

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 / 154
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
MetLife Inc. Employees Pol. Participation Fund A

Full Name (Last, First, Middle Initial) <b>A.</b> Thomas E. Lenihan		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 0 7	
Mailing Address 14 North Ridge Road		<b>Transaction ID:</b> A2007-681702	
City State Zip Code Denville NJ 07834		Amount of Each Receipt this Period 41.66	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Metropolitan Life Insurance Co Occupation Director-FII/PMU			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 333.28	

Full Name (Last, First, Middle Initial) <b>B.</b> Debra J Levin		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 9 / 2 0 0 7	
Mailing Address 200 East 57th Street		<b>Transaction ID:</b> A2007-648384	
City State Zip Code New York NY 10022		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Metropolitan Life Insurance Co Occupation Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Robert A Linzey		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 0 7	
Mailing Address 21 Ridge Road		<b>Transaction ID:</b> A2007-681940	
City State Zip Code Edison NJ 08817		Amount of Each Receipt this Period 25.63	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Metropolitan Life Insurance Co Occupation Assistant Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 205.04	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	567.29
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	