL of Receipts This Page (optional).....>	\$254.36
TOTAL This Period (last page this line number only).....>	

**SCHEDULE A ITEMIZED RECEIPTS**  
(Contributions from Employees)

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROCKS, DEBORAH G. 14745 SE 117TH AVENUE CLACKAMAS, OR 97015	Massachusetts Mutual Life Insurance Company	3/11/98	\$750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT	Aggregate Year-to-Date --->\$ 750.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RYAN, EDMOND F. 19 QUINNEHTUK ROAD LONGMEADOW, MA 01106	Massachusetts Mutual Life Insurance Company	MONTHLY PAYROLL DEDUCTION	\$83.33
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation SENIOR VICE PRESIDENT	Aggregate Year-to-Date --->\$ 249.99	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SALVO, SALVADORE R. 8 SPRING LANE WARREN, NJ 07080	Massachusetts Mutual Life Insurance Company	3/20/98	\$750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT	Aggregate Year-to-Date --->\$ 750.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SCHINKE, THOMAS C. 5802 WINDSONA CIRCLE MADISON, WI 53711	Massachusetts Mutual Life Insurance Company	3/6/98	\$750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT	Aggregate Year-to-Date --->\$ 750.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SCHULMAN, DAVID B. 9513 SEA TURTLE DRIVE PLANTATION, FL 33324	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT	Aggregate Year-to-Date --->\$ 750.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SCHULTE, PETER L. 8589 136TH CT. W APPLE VALLEY, MN 55124	Massachusetts Mutual Life Insurance Company	3/28/98	\$750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT	Aggregate Year-to-Date --->\$ 750.00	
G. Full Name, Mailing Address and Zip Code	Member of	Date (month, day, year)	Amount of Each Receipt this Period
SCIARRINO, JOHN P. 17305 LASSEN COURT NORTHRIDGE, CA 91325	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation AGENT	Aggregate Year-to-Date --->\$ 250.00	

SUBTOTAL of Receipts This Page (optional).....> \$3,083.33

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

**SCHEDULE A ITEMIZED RECEIPTS**  
(Contributions from Employees)

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SEYMOUR, DALE J. 2401 WEALDSTONE ROAD TOLEDO, OH 43617	Massachusetts Mutual Life Insurance Company	3/31/88	\$85.00
	Occupation GENERAL AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA		Aggregate Year-to-Date —>\$ 255.00	
SHUTE, TY W. 13422 GAMINITO CARMEL DEL MAR, CA 92014	Massachusetts Mutual Life Insurance Company	3/26/88	\$1,060.00
	Occupation GENERAL AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA		Aggregate Year-to-Date —>\$ 1,000.00	
SINKS, ROBERT TIMOTHY 3514 GILLISPIE AVENUE NASHVILLE, TN 37205	Massachusetts Mutual Life Insurance Company	3/26/88	\$400.00
	Occupation GENERAL AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA		Aggregate Year-to-Date —>\$ 400.00	
SMITH, DANIEL M. 90 DOLAN DRIVE GUILFORD, CT 06437	Massachusetts Mutual Life Insurance Company		
	Occupation AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA		Aggregate Year-to-Date —>\$ 250.00	
SPADA, JOSEPH W. 17 STONEGATE DRIVE ROSELAND, NJ 07068	Massachusetts Mutual Life Insurance Company		
	Occupation AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA		Aggregate Year-to-Date —>\$ 300.00	
SQUIRES, STEPHEN 325 SHARPE LANE ALPHARETTA, GA 30202	Massachusetts Mutual Life Insurance Company	3/31/88 3/11/88	\$400.00 \$350.00
	Occupation GENERAL AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA		Aggregate Year-to-Date —>\$ 750.00	
STAMANT, JEANNE M. 214 WOODBROOK TERRACE WEST SPRINGFIELD, MA 01089	Massachusetts Mutual Life Insurance Company	MONTHLY PAYROLL DEDUCTION	\$91.67
	Occupation EXECUTIVE DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA		Aggregate Year-to-Date —>\$ 275.01	

SUBTOTAL of Receipts This Page (optional).....>	\$2,326.67
TOTAL This Period (last page this line number only).....>	

**SCHEDULE A ITEMIZED RECEIPTS**  
(Contributions from Employees)

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STARR, JON M. 4 MARTINE AVENUE, PH 118 WHITE PLAINS, NY 10606	Massachusetts Mutual Life Insurance Company	3/11/98	\$750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT	Aggregate Year-to-Date --->\$ 750.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ST. JEAN, RICHARD A. JR 20 DROHAN STREET HUNTINGTON, NY 11743	Massachusetts Mutual Life Insurance Company	3/11/98	\$400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT	Aggregate Year-to-Date ---->\$ 400.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SUDEETH, STEVE M. 2106 NORTH 21ST ROAD ARLINGTON, VA 22201	Massachusetts Mutual Life Insurance Company	3/11/98	\$400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT	Aggregate Year-to-Date ---->\$ 400.00	
D. Full Name, Mailing Address and Zip Code	Member of	Date (month, day, year)	Amount of Each Receipt this Period
SUNDBERG, DAVID C. 9320 DURADO CT. LINCOLN, NE 68520	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation AGENT	Aggregate Year-to-Date ---->\$ 250.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TRAPANI, MICHAEL A. 2264 LAKE PAGE DRIVE COLLIERVILLE, TN 38017	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT	Aggregate Year-to-Date ---->\$ 400.00	
F. Full Name, Mailing Address and Zip Code	Member of	Date (month, day, year)	Amount of Each Receipt this Period
TREADWELL, BARBARA 20 WATERSIDE PLAZA NEW YORK, NY 10010	Massachusetts Mutual Life Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation AGENT	Aggregate Year-to-Date ---->\$ 650.00	
G. Full Name, Mailing Address and Zip Code	Member of	Date (month, day, year)	Amount of Each Receipt this Period
TURNROY, BERNARD I. 1230 COURIER CT. DEERFIELD, IL 60015	Massachusetts Mutual Life Insurance Company	3/20/98	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation AGENT	Aggregate Year-to-Date ---->\$ 250.00	
SUBTOTAL of Receipts This Page (optional).....>			\$1,800.00
TOTAL This Period (last page this line number only).....>			

**SCHEDULE A**

**ITEMIZED RECEIPTS**  
(Contributions from Employees)

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
YANDERVEEN, MICHAEL 249 REGAL COURT SW GRANDVILLE, MI 49418  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Massachusetts Mutual Life Insurance Company  Occupation GENERAL AGENT	  Aggregate Year-to-Date --->\$ 750.00	
WALCOTT, EUSTIS 297 ARDSLEY ROAD LONGMEADOW, MA 01106  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Massachusetts Mutual Life Insurance Company  Occupation EXECUTIVE VICE PRESIDENT	  Aggregate Year-to-Date --->\$ 500.00	
WALKER, KERRY L. 3887 S. EAGLE AURORA, CO 80014  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Massachusetts Mutual Life Insurance Company  Occupation GENERAL AGENT	3/11/96  Aggregate Year-to-Date --->\$ 400.00	\$400.00
WATERS, ROBERT T. 2822 EAST LAKE ROAD SKANEATELES, NY 13152  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Massachusetts Mutual Life Insurance Company  Occupation AGENT	  Aggregate Year-to-Date --->\$ 250.00	
WATSON, KENNETH R. 63 BURNING TREE ROAD GREENWICH, CT 06830  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Massachusetts Mutual Life Insurance Company  Occupation GENERAL AGENT	3/11/96  Aggregate Year-to-Date --->\$ 750.00	\$750.00
WEBSTER, JAMES M. JR 5812 CHARLESMEAD ROAD BALTIMORE, MD 21212  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Massachusetts Mutual Life Insurance Company  Occupation AGENT	  Aggregate Year-to-Date --->\$ 650.00	
WENDLANDT, GARY E. 55 SCULLY ROAD SOMERS, CT 06071  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Massachusetts Mutual Life Insurance Company  Occupation EXECUTIVE VICE PRESIDENT & GI	MONTHLY PAYROLL DEDUCTION  Aggregate Year-to-Date --->\$ 488.66	\$166.66
SUBTOTAL of Receipts This Page (optional).....>			\$1,318.66
TOTAL This Period (last page this line number only).....>			

**SCHEDULE A**

**ITEMIZED RECEIPTS**  
(Contributions from Employees)

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

PAGE 20 OF 21  
FOR LINE NUMBER 11a(1)

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WHEELER, THOMAS 288 PARK DRIVE SPRINGFIELD, MA 01108	Massachusetts Mutual Life Insurance Company	MONTHLY PAYROLL DEDUCTION	\$83.33
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date -->\$ 249.99		
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WIENKEN, GARY 2850 MYRTLE DRIVE MECHANICSBURG, PA 17055	Massachusetts Mutual Life Insurance Company	3/3/98	\$750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date -->\$ 750.00		
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLARD, JOE 5310 E. 31ST STREET TULSA, OK 74136	Massachusetts Mutual Life Insurance Company	3/20/98	\$750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date -->\$ 750.00		
D. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAMS, MICHAEL R. 2825 SOUTH 101ST STREET OMAHA, NE 68124	AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date -->\$ 250.00		
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILSON, JOHN W. 2202 TANGLEY HOUSTON, TX 77005	Massachusetts Mutual Life Insurance Company	3/11/98	\$750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date -->\$ 750.00		
F. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
WINTHROP, KENNETH R. 7809 W. 83RD STREET PLAYA DEL REY, CA 90293	AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date -->\$ 250.00		
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WOLAK, WALTER W. 4 FISHER COURT FLEMINGTON, NJ 08822	Massachusetts Mutual Life Insurance Company	3/20/98	\$400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date -->\$ 400.00		

SUBTOTAL of Receipts This Page (optional).....> \$2,733.33

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

**SCHEDULE A ITEMIZED RECEIPTS**  
(Contributions from Employees)

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WOODWARD, JAMES H. 250B WRENHAVEN LANE SALT LAKE CITY, UT 84121	Massachusetts Mutual Life Insurance Company	3/11/98	\$750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Occupation GENERAL AGENT	Aggregate Year-to-Date -->\$ 750.00	
B. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
WYSE, KENT L. 13105 NEUROTH HWY. JASPER, MI 48248	Occupation AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date -->\$ 250.00		
C. Full Name, Mailing Address and Zip Code	Member of Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
YARON, ITZHAK 1122 SOUTH CLARK DRIVE, NO. 1 LOS ANGELES, CA 90035	Occupation AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date -->\$ 250.00		
D. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date -->\$		
E. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date -->\$		
F. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date -->\$		
G. Full Name, Mailing Address and Zip Code	Name of Employer Massachusetts Mutual Life Insurance Company	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NA	Aggregate Year-to-Date -->\$		

SUBTOTAL of Receipts This Page (optional).....>	\$750.00
TOTAL This Period (last page this line number only).....>	\$33,442.23



**SCHEDULE A**

**ITEMIZED RECEIPTS**  
(Other Receipts - Interest Earned)

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

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MassMutual Employee Credit Union 1295 State Street Springfield, MA 01111	Interest on Savings Account	3/31/98	\$122.29
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date -->\$ 217.77	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MassMutual Employee Credit Union 1295 State Street Springfield, MA 01111	Interest on Money Market Account		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date -->\$	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date -->\$	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date -->\$	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date -->\$	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date -->\$	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date -->\$	

SUBTOTAL of Receipts This Page (optional).....> \$122.29  
TOTAL This Period (last page this line number only).....> \$122.29

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

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
BACHUS FOR CONGRESS P.O. BOX 59444 BIRMINGHAM, AL 35269	CONTRIBUTION - HOUSE AL 6TH - 11/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/02/98	\$500.00
BRAUN FOR U.S. SENATE 819 S. WABASH, SUITE 806 CHICAGO, IL 60605	CONTRIBUTION - SENATE IL - 11/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/09/98	\$1,000.00
CARDIN FOR CONGRESS P.O. BOX 85056 BALTIMORE, MD 21209-0056	CONTRIBUTION - HOUSE MD 3RD - 11/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/23/98	\$1,000.00
CITIZENS FOR DAVID OBEY P.O. BOX 75214 WASHINGTON, DC 20013-5214	CONTRIBUTION - HOUSE WI 7TH - 11/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/02/98	\$1,000.00
CITIZENS FOR TOM PETRI 4451 BROOKFIELD CORPORATE DR. BTE 200 CHANTILLY, VA 20151-1652	CONTRIBUTION - HOUSE WI 6TH - 11/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/02/98	\$500.00
COLLINS FOR CONGRESS COMMITTEE 4010 FRANCONIA ROAD ALEXANDRIA, VA 22310	CONTRIBUTION - HOUSE GA 3RD - 11/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/13/98	\$500.00
COMMITTEE TO RE-ELECT CONG. MARGE ROUKEMA P.O. BOX 625 RIDGEWOOD, NJ 07451	CONTRIBUTION - HOUSE 5th NJ - 11/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/02/98	\$1,000.00
COMMITTEE TO RE-ELECT ED TOWNS 360 CLINTON AVE., BTE. 6R BROOKLYN, NY 11238	CONTRIBUTION - HOUSE NY 10TH - 11/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/23/98	\$500.00
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE 430 SOUTH CAPITOL STREET, SE WASHINGTON, DC 20003	CONTRIBUTION TO POLITICAL COMMITTEE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) PAC	03/13/98	\$5,000.00

SUBTOTAL of Receipts This Page (optional).....>	\$11,000.00
TOTAL This Period (last page this line number only).....>	

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

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

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE 430 SOUTH CAPITOL STREET, S.E. WASHINGTON, DC 20003	CONTRIBUTION TO POLITICAL COMMITTEE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) PAC	03/18/98	\$5,000.00
EARL POMEROY FOR CONGRESS P.O. BOX 748 BISMARCK ND 58502	CONTRIBUTION - HOUSE ND - 11/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/23/98	\$500.00
ENSIGN FOR CONGRESS 4012 S. RAINBOW, SUITE K-580 LAS VEGAS, NV 89103	CONTRIBUTION - HOUSE 1ST NV - 11/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/13/98	\$1,000.00
FRIENDS OF AMO HOUGHTON P.O. BOX 1107 CORNING, NY 14830	CONTRIBUTION - HOUSE NY 31ST - 11/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/13/98	\$500.00
FRIENDS OF BOB GRAHAM 233 CONSTITUTION AVE., NE WASHINGTON, DC 20002	CONTRIBUTION - SENATE FL - 11/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/02/98	\$1,000.00
FRIENDS OF CHRIS DODD 203 "C" STREET, NE WASHINGTON, DC 20002	CONTRIBUTION - SENATE CT - 11/98 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/05/98	(-\$1000.00-- CHECK VOIDED SEE FEB '98 RPT)
FRIENDS OF CHRIS DODD 203 "C" STREET, NE WASHINGTON, DC 20002	CONTRIBUTION - SENATE CT - 11/98 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/23/98	\$1,000.00
FRIENDS OF JENNIFER DUNN 1212 NORTH VERNON STREET ARLINGTON, VA 22201	CONTRIBUTION - HOUSE 8TH WA - 11/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/06/98	\$500.00
FRIENDS OF JERRY KLECZKA 3268 SOUTH 8TH STREET MILWAUKEE, WI 53215	CONTRIBUTION - HOUSE 4th WI - 11/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/08/98	\$1,000.00

SUBTOTAL of Receipts This Page (optional).....>	\$9,500.00
TOTAL This Period (last page this line number only).....>	

**SCHEDULE B ITEMIZED DISBURSEMENTS**

(Contributions to Federal Candidates and other Political Committees)

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

PAGE 3 OF 5  
FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
FRIENDS OF KENT CONRAD P.O. BOX 812 BISMARCK, ND 58502	CONTRIBUTION - SENATE ND - 11/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/06/98	\$1,000.00
FRIENDS OF NEWT GINGRICH 1085 HOLCOMB BRIDGE, SUITE 100A ROSWELL, GA 30077	CONTRIBUTION - HOUSE 6TH GA - 11/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/23/98	\$1,000.00
FRIENDS OF SENATOR D'AMATO P.O. BOX 888 MINEOLA, NY 11501	CONTRIBUTION - SENATE NY - 11/98 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/13/98	\$1,000.00
GEPHARDT IN CONGRESS COMMITTEE 7435 WATSON ROAD, SUITE 107 ST. LOUIS, MO 63119	CONTRIBUTION - HOUSE 3rd MO - 11/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/23/98	\$2,000.00
GERALD C. "JERRY" WELLER FOR CONGRESS 4451 BROOKFIELD CORPORATE DR. STE 200 CHANTILLY, VA 20151-1652	CONTRIBUTION - HOUSE IL 11TH - 11/98 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/23/98	\$500.00
HULSHOF FOR CONGRESS P.O. BOX 16021 ALEXANDRIA, VA 22302	CONTRIBUTION - HOUSE MO 9TH - 11/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/19/98	\$500.00
JOHN D. DINGELL FOR CONGRESS COMMITTEE C/O 555 NEW JERSEY AVE NW STE 201 WASHINGTON, DC 20001	CONTRIBUTION - HOUSE 18th MI - 11/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/02/98	\$1,000.00
LEVIN FOR CONGRESS 30636 DeQUINDRE WARREN, MI 48090	CONTRIBUTION - HOUSE MI 12TH - 11/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/23/98	\$500.00
NIELSEN CONGRESS 88 2 STONY HILL ROAD BETHEL, CT 06801	CONTRIBUTION - HOUSE CT 5TH - 11/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/02/98	\$1,000.00

SUBTOTAL of Receipts This Page (optional) .....> \$8,500.00

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

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

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

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
NUSSLE FOR CONGRESS COMMITTEE 4010 FRANCONIA RD ALEXANDRIA, VA 22310-2136	CONTRIBUTION - HOUSE 2nd IA - 11/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/23/98	\$500.00
PEOPLE FOR ENGLISH 208 G STREET, NE WASHINGTON, DC 20002	CONTRIBUTION - HOUSE 21ST PA - 11/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/13/98	\$500.00
RE-ELECT NANCY JOHNSON COMMITTEE SUITE 200 4451 BROOKFIELD CORPORATE DR. CHANTILLY, VA 22021-1652	CONTRIBUTION - HOUSE 07 6TH - 11/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/02/98	\$1,000.00
REPUBLICAN MAJORITY FUND 115 NORTH LEE ST., SUITE 210 ALEXANDRIA VA 22314	CONTRIBUTION TO POLITICAL COMMITTEE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) PAC	03/13/98	\$2,000.00
SAM GEJDENSON RE-ELECTION COMMITTEE P.O. BOX 1818 BOZRAH, CT 06334	CONTRIBUTION - HOUSE 2nd CT - 11/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/06/98	\$2,500.00
SHELBY FOR U.S. SENATE P.O. BOX 1091 TUSCALOOSA, AL 35403	CONTRIBUTION - SENATE AL - 11/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/23/98	\$1,000.00
SPIRIT OF AMERICA PAC 505 CAPITOL CT. NW, STE 100 WASHINGTON, DC 20002	CONTRIBUTION TO POLITICAL COMMITTEE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) PAC	03/23/98	\$1,000.00
THE MAJORITY LEADER FUND 4451 BROOKFIELD CORPORATE DR, STE 200 CHANTILLY, VA 20151	CONTRIBUTION TO POLITICAL COMMITTEE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) PAC	03/23/98	\$1,000.00
THURMAN FOR CONGRESS 3610 38TH STREET, NW #F270 WASHINGTON, DC 20016	CONTRIBUTION - HOUSE FL 5TH - 11/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/13/98	\$500.00

SUBTOTAL of Receipts This Page (optional).....>	\$10,000.00
TOTAL This Period (last page this line number only).....>	

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

Use separate schedule(s)  
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NAME OF COMMITTEE (in Full)  
 Massachusetts Mutual Life Insurance Company Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
WATKINS FOR CONGRESS BOX WW STILLWATER, OK 74076	CONTRIBUTION - HOUSE OK SRD - 11/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/13/98	\$1,000.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period

SUBTOTAL of Receipts This Page (optional).....>	\$1,000.00
TOTAL This Period (last page this line number only).....>	\$40,000.00

**SCHEDULE B ITEMIZED DISBURSEMENTS**

(Contributions to Non-Federal Candidates and other Political Committees)

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

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
CHRISTENSEN FOR GOVERNOR 128 N. COLUMBUS STREET ALEXANDRIA, VA 22314	CONTRIBUTION - GOVERNOR NE - 11/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/18/98	\$5,000.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period

SUBTOTAL of Receipts This Page (optional).....>	\$5,000.00
TOTAL This Period (last page this line number only).....>	\$5,000.00

