

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 57 OF 301
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**MetLife Inc. Employees' Political Participation Fund A**

Full Name (Last, First, Middle Initial) <b>A. Jason Cole</b>		Date of Receipt
Mailing Address 600 13th Street NW Suite 700		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
Washington	DC	20005
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A2015-2800599</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
MetLife Inc.	VP Government Relations	<input type="text" value="83.33"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1833.28"/>	

Full Name (Last, First, Middle Initial) <b>B. Mr. Michael F Convery</b>		Date of Receipt
Mailing Address 501 Route 22		<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2015"/>
City	State	Zip Code
Bridgewater	NJ	08807
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A2015-2749429</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Metropolitan Property&Casualty	SVP Group Claims Operations	<input type="text" value="20.83"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="416.60"/>	

Full Name (Last, First, Middle Initial) <b>C. Mr. Michael F Convery</b>		Date of Receipt
Mailing Address 501 Route 22		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
Bridgewater	NJ	08807
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A2015-2800003</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Metropolitan Property&Casualty	SVP Group Claims Operations	<input type="text" value="20.83"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="437.43"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="124.99"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>