

**MetLife®**

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

One Madison Avenue, New York, NY 10010-3590

2003 MAR 21 P 3:06

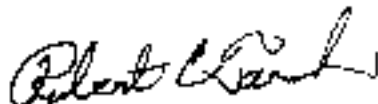
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

**Re: Metropolitan Life Insurance Company (MetLife)  
Employees' Political Participation Fund A LD. C 000 40923**

Dear Sir/Madam:

Enclosed is our "Report of Receipts and Disbursements" for the period covering February 1, 2000 through February 29, 2000.

Yours truly,



Robert C. Tamok  
Treasurer  
(212) 578-7180

March 17, 2000

**ENCLOSURE**

Copies to:

Alabama State Ethics Commission  
Arkansas Office of the Secretary of State, Election Div.  
Dist. of Columbia Office Campaign Finance,  
I.D. PA4000123  
Florida Department of State  
Illinois State Board of Elections  
Kentucky Registry of Election Finance  
Maine Comm. on Gov't Ethics and Election Practices  
New Hampshire Secretary of State  
Oklahoma Council on Campaign Compliance  
and Ethical Standards  
South Carolina State Ethics Commission

Metropolitan Life Insurance Company (MetLife) Employees' Political Participation Funds

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

2000 MAR 27 P 3:06

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

000040923 120698 P 250  
ROBERT C TARNOK  
METROPOLITAN LIFE INSURANCE CO  
MPANY (METLIFE) EMPLOYEES' POL  
ONE MADISON AVENUE  
NEW YORK NY 10010

2. FEC IDENTIFICATION NUMBER  
000040923  
3.  This committee has qualified as a multicandidate  
committee. (see FEC FORM 1M)  
Prior to 1-1-94

## 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	02/01/00 through 02/29/00		
6. (a) Cash on Hand January 1, 2000			\$ 215,679.82
(b) Cash on Hand at Beginning of Reporting Period		\$ 253,848.09	
(c) Total Receipts (from Line 19)		\$ 40,047.12	\$ 78,215.39
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 293,895.21	\$ 293,895.21
7. Total Disbursements (from Line 20)		\$ 43,475.61	\$ 43,475.61
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 250,419.60	\$ 250,419.60
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 0	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
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  
Robert C. Tarnok  
Signature of Treasurer  
*Robert C. Tarnok*  
Date  
3/17/00

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

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FEC FORM 3X  
(revised 09/03)

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 11/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
Metropolitan Life Insurance Company (MetLife) Employees' Political Participation Fund A	FROM 2/1/00	TO 2/29/00
	COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	\$ 25,522.70	\$ 31,945.04
ii. Unitemized	14,150.77	45,527.69
iii. Total (add i and ii) >	39,673.47	77,472.73
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	0	0
d. Total Contributions (add a ii, b and c) >	39,673.47	77,472.73
12. Transfers From Affiliated/Other Party Committees	0	0
13. All Loans Received	0	0
14. Loan Repayments Received	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0
17. Other Federal Receipts (Dividends, Interest, etc.)	373.65	742.66
18. Transfers from Nonfederal Account for Joint Activity	0	0
19. Total Receipts (add 11d, 12, 13, 14, 16, 17, and 18) >	40,047.12	78,215.39
20. Total Federal Receipts (subtract line 18 from line 19) >	40,047.12	78,215.39
<b>II. Disbursements</b>		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)	0	0
i. Federal Share	0	0
ii. Non-Federal Share	0	0
b. Other Federal Operating Expenditures	0	0
c. Total Operating Expenditures (add a i, a ii, and b) >	0	0
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	42,225.61	42,225.61
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0
26. Loan Repayments Made	0	0
27. Loans Made	0	0
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees	0	0
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	0	0
d. Total Contribution Refunds (add a, b and c) >	0	0
29. Other Disbursements	1,250.00	1,250.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	43,475.61	43,475.61
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	43,475.61	43,475.61
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans)(from line 11d)	39,673.47	77,472.73
33. Total Contribution Refunds (from line 28d)	0	0
34. Net Contributions (other than loans)(subtract line 33 from 32)	39,673.47	77,472.73
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0	0
36. Offsets to Operating Expenditures (from line 15)	0	0
37. Net Operating Expenditures (subtract line 36 from 35) >	0	0

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 / OF 18

FOR LINE NUMBER 11a1

Any information copied from such Reports and Statements may not be sold or used by any person for the purposes 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)**  
Metropolitan Life Insurance Company (MetLife) Employees' Political Participation Fund A

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Richard M. Blackwell 267 Holly Hill Mountainside, NJ 07092	Metropolitan Life Insurance Company	02/00 Monthly Payroll Deductions	\$ 230.76
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	\$ 461.52	
B. Full Name, Mailing Address and ZIP Code Daniel J. Covanagh 420 East 23rd St. New York, NY 10010	Metropolitan Life Insurance Company	02/00 Monthly Payroll Deductions	\$ 300.00
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation: Executive Vice President Aggregate Year-to-Date >	\$ 600.00	
C. Full Name, Mailing Address and ZIP Code Gerald Clark 253 Woodland Road Madison, NJ 07940	Metropolitan Life Insurance Company	02/00 Monthly Payroll Deductions	\$ 384.62
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation: Vice Chairman of the Board Aggregate Year-to-Date >	\$ 769.24	
D. Full Name, Mailing Address and ZIP Code Ira Feledman 130 Chadwick Road Teaneck, NJ 07666	Metropolitan Life Insurance Company	02/00 Monthly Payroll Deductions	\$ 269.10
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	\$ 520.20	
E. Full Name, Mailing Address and ZIP Code Jeffrey J. Hodgman 24 Hoyt Farm Drive New Canaan, CT 06840	Metropolitan Life Insurance Company	02/00 Monthly Payroll Deductions	\$ 384.62
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation: Executive Vice President Aggregate Year-to-Date >	\$ 769.24	
F. Full Name, Mailing Address and ZIP Code Michael R. Irvine 3 Jennifer Lane Cos Cob, CT 06807	Metropolitan Life Insurance Company	02/00 Monthly Payroll Deductions	\$ 250.00
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	\$ 500.00	
G. Full Name, Mailing Address and ZIP Code Joseph W. Jordan 440 East 23rd Street New York, NY 10010	Metropolitan Life Insurance Company	02/00 Monthly Payroll Deductions	\$ 230.76
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	\$ 461.52	
<b>SUBTOTAL of Receipts This Page (optional)</b>			\$2,040.86
<b>TOTAL This Period (last page this line number only)</b>			\$

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 2 / OF 18

FOR LINE NUMBER 11a1

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**NAME OF COMMITTEE (in Full)**  
Metropolitan Life Insurance Company (MetLife) Employees' Political Participation Fund A

A. Full Name, Mailing Address and ZIP Code Nicholas D. Laureta 344 St. Nicholas Ave. Hillsdale, NJ 07642	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 02/00 Monthly Payroll Deductions	Amount of each Receipt this period \$ 240.00
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	\$ 480.00	
B. Full Name, Mailing Address and ZIP Code Leland C. Lauer 24 Snow's Hill Lane Dover, MA 02030	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 02/00 Monthly Payroll Deductions	Amount of each Receipt this period \$ 240.00
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	\$ 480.00	
C. Full Name, Mailing Address and ZIP Code David A. Leveno 6 Winscott Drive Melville, NY 11747	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 02/00 Monthly Payroll Deductions	Amount of each Receipt this period \$ 300.00
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation: Executive Vice President Aggregate Year-to-Date >	\$ 600.00	
D. Full Name, Mailing Address and ZIP Code James L. Ligascomb 7 Thirar Oak Drive Weston, CT 06883	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 02/00 Monthly Payroll Deductions	Amount of each Receipt this period \$ 230.76
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	\$ 461.52	
E. Full Name, Mailing Address and ZIP Code William D. Livesey P.O. Box 2048 St. James, NY 11780	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 02/00 Monthly Payroll Deductions	Amount of each Receipt this period \$ 230.76
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	\$ 461.52	
F. Full Name, Mailing Address and ZIP Code John S. Lombardo 105 Millis Drive Cranston, RI 02921	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 02/00 Monthly Payroll Deductions	Amount of each Receipt this period \$ 230.78
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation: Executive - CPM Aggregate Year-to-Date >	\$ 461.56	
G. Full Name, Mailing Address and ZIP Code Lauren Mascitelli 225 W. 83rd St. New York, NY 10024	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 02/00 Monthly Payroll Deductions	Amount of each Receipt this period \$ 230.76
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	\$ 461.52	

SUBTOTAL of Receipts This Page (optional) \$1,703.06

TOTAL This Period (last page this line number only) \$

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 3 / OF 18

FOR LINE NUMBER 11a1

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**NAME OF COMMITTEE (in Full)**  
Metropolitan Life Insurance Company (MetLife) Employees' Political Participation Fund A

A. Full Name, Mailing Address and ZIP Code Stewart G. Nagler 14 Myrtle Drive Great Neck, NY 11021	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 02/00 Monthly Payroll Deductions	Amount of each Receipt this period \$ 384.62
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation: Vice Chairman of the Board Aggregate Year-to-Date >	\$ 769.24	
B. Full Name, Mailing Address and ZIP Code Chibberbe A. Rein 21 East 22nd St., Apt. 8H New York, NY 10010	Name of Employer MetLife Auto & Home	Date (month, day, year) 02/00 Monthly Payroll Deductions	Amount of each Receipt this period \$ 380.00
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation: President & CEO Aggregate Year-to-Date >	\$ 760.00	
C. Full Name, Mailing Address and ZIP Code Vincent P. Rensing 804 Homitage Court Alexandria, VA 22302	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 02/00 Monthly Payroll Deductions	Amount of each Receipt this period \$ 230.76
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	\$ 461.52	
D. Full Name, Mailing Address and ZIP Code Felix Schiripa 5 Richmond Court Colts Neck, NJ 07722	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 02/00 Monthly Payroll Deductions	Amount of each Receipt this period \$ 230.76
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	\$ 461.52	
E. Full Name, Mailing Address and ZIP Code Richard R. Tartre 417 Oakshire Pl Alamo, CA 94507	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 02/00 Monthly Payroll Deductions	Amount of each Receipt this period \$ 250.00
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	\$ 500.00	
F. Full Name, Mailing Address and ZIP Code John H. Tweedie P.O. Box 21 Far Hills, NJ 07931	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 02/00 Monthly Payroll Deductions	Amount of each Receipt this period \$ 230.76
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation: Sr. Executive Vice President Aggregate Year-to-Date >	\$ 461.52	
G. Full Name, Mailing Address and ZIP Code Lisa M. Weber 196 Anderson Ave. Cluser, NJ 07624	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 02/00 Monthly Payroll Deductions	Amount of each Receipt this period \$ 230.76
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation: Executive Vice President Aggregate Year-to-Date >	\$ 461.52	

SUBTOTAL of Receipts This Page (optional) \$1,937.66

TOTAL This Period (last page this line number only) \$

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11a1

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**NAME OF COMMITTEE (in Full)**

Metropolitan Life Insurance Company (MetLife) Employees' Political Participation Fund A

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Judy E. Welsa 48 Vanderveer Court Rockville Centre, NY 11570	Metropolitan Life Insurance Company	02/00 Monthly Payroll Deductions	\$ 270.00
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)	Occupation: Executive Vice President & Chief Actuary Aggregate Year-to-Date >	\$ 140.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
William J. Wheeler 147 Britz Avenue Scarsdale, NY 10583	Metropolitan Life Insurance Company	02/00 Monthly Payroll Deductions	\$ 230.76
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)	Occupation: Senior Vice President & Treasurer Aggregate Year-to-Date >	\$ 461.52	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Anthony J. Williamson 43 Tanglewood Drive Summit, NJ 07901	Metropolitan Life Insurance Company	02/00 Monthly Payroll Deductions	\$ 240.00
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	\$ 480.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Christopher M. Abell 200 East 84th St., No. 1 New York, NY 10028	Metropolitan Life Insurance Company	02/00 Monthly Payroll Deductions	\$ 153.84
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	\$ 307.68	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Roy C. Albertali 47 Spring Ridge Drive Berkeley Heights, NJ 07922	Metropolitan Life Insurance Company	02/00 Monthly Payroll Deductions	\$ 192.00
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)	Occupation: Vice President & Assoc. Gen. Counsel Aggregate Year-to-Date >	\$ 384.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Gerald L. Ambrosano 17 Emerson Place Harrison, NY 10528	Metropolitan Life Insurance Company	02/00 Monthly Payroll Deductions	\$ 192.30
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	\$ 384.60	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
William D. Anderson 56 Birch Run Avenue Dearville, NJ 07834	Metropolitan Life Insurance Company	02/00 Monthly Payroll Deductions	\$ 154.00
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	\$ 308.00	
<b>SUBTOTAL of Receipts This Page (optional)</b>			\$1,432.90
<b>TOTAL This Period (last page this line number only)</b>			\$

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11a1

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**NAME OF COMMITTEE (in Full)**  
Metropolitan Life Insurance Company (MetLife) Employees' Political Participation Fund A

A. Full Name, Mailing Address and ZIP Code Frederick E. Ambolt 190 Sage Run Trail Duluth, GA 30097	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 02/00 Monthly Payroll Deductions	Amount of each Receipt this period \$ 200.00
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	\$ 400.00	
B. Full Name, Mailing Address and ZIP Code Leonard M. Bakal 722 Mulberry Place North Woodmere, NY 11581	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 02/00 Monthly Payroll Deductions	Amount of each Receipt this period \$ 192.30
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	\$ 384.60	
C. Full Name, Mailing Address and ZIP Code George Bell 10 Dale Drive Summit, NJ 07901	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 02/00 Monthly Payroll Deductions	Amount of each Receipt this period \$ 180.00
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	\$ 360.00	
D. Full Name, Mailing Address and ZIP Code Gregory S. Benesh 913 Lakewood Drive Barrington, IL 60010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 02/00 Monthly Payroll Deductions	Amount of each Receipt this period \$ 192.30
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation: Vice President & Sr. Actuary Aggregate Year-to-Date >	\$ 384.60	
E. Full Name, Mailing Address and ZIP Code Susan H. Berger 433 East 56th St. New York, NY 10022	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 02/00 Monthly Payroll Deductions	Amount of each Receipt this period \$ 192.30
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	\$ 384.60	
F. Full Name, Mailing Address and ZIP Code Steven J. Brash 332 East 84th St. New York, NY 10028	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 02/00 Monthly Payroll Deductions	Amount of each Receipt this period \$ 154.00
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	\$ 308.00	
G. Full Name, Mailing Address and ZIP Code Nicholas L. Brecker 185 Sherwood Farm Road Fairfield, CT 06430	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 02/00 Monthly Payroll Deductions	Amount of each Receipt this period \$ 160.00
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation: Regional Vice President Aggregate Year-to-Date >	\$ 320.00	

**SUBTOTAL of Receipts This Page (optional)** \$ 1,270.90

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



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 6 / OF 18

FOR LINE NUMBER 11a

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**NAME OF COMMITTEE (in Full)**  
Metropolitan Life Insurance Company (MetLife) Employees' Political Participation Fund A

<b>A. Full Name, Mailing Address and ZIP Code</b> Herbert B. Brown 64 Adams St. Garden City, NY 11530	<b>Name of Employer</b> Metropolitan Life Insurance Company	<b>Date (month, day, year)</b> 02/00 Monthly Payroll Deductions	<b>Amount of each Receipt this period</b> \$ 192.30
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Occupation: Vice President</b>	<b>Aggregate Year-to-Date &gt;</b>	\$ 384.60
<b>B. Full Name, Mailing Address and ZIP Code</b> Alexander D. Brunini 96 South Terrace Short Hills, NJ 07078	<b>Name of Employer</b> Metropolitan Life Insurance Company	<b>Date (month, day, year)</b> 02/00 Monthly Payroll Deductions	<b>Amount of each Receipt this period</b> \$ 200.00
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Occupation: Senior Vice President</b>	<b>Aggregate Year-to-Date &gt;</b>	\$ 400.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Debra J. Capolarello 79 Village Road Manhasset, NY 11030	<b>Name of Employer</b> Metropolitan Life Insurance Company	<b>Date (month, day, year)</b> 02/00 Monthly Payroll Deductions	<b>Amount of each Receipt this period</b> \$ 192.30
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Occupation: Vice President</b>	<b>Aggregate Year-to-Date &gt;</b>	\$ 384.60
<b>D. Full Name, Mailing Address and ZIP Code</b> Ramon Casanova 274 First Ave., Apt. 6D New York, NY 10009	<b>Name of Employer</b> Metropolitan Life Insurance Company	<b>Date (month, day, year)</b> 02/00 Monthly Payroll Deductions	<b>Amount of each Receipt this period</b> \$ 120.00
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Occupation: Vice President &amp; Actuary</b>	<b>Aggregate Year-to-Date &gt;</b>	\$ 240.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Frank Cassandra 16 Penelope Court Statens Island, NY 10314	<b>Name of Employer</b> Metropolitan Life Insurance Company	<b>Date (month, day, year)</b> 02/00 Monthly Payroll Deductions	<b>Amount of each Receipt this period</b> \$ 153.84
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Occupation: Vice President &amp; Actuary</b>	<b>Aggregate Year-to-Date &gt;</b>	\$ 307.68
<b>F. Full Name, Mailing Address and ZIP Code</b> Steven T. Cates 2574 North Rock Creek Rd. Waco, TX 76708	<b>Name of Employer</b> Metropolitan Life Insurance Company	<b>Date (month, day, year)</b> 02/00 Monthly Payroll Deductions	<b>Amount of each Receipt this period</b> \$ 192.30
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Occupation: Vice President</b>	<b>Aggregate Year-to-Date &gt;</b>	\$ 384.60
<b>G. Full Name, Mailing Address and ZIP Code</b> Sheldon L. Cohen 6 Lori Court Woodbury, NY 11797	<b>Name of Employer</b> Metropolitan Life Insurance Company	<b>Date (month, day, year)</b> 02/00 Monthly Payroll Deductions	<b>Amount of each Receipt this period</b> \$ 153.84
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Occupation: Vice President</b>	<b>Aggregate Year-to-Date &gt;</b>	\$ 307.68
<b>SUBTOTAL of Receipts This Page (optional)</b>			\$ 1,204.58
<b>TOTAL This Period (last page this line number only)</b>			\$

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11a1

Any information copied from such Reports and Statements may not be sold or used by any person for the purposes 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)**  
Metropolitan Life Insurance Company (MetLife) Employees' Political Participation Fund A

<b>A. Full Name, Mailing Address and ZIP Code</b> Richard S. Collins 72 West Brother Drive Greenwich, CT 06830	<b>Name of Employer</b> Metropolitan Life Insurance Company	<b>Date (month, day, year)</b> 02/00 Monthly Payroll Deductions	<b>Amount of each Receipt this period</b> \$ 133.26
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Occupation: Vice President</b> Aggregate Year-to-Date >	\$ 266.52	
<b>B. Full Name, Mailing Address and ZIP Code</b> James W. Cuh 18 Woodland Road Pittsford, NJ 08867	<b>Name of Employer</b> Metropolitan Life Insurance Company	<b>Date (month, day, year)</b> 02/00 Monthly Payroll Deductions	<b>Amount of each Receipt this period</b> \$ 153.84
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Occupation: Vice President</b> Aggregate Year-to-Date >	\$ 307.68	
<b>C. Full Name, Mailing Address and ZIP Code</b> John P. Dabek 8 Alexandria Drive Sewell, NJ 08080	<b>Name of Employer</b> Metropolitan Life Insurance Company	<b>Date (month, day, year)</b> 02/00 Monthly Payroll Deductions	<b>Amount of each Receipt this period</b> \$ 153.84
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Occupation: Vice President</b> Aggregate Year-to-Date >	\$ 307.68	
<b>D. Full Name, Mailing Address and ZIP Code</b> Richard H. DeMlak 54 Whippenwill Road Aurora, NY 10504	<b>Name of Employer</b> Metropolitan Life Insurance Company	<b>Date (month, day, year)</b> 02/00 Monthly Payroll Deductions	<b>Amount of each Receipt this period</b> \$ 192.30
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Occupation: Vice President &amp; Actuary</b> Aggregate Year-to-Date >	\$ 384.60	
<b>E. Full Name, Mailing Address and ZIP Code</b> Michael D. Davidson 1929 Vantage Court Plano, TX 75075	<b>Name of Employer</b> Metropolitan Life Insurance Company	<b>Date (month, day, year)</b> 02/00 Monthly Payroll Deductions	<b>Amount of each Receipt this period</b> \$ 192.30
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Occupation: Executive - IA Org.</b> Aggregate Year-to-Date >	\$ 384.60	
<b>F. Full Name, Mailing Address and ZIP Code</b> Leonard A. Davis 66 Valley Lane Chappaqua, NY 10514	<b>Name of Employer</b> Metropolitan Life Insurance Company	<b>Date (month, day, year)</b> 02/00 Monthly Payroll Deductions	<b>Amount of each Receipt this period</b> \$ 192.30
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Occupation: Vice-President</b> Aggregate Year-to-Date >	\$ 384.60	
<b>G. Full Name, Mailing Address and ZIP Code</b> Frank A. Devito 25 Cushing Drive Danbury, CT 06811	<b>Name of Employer</b> Metropolitan Life Insurance Company	<b>Date (month, day, year)</b> 02/00 Monthly Payroll Deductions	<b>Amount of each Receipt this period</b> \$ 160.00
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Occupation: Vice President</b> Aggregate Year-to-Date >	\$ 320.00	
<b>SUBTOTAL of Receipts This Page (optional)</b>			\$1,177.64
<b>TOTAL This Period (last page this line number only)</b>			\$

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11a1

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**NAME OF COMMITTEE (in Full)**  
Metropolitan Life Insurance Company (MetLife) Employees' Political Participation Fund A

<b>A. Full Name, Mailing Address and ZIP Code</b> Joseph L. Dunn 26 Dobbs Terrace Scarsdale, NY 10583	<b>Name of Employer</b> Metropolitan Life Insurance Company	<b>Date (month, day, year)</b> 02/00 Monthly Payroll Deductions	<b>Amount of each Receipt this period</b> \$ 192.30
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)	<b>Occupation: Vice President &amp; Sr. Actuary</b>	<b>Aggregate Year-to-Date &gt;</b> \$ 384.60	
<b>B. Full Name, Mailing Address and ZIP Code</b> Lester A. Edelsuda 66 Crosby St., Apt. 6F New York, NY 10012	<b>Name of Employer</b> Metropolitan Life Insurance Company	<b>Date (month, day, year)</b> 02/00 Monthly Payroll Deductions	<b>Amount of each Receipt this period</b> \$ 192.30
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)	<b>Occupation: Vice President &amp; Actuary</b>	<b>Aggregate Year-to-Date &gt;</b> \$ 384.60	
<b>C. Full Name, Mailing Address and ZIP Code</b> Michael Ehrensvig 43 Lent Drive Mainview, NY 11803	<b>Name of Employer</b> Metropolitan Life Insurance Company	<b>Date (month, day, year)</b> 02/00 Monthly Payroll Deductions	<b>Amount of each Receipt this period</b> \$ 192.30
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)	<b>Occupation: Vice President</b>	<b>Aggregate Year-to-Date &gt;</b> \$ 384.60	
<b>D. Full Name, Mailing Address and ZIP Code</b> Margaret C. Fechnanu 420 East 23rd St. New York, NY 10010	<b>Name of Employer</b> Metropolitan Life Insurance Company	<b>Date (month, day, year)</b> 02/00 Monthly Payroll Deductions	<b>Amount of each Receipt this period</b> \$ 200.00
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)	<b>Occupation: Senior Vice President</b>	<b>Aggregate Year-to-Date &gt;</b> \$ 400.00	
<b>E. Full Name, Mailing Address and ZIP Code</b> Kevin E. Foley 7 Peter Cooper Rd., apt. 217 New York, NY 10010	<b>Name of Employer</b> Metropolitan Life Insurance Company	<b>Date (month, day, year)</b> 02/00 Monthly Payroll Deductions	<b>Amount of each Receipt this period</b> \$ 192.30
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)	<b>Occupation: Vice President</b>	<b>Aggregate Year-to-Date &gt;</b> \$ 384.60	
<b>F. Full Name, Mailing Address and ZIP Code</b> William P. Gardella 95 Tomahawk St. Yorktown Heights, NY 10598	<b>Name of Employer</b> Metropolitan Life Insurance Company	<b>Date (month, day, year)</b> 02/00 Monthly Payroll Deductions	<b>Amount of each Receipt this period</b> \$ 192.30
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)	<b>Occupation: Associate General Counsel</b>	<b>Aggregate Year-to-Date &gt;</b> \$ 384.60	
<b>G. Full Name, Mailing Address and ZIP Code</b> James V. Genus 20 Orchard Drive Rutherford, NJ 07070	<b>Name of Employer</b> Metropolitan Life Insurance Company	<b>Date (month, day, year)</b> 02/00 Monthly Payroll Deductions	<b>Amount of each Receipt this period</b> \$ 192.30
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)	<b>Occupation: Vice President</b>	<b>Aggregate Year-to-Date &gt;</b> \$ 384.60	

**SUBTOTAL of Receipts This Page (optional)** \$1,353.80

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11a1

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**NAME OF COMMITTEE (in Full)**  
Metropolitan Life Insurance Company (MetLife) Employees' Political Participation Fund A

<b>A. Full Name, Mailing Address and ZIP Code</b> Jose R. Gestal-Garcia 46 Bruce Park Drive Greenwich, CT 06830	<b>Name of Employer</b> Metropolitan Life Insurance Company	<b>Date (month, day, year)</b> 02/00 Monthly Payroll Deductions	<b>Amount of each Receipt this period</b> \$ 192.30
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Occupation: Vice President</b>	<b>Aggregate Year-to-Date &gt;</b>	\$ 384.60
<b>B. Full Name, Mailing Address and ZIP Code</b> Craig J. Guiffre 10 Rambling Drive Scotch Plains, NJ 07076	<b>Name of Employer</b> Metropolitan Life Insurance Company	<b>Date (month, day, year)</b> 02/00 Monthly Payroll Deductions	<b>Amount of each Receipt this period</b> \$ 153.84
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Occupation: Vice President</b>	<b>Aggregate Year-to-Date &gt;</b>	\$ 307.68
<b>C. Full Name, Mailing Address and ZIP Code</b> ERRY J. Hamilton 33 Euclid Avenue Maplewood, NJ 07040	<b>Name of Employer</b> Metropolitan Life Insurance Company	<b>Date (month, day, year)</b> 02/00 Monthly Payroll Deductions	<b>Amount of each Receipt this period</b> \$ 192.00
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Occupation: Vice President</b>	<b>Aggregate Year-to-Date &gt;</b>	\$ 384.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Donald J. Harman 420 East 23rd St. New York, NY 10010	<b>Name of Employer</b> Metropolitan Life Insurance Company	<b>Date (month, day, year)</b> 02/00 Monthly Payroll Deductions	<b>Amount of each Receipt this period</b> \$ 194.00
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Occupation: Vice President &amp; Associate Gen. Counsel</b>	<b>Aggregate Year-to-Date &gt;</b>	\$ 388.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Robert W. Harvey 4 Intrepid Lane Jarrostown, RI 02835	<b>Name of Employer</b> MetLife Auto & Home	<b>Date (month, day, year)</b> 02/00 Monthly Payroll Deductions	<b>Amount of each Receipt this period</b> \$ 192.30
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Occupation: Executive - Financial</b>	<b>Aggregate Year-to-Date &gt;</b>	\$ 384.60
<b>F. Full Name, Mailing Address and ZIP Code</b> Kathleen A. Henkel 563 8 Street Brooklyn, NY 11215	<b>Name of Employer</b> Metropolitan Life Insurance Company	<b>Date (month, day, year)</b> 02/00 Monthly Payroll Deductions	<b>Amount of each Receipt this period</b> \$ 192.30
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Occupation: Vice President</b>	<b>Aggregate Year-to-Date &gt;</b>	\$ 384.60
<b>G. Full Name, Mailing Address and ZIP Code</b> Janca N. Heston 33 Woodlake Drive Piscataway, NJ 08854	<b>Name of Employer</b> Metropolitan Life Insurance Company	<b>Date (month, day, year)</b> 02/00 Monthly Payroll Deductions	<b>Amount of each Receipt this period</b> \$ 200.00
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Occupation: Senior Vice President</b>	<b>Aggregate Year-to-Date &gt;</b>	\$ 400.00

**SUBTOTAL of Receipts This Page (optional)** \$1,316.74

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11a

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**NAME OF COMMITTEE (in Full)**  
**Metropolitan Life Insurance Company (MetLife) Employees' Political Participation Fund A**

<b>A. Full Name, Mailing Address and ZIP Code</b> Dawn M. Hynes 29 Linwood Place Massena, NY 11762	<b>Name of Employer</b> Metropolitan Life Insurance Company	<b>Date (month, day, year)</b> 02/00 Monthly Payroll Deductions	<b>Amount of each Receipt this period</b> \$ 153.84
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Occupation: Vice President</b>	<b>Aggregate Year-to-Date &gt;</b> \$ 307.68	
<b>B. Full Name, Mailing Address and ZIP Code</b> Lowell L. Jacobs 12 Harrison Ct. So. Orange, NJ 07079	<b>Name of Employer</b> Metropolitan Life Insurance Company	<b>Date (month, day, year)</b> 02/00 Monthly Payroll Deductions	<b>Amount of each Receipt this period</b> \$ 154.00
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Occupation: Associate General Counsel</b>	<b>Aggregate Year-to-Date &gt;</b> \$ 308.00	
<b>C. Full Name, Mailing Address and ZIP Code</b> John T. Jordan 37 St. Nicholas Way Basking Ridge, NJ 07920	<b>Name of Employer</b> Metropolitan Life Insurance Company	<b>Date (month, day, year)</b> 02/00 Monthly Payroll Deductions	<b>Amount of each Receipt this period</b> \$ 153.84
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Occupation: Vice President &amp; Actuary</b>	<b>Aggregate Year-to-Date &gt;</b> \$ 307.68	
<b>D. Full Name, Mailing Address and ZIP Code</b> Marcella Kelly 2 Devonshire Ct. Morris Township, NJ 07960	<b>Name of Employer</b> Metropolitan Life Insurance Company	<b>Date (month, day, year)</b> 02/00 Monthly Payroll Deductions	<b>Amount of each Receipt this period</b> \$ 192.30
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Occupation: Vice President</b>	<b>Aggregate Year-to-Date &gt;</b> \$ 384.60	
<b>E. Full Name, Mailing Address and ZIP Code</b> James D. Kennedy 511 Beech Street New Hyde Park, NY 11040	<b>Name of Employer</b> Metropolitan Life Insurance Company	<b>Date (month, day, year)</b> 02/00 Monthly Payroll Deductions	<b>Amount of each Receipt this period</b> \$ 153.84
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Occupation: Vice President</b>	<b>Aggregate Year-to-Date &gt;</b> \$ 307.68	
<b>F. Full Name, Mailing Address and ZIP Code</b> Brian C. Kramer 238 Grand Cypress Court Holmdel, NJ 07733	<b>Name of Employer</b> Metropolitan Life Insurance Company	<b>Date (month, day, year)</b> 02/00 Monthly Payroll Deductions	<b>Amount of each Receipt this period</b> \$ 153.84
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Occupation: Vice President</b>	<b>Aggregate Year-to-Date &gt;</b> \$ 307.68	
<b>G. Full Name, Mailing Address and ZIP Code</b> James M. Lenaghan 315 Tuttle Avenue Spring Lake, NJ 07762	<b>Name of Employer</b> Metropolitan Life Insurance Company	<b>Date (month, day, year)</b> 02/00 Monthly Payroll Deductions	<b>Amount of each Receipt this period</b> \$ 194.00
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Occupation: Associate General Counsel</b>	<b>Aggregate Year-to-Date &gt;</b> \$ 388.00	

**SUBTOTAL of Receipts This Page (optional)** \$1,155.66

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11a1

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**NAME OF COMMITTEE (in Full)**

Metropolitan Life Insurance Company (MetLife) Employees' Political Participation Fund A

<p>A. Full Name, Mailing Address and ZIP Code Michael Levine 54 Walworth Avenue Scarsdale, NY 10583</p>	<p>Name of Employer Metropolitan Life Insurance Company</p>	<p>Date (month, day, year) 02/00 Monthly Payroll Deductions</p>	<p>Amount of each Receipt this period \$ 192.30</p>
<p>Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Occupation: Vice President &amp; Actuary Aggregate Year-to-Date &gt;</p>	<p>\$ 384.60</p>	
<p>B. Full Name, Mailing Address and ZIP Code Stephen Li 11 Montgomery Road Scarsdale, NY 10583</p>	<p>Name of Employer Metropolitan Life Insurance Company</p>	<p>Date (month, day, year) 02/00 Monthly Payroll Deductions</p>	<p>Amount of each Receipt this period \$ 154.00</p>
<p>Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Occupation: Vice President &amp; Actuary Aggregate Year-to-Date &gt;</p>	<p>\$ 308.00</p>	
<p>C. Full Name, Mailing Address and ZIP Code Eugene Marks 305 N. Cedar Road Fairfield, CT 06430</p>	<p>Name of Employer Metropolitan Life Insurance Company</p>	<p>Date (month, day, year) 02/00 Monthly Payroll Deductions</p>	<p>Amount of each Receipt this period \$ 200.00</p>
<p>Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Occupation: Senior Vice President Aggregate Year-to-Date &gt;</p>	<p>\$ 400.00</p>	
<p>D. Full Name, Mailing Address and ZIP Code Christine N. Markussen 17 Indian Head Road Morris Township, NJ 07960</p>	<p>Name of Employer Metropolitan Life Insurance Company</p>	<p>Date (month, day, year) 02/00 Monthly Payroll Deductions</p>	<p>Amount of each Receipt this period \$ 192.30</p>
<p>Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Occupation: Vice President Aggregate Year-to-Date &gt;</p>	<p>\$ 384.60</p>	
<p>E. Full Name, Mailing Address and ZIP Code Richard J. Mellon 541 East 20th St. New York, NY 10010</p>	<p>Name of Employer Metropolitan Life Insurance Company</p>	<p>Date (month, day, year) 02/00 Monthly Payroll Deductions</p>	<p>Amount of each Receipt this period \$ 150.00</p>
<p>Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Occupation: Vice President Aggregate Year-to-Date &gt;</p>	<p>\$ 300.00</p>	
<p>F. Full Name, Mailing Address and ZIP Code Steven D. Meyers 1 Stonehenge Morristown, NJ 07960</p>	<p>Name of Employer Metropolitan Life Insurance Company</p>	<p>Date (month, day, year) 02/00 Monthly Payroll Deductions</p>	<p>Amount of each Receipt this period \$ 138.46</p>
<p>Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Occupation: Vice President &amp; Sr. Actuary Aggregate Year-to-Date &gt;</p>	<p>\$ 276.92</p>	
<p>G. Full Name, Mailing Address and ZIP Code Charles L. Miller 61 Nicole Drive Deenville, NJ 07834</p>	<p>Name of Employer Metropolitan Life Insurance Company</p>	<p>Date (month, day, year) 02/00 Monthly Payroll Deductions</p>	<p>Amount of each Receipt this period \$ 153.84</p>
<p>Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Occupation: Vice President &amp; Actuary Aggregate Year-to-Date &gt;</p>	<p>\$ 307.68</p>	

SUBTOTAL of Receipts This Page (optional) \$ 1,180.90

TOTAL This Period (last page this line number only) \$

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11a1

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**NAME OF COMMITTEE (in Full)**

Metropolitan Life Insurance Company (MetLife) Employees' Political Participation Fund A

<p>A. Full Name, Mailing Address and ZIP Code William D. Moore 4 River Farms Drive West Warwick, RI 02893</p>	<p>Name of Employer MetLife Auto &amp; Home</p>	<p>Date (month, day, year) 02/00 Monthly Payroll Deductions</p>	<p>Amount of each Receipt this period \$ 194.00</p>
<p>Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Occupation: Executive - PCS Org Aggregate Year-to-Date &gt;</p>	<p>\$ 388.00</p>	
<p>B. Full Name, Mailing Address and ZIP Code Maria R. Morris 726 Standish Avenue Westfield, NJ 07090</p>	<p>Name of Employer Metropolitan Life Insurance Company</p>	<p>Date (month, day, year) 02/00 Monthly Payroll Deductions</p>	<p>Amount of each Receipt this period \$ 153.84</p>
<p>Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Occupation: Vice President Aggregate Year-to-Date &gt;</p>	<p>\$ 307.68</p>	
<p>C. Full Name, Mailing Address and ZIP Code John W. Mulhall 73 Clover Avenue Floral Park, NY 11001</p>	<p>Name of Employer Metropolitan Life Insurance Company</p>	<p>Date (month, day, year) 02/00 Monthly Payroll Deductions</p>	<p>Amount of each Receipt this period \$ 200.00</p>
<p>Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Occupation: Vice President Aggregate Year-to-Date &gt;</p>	<p>\$ 400.00</p>	
<p>D. Full Name, Mailing Address and ZIP Code William J. Mullancy 14 Row Elm Road Randolph, NJ 07869</p>	<p>Name of Employer Metropolitan Life Insurance Company</p>	<p>Date (month, day, year) 02/00 Monthly Payroll Deductions</p>	<p>Amount of each Receipt this period \$ 200.00</p>
<p>Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Occupation: Vice President Aggregate Year-to-Date &gt;</p>	<p>\$ 400.00</p>	
<p>E. Full Name, Mailing Address and ZIP Code Robert M. Musca 14 Oakcrest Ct. Holmdel, NJ 07733</p>	<p>Name of Employer Metropolitan Life Insurance Company</p>	<p>Date (month, day, year) 02/00 Monthly Payroll Deductions</p>	<p>Amount of each Receipt this period \$ 153.84</p>
<p>Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Occupation: Vice President &amp; Sr. Actuary Aggregate Year-to-Date &gt;</p>	<p>\$ 307.68</p>	
<p>F. Full Name, Mailing Address and ZIP Code Antonia C. Nakhole 121 Stadley Rough Road Danbury, CT 06811</p>	<p>Name of Employer Metropolitan Life Insurance Company</p>	<p>Date (month, day, year) 02/00 Monthly Payroll Deductions</p>	<p>Amount of each Receipt this period \$ 153.84</p>
<p>Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Occupation: Vice President Aggregate Year-to-Date &gt;</p>	<p>\$ 307.68</p>	
<p>G. Full Name, Mailing Address and ZIP Code Christopher P. Nicholas 961 Bayridge Parkway Brooklyn, NY 11228</p>	<p>Name of Employer Metropolitan Life Insurance Company</p>	<p>Date (month, day, year) 02/00 Monthly Payroll Deductions</p>	<p>Amount of each Receipt this period \$ 192.30</p>
<p>Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Occupation: Associate General Counsel Aggregate Year-to-Date &gt;</p>	<p>\$ 384.60</p>	
<p><b>SUBTOTAL of Receipts This Page (optional)</b></p>			<p>\$1,247.82</p>
<p><b>TOTAL This Period (last page this line number only)</b></p>			<p>\$</p>

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11a

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**NAME OF COMMITTEE (in Full)**  
Metropolitan Life Insurance Company (MetLife) Employees' Political Participation Fund A

<b>A. Full Name, Mailing Address and ZIP Code</b> Gaetan Nicolas 137 Moody St. Waltham, MA 02453		<b>Name of Employer</b> Metropolitan Life Insurance Company	<b>Date (month, day, year)</b> 02/00 Monthly Payroll Deductions	<b>Amount of each Receipt this period</b> \$ 192.30
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Occupation: Vice President &amp; Actuary</b> Aggregate Year-to-Date >	\$ 384.60	
<b>B. Full Name, Mailing Address and ZIP Code</b> Renee B. Pazan 82 Thurston Terrace Glen Rock, NJ 07452		<b>Name of Employer</b> Metropolitan Life Insurance Company	<b>Date (month, day, year)</b> 02/00 Monthly Payroll Deductions	<b>Amount of each Receipt this period</b> \$ 200.00
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Occupation: Vice President</b> Aggregate Year-to-Date >	\$ 350.00	
<b>C. Full Name, Mailing Address and ZIP Code</b> James R. Petrosini 23 Appletree Road Flemington, NJ 08822		<b>Name of Employer</b> Metropolitan Life Insurance Company	<b>Date (month, day, year)</b> 02/00 Monthly Payroll Deductions	<b>Amount of each Receipt this period</b> \$ 153.84
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Occupation: Vice President</b> Aggregate Year-to-Date >	\$ 307.68	
<b>D. Full Name, Mailing Address and ZIP Code</b> Gail A. Pralick 7 Trimbleford Lane Middletown, NJ 07748		<b>Name of Employer</b> Metropolitan Life Insurance Company	<b>Date (month, day, year)</b> 02/00 Monthly Payroll Deductions	<b>Amount of each Receipt this period</b> \$ 200.00
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Occupation: Vice President</b> Aggregate Year-to-Date >	\$ 400.00	
<b>E. Full Name, Mailing Address and ZIP Code</b> James E. Quinlan 26512 Emerald Dove Dr. Valencia, CA 91355		<b>Name of Employer</b> Metropolitan Life Insurance Company	<b>Date (month, day, year)</b> 02/00 Monthly Payroll Deductions	<b>Amount of each Receipt this period</b> \$ 153.84
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Occupation: Regional Vice President</b> Aggregate Year-to-Date >	\$ 307.68	
<b>F. Full Name, Mailing Address and ZIP Code</b> Junette A. Raffino 34 Lincoln Way Windsor, CT 06095		<b>Name of Employer</b> Metropolitan Life Insurance Company	<b>Date (month, day, year)</b> 02/00 Monthly Payroll Deductions	<b>Amount of each Receipt this period</b> \$ 192.30
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Occupation: Vice President</b> Aggregate Year-to-Date >	\$ 384.60	
<b>G. Full Name, Mailing Address and ZIP Code</b> Louis J. Ragusa 10 Jason Court Dix Hills, NY 11746		<b>Name of Employer</b> Metropolitan Life Insurance Company	<b>Date (month, day, year)</b> 02/00 Monthly Payroll Deductions	<b>Amount of each Receipt this period</b> \$ 192.30
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Occupation: Vice President</b> Aggregate Year-to-Date >	\$ 384.60	
				\$1,284.58
<b>SUBTOTAL of Receipts This Page (optional)</b>				\$
<b>TOTAL This Period (last page this line number only)</b>				\$



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11a1

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**NAME OF COMMITTEE (in Full)**  
Metropolitan Life Insurance Company (MetLife) Employees' Political Participation Fund A

<b>A. Full Name, Mailing Address and ZIP Code</b> Douglas A. Rayvid 36 East Hartshorn Drive Short Hills, NJ 07078	<b>Name of Employer</b> MetLife Auto & Home	<b>Date (month, day, year)</b> 02/00 Monthly Payroll Deductions	<b>Amount of each Receipt this period</b> \$ 115.38
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Occupation: Vice President</b> Aggregate Year-to-Date >	\$ 230.76	
<b>B. Full Name, Mailing Address and ZIP Code</b> Joseph A. Renli 10 Dorce Road Morgantown, NJ 07751	<b>Name of Employer</b> Metropolitan Life Insurance Company	<b>Date (month, day, year)</b> 02/00 Monthly Payroll Deductions	<b>Amount of each Receipt this period</b> \$ 200.00
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Occupation: Senior Vice President &amp; Tax Director</b> Aggregate Year-to-Date >	\$ 400.00	
<b>C. Full Name, Mailing Address and ZIP Code</b> Ann M. Reed 14 W. 16th St., Apt. 8MN New York, NY 10011	<b>Name of Employer</b> Metropolitan Life Insurance Company	<b>Date (month, day, year)</b> 02/00 Monthly Payroll Deductions	<b>Amount of each Receipt this period</b> \$ 153.84
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Occupation: Vice President</b> Aggregate Year-to-Date >	\$ 307.68	
<b>D. Full Name, Mailing Address and ZIP Code</b> Margaret Ann Rody 10 Cindy Ann Dr. E. Greenwich, RI 02818	<b>Name of Employer</b> MetLife Auto & Home	<b>Date (month, day, year)</b> 02/00 Monthly Payroll Deductions	<b>Amount of each Receipt this period</b> \$ 154.00
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Occupation: Executive - Ret &amp; Comm.</b> Aggregate Year-to-Date >	\$ 308.00	
<b>E. Full Name, Mailing Address and ZIP Code</b> Neil A. Rusway 3 Olden Drive Flemington, NJ 08822	<b>Name of Employer</b> Metropolitan Life Insurance Company	<b>Date (month, day, year)</b> 02/00 Monthly Payroll Deductions	<b>Amount of each Receipt this period</b> \$ 200.00
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Occupation: Vice President</b> Aggregate Year-to-Date >	\$ 400.00	
<b>F. Full Name, Mailing Address and ZIP Code</b> Mark H. Ryan 4 Charles Everett Way Hingham, MA 02043	<b>Name of Employer</b> Metropolitan Life Insurance Company	<b>Date (month, day, year)</b> 02/00 Monthly Payroll Deductions	<b>Amount of each Receipt this period</b> \$ 153.84
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Occupation: Vice President</b> Aggregate Year-to-Date >	\$ 307.68	
<b>G. Full Name, Mailing Address and ZIP Code</b> Alexander G. Schuilla 125 E. 72nd St. New York, NY 10021	<b>Name of Employer</b> Metropolitan Life Insurance Company	<b>Date (month, day, year)</b> 02/00 Monthly Payroll Deductions	<b>Amount of each Receipt this period</b> \$ 192.30
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Occupation: Vice President &amp; Sr. Actuary</b> Aggregate Year-to-Date >	\$ 384.60	
<b>SUBTOTAL of Receipts This Page (optional)</b>			\$ 1,169.36
<b>TOTAL This Period (last page this line number only)</b>			\$

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11a

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**NAME OF COMMITTEE (in Full)**  
Metropolitan Life Insurance Company (MetLife) Employees' Political Participation Fund A

<b>A. Full Name, Mailing Address and ZIP Code</b> Myron O. Schlanger 141-06 71st Ave. Kew Garden Hills, NY 11367	<b>Name of Employer</b> Metropolitan Life Insurance Company	<b>Date (month, day, year)</b> 02/00 Monthly Payroll Deductions	<b>Amount of each Receipt this period</b> \$ 115.38
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Occupation: Vice President</b> Aggregate Year-to-Date >	\$ 230.76	
<b>B. Full Name, Mailing Address and ZIP Code</b> Peter M. Schwarz 11 Meadowlark Court Oakland, NJ 07436	<b>Name of Employer</b> Metropolitan Life Insurance Company	<b>Date (month, day, year)</b> 02/00 Monthly Payroll Deductions	<b>Amount of each Receipt this period</b> \$ 192.30
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Occupation: Vice President</b> Aggregate Year-to-Date >	\$ 384.60	
<b>C. Full Name, Mailing Address and ZIP Code</b> Donna G. Shuster 28 Saddlebrook Road Robbinsville, NJ 08691	<b>Name of Employer</b> Metropolitan Life Insurance Company	<b>Date (month, day, year)</b> 02/00 Monthly Payroll Deductions	<b>Amount of each Receipt this period</b> \$ 153.84
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Occupation: Vice President</b> Aggregate Year-to-Date >	\$ 307.68	
<b>D. Full Name, Mailing Address and ZIP Code</b> Richard Small 65 Cavalier Dr. E. Greenwich, RI 02818	<b>Name of Employer</b> MetLife Auto & Home	<b>Date (month, day, year)</b> 02/00 Monthly Payroll Deductions	<b>Amount of each Receipt this period</b> \$ 153.84
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Occupation: Vice President</b> Aggregate Year-to-Date >	\$ 307.68	
<b>E. Full Name, Mailing Address and ZIP Code</b> Darrell J. Smith 14415 Quivira Clatco, KS 66062	<b>Name of Employer</b> Metropolitan Life Insurance Company	<b>Date (month, day, year)</b> 02/00 Monthly Payroll Deductions	<b>Amount of each Receipt this period</b> \$ 192.00
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Occupation: Vice President</b> Aggregate Year-to-Date >	\$ 384.00	
<b>F. Full Name, Mailing Address and ZIP Code</b> Donald P. Smith 53 Stony Brook Road Montville, NJ 07045	<b>Name of Employer</b> Metropolitan Life Insurance Company	<b>Date (month, day, year)</b> 02/00 Monthly Payroll Deductions	<b>Amount of each Receipt this period</b> \$ 153.84
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Occupation: Vice President</b> Aggregate Year-to-Date >	\$ 307.68	
<b>G. Full Name, Mailing Address and ZIP Code</b> Steven L. Smith 508 Saddlebred Lane Marietta, GA 30067	<b>Name of Employer</b> Metropolitan Life Insurance Company	<b>Date (month, day, year)</b> 02/00 Monthly Payroll Deductions	<b>Amount of each Receipt this period</b> \$ 153.84
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Occupation: Vice President</b> Aggregate Year-to-Date >	\$ 307.68	
<b>SUBTOTAL of Receipts This Page (optional)</b>			\$ 1,115.04
<b>TOTAL This Period (last page this line number only)</b>			\$

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11a1

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**NAME OF COMMITTEE (in Full)**

Metropolitan Life Insurance Company (MetLife) Employees' Political Participation Fund A

<p>A. Full Name, Mailing Address and ZIP Code Jan L. Solomon 3 Ellis Court Rye, NY 10580</p>	<p>Name of Employer Metropolitan Life Insurance Company</p>	<p>Date (month, day, year) 02/00 Monthly Payroll Deductions</p>	<p>Amount of each Receipt this period \$ 160.00</p>
<p>Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Occupation: Vice President &amp; Actuary Aggregate Year-to-Date &gt;</p>	<p>\$ 320.00</p>	
<p>B. Full Name, Mailing Address and ZIP Code Stan R. St. John 7 Peter Cooper Road New York, NY 10010</p>	<p>Name of Employer Metropolitan Life Insurance Company</p>	<p>Date (month, day, year) 02/00 Monthly Payroll Deductions</p>	<p>Amount of each Receipt this period \$ 192.30</p>
<p>Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Occupation: Vice President Aggregate Year-to-Date &gt;</p>	<p>\$ 384.60</p>	
<p>C. Full Name, Mailing Address and ZIP Code Donald M. Stauffer 36 Spring Water Lane New Canaan, CT 06840</p>	<p>Name of Employer Metropolitan Life Insurance Company</p>	<p>Date (month, day, year) 02/00 Monthly Payroll Deductions</p>	<p>Amount of each Receipt this period \$ 192.30</p>
<p>Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Occupation: Vice President Aggregate Year-to-Date &gt;</p>	<p>\$ 384.60</p>	
<p>D. Full Name, Mailing Address and ZIP Code Eric T. Steigewalt 31 Vincent Street Charlton, NJ 07928</p>	<p>Name of Employer Metropolitan Life Insurance Company</p>	<p>Date (month, day, year) 02/00 Monthly Payroll Deductions</p>	<p>Amount of each Receipt this period \$ 153.84</p>
<p>Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Occupation: Vice President Aggregate Year-to-Date &gt;</p>	<p>\$ 307.68</p>	
<p>E. Full Name, Mailing Address and ZIP Code Presley F. Sumatt 311 East Chestnut Avenue Metuchen, NJ 08840</p>	<p>Name of Employer Metropolitan Life Insurance Company</p>	<p>Date (month, day, year) 02/00 Monthly Payroll Deductions</p>	<p>Amount of each Receipt this period \$ 192.30</p>
<p>Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Occupation: Senior Vice President Aggregate Year-to-Date &gt;</p>	<p>\$ 384.60</p>	
<p>F. Full Name, Mailing Address and ZIP Code Stanley J. Tubbi 37 Washington Drive Cranbury, NJ 08512</p>	<p>Name of Employer Metropolitan Life Insurance Company</p>	<p>Date (month, day, year) 02/00 Monthly Payroll Deductions</p>	<p>Amount of each Receipt this period \$ 200.00</p>
<p>Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Occupation: Senior Vice President Aggregate Year-to-Date &gt;</p>	<p>\$ 400.00</p>	
<p>G. Full Name, Mailing Address and ZIP Code Joseph Trovato 3 Hyatt Lane Somers, NY 10589</p>	<p>Name of Employer Metropolitan Life Insurance Company</p>	<p>Date (month, day, year) 02/00 Monthly Payroll Deductions</p>	<p>Amount of each Receipt this period \$ 153.84</p>
<p>Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Occupation: Associate General Counsel Aggregate Year-to-Date &gt;</p>	<p>\$ 307.68</p>	
<p><b>SUBTOTAL of Receipts This Page (optional)</b></p>			<p>\$ 1,244.58</p>
<p><b>TOTAL This Period (last page this line number only)</b></p>			<p>\$</p>

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (in Full)  
Metropolitan Life Insurance Company (MetLife) Employees' Political Participation Fund A

<p>A. Full Name, Mailing Address and ZIP Code Edward B. Veazey 5 Cartier Court East Greenwich, RI 02818</p>	<p>Name of Employer MetLife Auto &amp; Home</p>	<p>Date (month, day, year) 02/00 Monthly Payroll Deductions</p>	<p>Amount of each Receipt this period \$ 192.30</p>
<p>Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Occupation: Executive - Strat Plan Aggregate Year-to-Date &gt;</p>	<p>\$ 384.60</p>	
<p>B. Full Name, Mailing Address and ZIP Code Lawrence A. Vranka 5 Secor Drive Port Washington, NY 11050</p>	<p>Name of Employer Metropolitan Life Insurance Company</p>	<p>Date (month, day, year) 02/00 Monthly Payroll Deductions</p>	<p>Amount of each Receipt this period \$ 194.00</p>
<p>Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Occupation: Vice President Aggregate Year-to-Date &gt;</p>	<p>\$ 388.00</p>	
<p>C. Full Name, Mailing Address and ZIP Code Michael C. Walsh 60 Arrowhead Way Warwick, RI 02886</p>	<p>Name of Employer MetLife Auto &amp; Home</p>	<p>Date (month, day, year) 02/00 Monthly Payroll Deductions</p>	<p>Amount of each Receipt this period \$ 154.00</p>
<p>Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Occupation: Executive - MD Direct Aggregate Year-to-Date &gt;</p>	<p>\$ 308.00</p>	
<p>D. Full Name, Mailing Address and ZIP Code Brian K. Walters 46 Peter Street Holliston, MA 01746</p>	<p>Name of Employer Metropolitan Life Insurance Company</p>	<p>Date (month, day, year) 02/00 Monthly Payroll Deductions</p>	<p>Amount of each Receipt this period \$ 153.84</p>
<p>Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Occupation: Vice President Aggregate Year-to-Date &gt;</p>	<p>\$ 317.68</p>	
<p>E. Full Name, Mailing Address and ZIP Code Richard T. Wang 6363 Christie Avenue Emeryville, CA 94608</p>	<p>Name of Employer Metropolitan Life Insurance Company</p>	<p>Date (month, day, year) 02/00 Monthly Payroll Deductions</p>	<p>Amount of each Receipt this period \$ 192.30</p>
<p>Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Occupation: Vice President Aggregate Year-to-Date &gt;</p>	<p>\$ 384.60</p>	
<p>F. Full Name, Mailing Address and ZIP Code John F. Welch 101 Old South Road Southport, CT 06490</p>	<p>Name of Employer Metropolitan Life Insurance Company</p>	<p>Date (month, day, year) 02/00 Monthly Payroll Deductions</p>	<p>Amount of each Receipt this period \$ 200.00</p>
<p>Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Occupation: Vice President &amp; Gen. Auditor Aggregate Year-to-Date &gt;</p>	<p>\$ 400.00</p>	
<p>G. Full Name, Mailing Address and ZIP Code Andrew D. White 137 Tulip Street Summit, NJ 07901</p>	<p>Name of Employer Metropolitan Life Insurance Company</p>	<p>Date (month, day, year) 02/00 Monthly Payroll Deductions</p>	<p>Amount of each Receipt this period \$ 153.84</p>
<p>Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Occupation: Director Aggregate Year-to-Date &gt;</p>	<p>\$ 307.68</p>	

SUBTOTAL of Receipts This Page (optional) \$1,240.28

TOTAL This Period (last page this line number only) \$

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11a1

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**NAME OF COMMITTEE (in Full)**

Metropolitan Life Insurance Company (MeLife) Employees' Political Participation Fund A

<p>A. Full Name, Mailing Address and ZIP Code Carol A. Wolfe 25 West 90th St. New York, NY 10024</p>	<p>Name of Employer Metropolitan Life Insurance Company</p>	<p>Date (month, day, year) 02/00 Monthly Payroll Deductions</p>	<p>Amount of each Receipt this period \$ 200.00</p>
<p>Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Occupation: Vice President Aggregate Year-to-Date &gt;</p>	<p>\$ 400.00</p>	
<p>B. Full Name, Mailing Address and ZIP Code Steven R. Worley 10016 Hungary Waco, TX 76712</p>	<p>Name of Employer Metropolitan Life Insurance Company</p>	<p>Date (month, day, year) 02/00 Monthly Payroll Deductions</p>	<p>Amount of each Receipt this period \$ 153.84</p>
<p>Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Occupation: Vice President Aggregate Year-to-Date &gt;</p>	<p>\$ 307.68</p>	
<p>C. Full Name, Mailing Address and ZIP Code Marian J. Zeldin 23 Solomon Drive Bridgewater, NJ 08807</p>	<p>Name of Employer Metropolitan Life Insurance Company</p>	<p>Date (month, day, year) 02/00 Monthly Payroll Deductions</p>	<p>Amount of each Receipt this period \$ 192.30</p>
<p>Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Occupation: Vice President &amp; Actuary Aggregate Year-to-Date &gt;</p>	<p>\$ 384.60</p>	
<p>D. Full Name, Mailing Address and ZIP Code Margery Brittain 370 First Street, Apt. 10F New York, NY 10010</p>	<p>Name of Employer Metropolitan Life Insurance Company</p>	<p>Date (month, day, year) 02/00 Monthly Payroll Deductions</p>	<p>Amount of each Receipt this period \$ 1,000.00 (Lump Sum)</p>
<p>Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Occupation: Vice President Aggregate Year-to-Date &gt;</p>	<p>\$ 1,000.00</p>	
<p>E. Full Name, Mailing Address and ZIP Code Kenneth Koller 12805 Russell St. Overland Park, KS 66209</p>	<p>Name of Employer Metropolitan Life Insurance Company</p>	<p>Date (month, day, year) 02/00 Monthly Payroll Deductions</p>	<p>Amount of each Receipt this period \$ 900.00 (Lump Sum)</p>
<p>Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Occupation: Vice President Aggregate Year-to-Date &gt;</p>	<p>\$ 900.00</p>	
<p>F. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer Metropolitan Life Insurance Company</p>	<p>Date (month, day, year) 02/00 Monthly Payroll Deductions</p>	<p>Amount of each Receipt this period \$</p>
<p>Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Occupation: Aggregate Year-to-Date &gt;</p>	<p>\$</p>	
<p>G. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer Metropolitan Life Insurance Company</p>	<p>Date (month, day, year) 02/00 Monthly Payroll Deductions</p>	<p>Amount of each Receipt this period \$</p>
<p>Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Occupation: Aggregate Year-to-Date &gt;</p>	<p>\$</p>	
<p><b>SUBTOTAL of Receipts This Page (optional)</b></p>			<p>\$2,446.14</p>
<p><b>TOTAL This Period (last page this line number only)</b></p>			<p>\$ 25,522.70</p>

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (in Full)

**Metropolitan Life Insurance Company (MetLife) Employees' Political Participation Fund A**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement This Period
The Sky Club 260 Park Avenue 56 <sup>th</sup> Floor New York, NY 10166	Bill Roth-R-DE U.S. Senate Disbursement For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/11/00	\$ 2,943.29 (In Kind)
R. Full Name, Mailing Address and ZIP Code Robb for Senate 424 C Street, N.E. First Floor Washington, DC 20002	Chuck Robb-D-VA U.S. Senate Disbursement For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/11/00	\$ 1,000.00
C. Full Name, Mailing Address and ZIP Code Peter King for Congress P.O. Box 1428 Scaffold, NY 11783	Peter King-R-NY3 U.S. Representative Disbursement For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/11/00	\$ 1,000.00
D. Full Name, Mailing Address and ZIP Code Friends of Clay Shaw P.O. Box 2188 Fort Lauderdale, FL 33303-2188	Clay Shaw-R-FL22 U.S. Representative Disbursement For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/11/00	\$ 1,000.00
E. Full Name, Mailing Address and ZIP Code Re-Elect Nancy Johnson to Congress Committee 4451 Brookfield Corporate Drive Suite 200 Chantilly, VA 20151	Nancy Johnson-R-CT6 U.S. Representative Disbursement For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/11/00	\$ 1,000.00
F. Full Name, Mailing Address and ZIP Code Ken Beutson Jr. For Congress Committee P.O. Box 75214 Washington, DC 20013	Ken Beutson Jr.-D-TX25 U.S. Representative Disbursement For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/11/00	\$ 500.00
G. Full Name, Mailing Address and ZIP Code Friends of Foley P.O. Box 30505 Palm Beach Gardens, FL 33420	Mark Foley-R-FL16 U.S. Representative Disbursement For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/11/00	\$ 1,500.00
H. Full Name, Mailing Address and ZIP Code Matsui for Congress 555 Capitol Mall Suite 1425 Sacramento, CA 95814	Bob Matsui-D-CA5 U.S. Representative Disbursement For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/11/00	\$ 1,000.00
I. Full Name, Mailing Address and ZIP Code The Pete Stark Re-Election Committee 39300 Civic Center Drive Fremont, CA 94538	Pete Stark-D-CA13 U.S. Representative Disbursement For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/11/00	\$ 1,000.00

SUBTOTAL of Disbursements This Page (optional) \$10,943.29

TOTAL This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE / OF
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NAME OF COMMITTEE (in Full)

**Metropolitan Life Insurance Company (MetLife) Employees' Political Participation Fund A**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement This Period
Fricoids of John Boehner 7908 Cincinnati-Dayton Road West Chester, OH 45069	John Boehner-R-OH U.S. Representative Disbursement For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/11/00	\$ 1,500.00
B. Full Name, Mailing Address and ZIP Code Cummings for Congress 421 New Jersey Avenue, S.E. Washington, DC 20003	Elijah Cummings-D-MD7 U.S. Representative Disbursement For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/11/00	\$ 1,000.00
C. Full Name, Mailing Address and ZIP Code Hoyer for Congress Committee P.O. Box 2884 Washington, DC 20013	Steny Hoyer-D-MD5 U.S. Representative Disbursement For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/11/00	\$ 1,000.00
D. Full Name, Mailing Address and ZIP Code Earl Pomeroy for Congress P.O. Box 75214 Washington, DC 20013-5214	Earl Pomeroy-D-ND U.S. Representative Disbursement For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/11/00	\$ 1,000.00
E. Full Name, Mailing Address and ZIP Code Splendid Fare Catering 1310 Bradlock Place Alexandria, VA 22314	Ben Cardin-D-MD3 U.S. Representative Disbursement For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/11/00	\$ 225.61 (In Kind)
F. Full Name, Mailing Address and ZIP Code McCain for President 735 North St Asaph Street Alexandria, VA 22314	John McCain-R U.S. Presidency Disbursement For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/11/00	\$ 3,000.00
G. Full Name, Mailing Address and ZIP Code Fossella for Congress 2016 Mt. Vernon Avenue 3rd Floor Arlington, VA 22301	Vito Fossella-R-NY13 U.S. Representative Disbursement For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/11/00	\$ 1,000.00
H. Full Name, Mailing Address and ZIP Code Roth Senate Committee 355 Lexington Avenue Suite 1001 New York, NY 10017	Bill Roth-R-DE U.S. Senate Disbursement For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/11/00	\$ 1,056.71
I. Full Name, Mailing Address and ZIP Code Roth Senate Committee 355 Lexington Avenue Suite 1001 New York, NY 10017	Bill Roth-R-DE U.S. Senate Disbursement For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/11/00	\$ 5,000.00
			\$14,782.32

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (in Full)

**Metropolitan Life Insurance Company (MetLife) Employees' Political Participation Fund A**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement This Period
Friends of Phil Gramm 900 Second Street, NE Suite 114 Washington, DC 20002	Phil Gramm-R-DK U.S. Senate Disbursement For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/11/00	\$ 1,000.00
Friends of Dick Durbin 101 West Grand Suite 200 Chicago, IL 60610	Dick Durbin-D-IL U.S. Senate Disbursement For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/11/00	\$ 5,000.00
Ackerman for Congress P.O. Box 95 Fresh Meadows, NY 11365	Gary Ackerman-D-NY5 U.S. Representative Disbursement For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/11/00	\$ 5,000.00
Citizens for Rush 514 East 95th Street Chicago, IL 60619	Bobby Rush-D-IL1 U.S. Representative Disbursement For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/11/00	\$ 1,000.00
Coedit for Congress P.O. Box 1710 Modesto, CA 95353	Gary Coedit-D-CA18 U.S. Representative Disbursement For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/11/00	\$ 2,000.00
Fund for a Responsible Future 3001 Park Center Drive, #1105 Alexandria, VA 22302	 Disbursement For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/11/00	\$ 2,500.00
	 Disbursement For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		\$
	 Disbursement For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		\$
	 Disbursement For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		\$

SUBTOTAL of Disbursements This Page (optional) \$16,500.00

TOTAL This Period (last page table line number only) \$42,225.61



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full)

**Metropolitan Life Insurance Company (MetLife) Employees' Political Participation Fund A**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement This Period
Florida Insurance Council, Inc. 1430 Piedmont Drive, East Tallahassee, FL 32312	Disbursement For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/11/00	\$ 1,000.00
B. Full Name, Mailing Address and ZIP Code Election Fund of Paul DiGiacomo P.O. Box 9216 Lyndhurst, NJ 07071	Purpose of Disbursement Paul DiGiacomo-Re-NJ State Assemblyman Disbursement For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/11/00	\$ 250.00
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 Disbursements This Page (optional)			\$ 1,250.00
TOTAL This Period (last page this line number only)			\$ 1,250.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED <i>3-28-00</i>
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>Jes</i> PREPARER	<i>3-28-00</i> DATE PREPARED