MetLife®

One Madison Avenue, New York, NY 10010-3690

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

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

Dear Sir/Madam:

Enclosed in our "Report of Receipts and Disbursements for the period covering August 1, 1999, through August 31, 1999.

Yours truly,

Robert C. Tarnok mcp

Robert C. Tarnok
Treasurer
(212) 578-7180

September 17, 1999

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

16082-FUNDS 1899040095 (0897) Printed in U.S.A.

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

C00040923 130696 P 230
ROBERT C TARNOK
METROPOLITAN LIFE INSURANCE CO
MPANY (METLIFE) EMPLOYEES' POL
ONE MADISON AVENUE
NEW YORK NY 10010

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

1999 SEP 23 P 1:29

2. FEC IDENTIFICATION NUMBER
C00040923

3. [X] 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 [X] November 20
[ ] April 20 [ ] August 20 [ ] December 20
[ ] May 20 [X] 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 [X] NO

SUMMARY

5. Covering Period 8/1/99 through 8/31/99

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a)	Cash on Hand January 1, 19 99		$ 40,267.63
(b)	Cash on Hand at Beginning of Reporting Period	$ 139,131.07	
(c)	Total Receipts (from Line 19)	$ 39,603.17	$ 295,762.91
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 178,734.24	$ 336,030.54
7.	Total Disbursements (from Line 30)	$ 14,701.16	$ 171,997.46
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 164,033.08	$ 164,033.08
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	
10.	Debts and Obligations Owed BY 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

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
9/17/99

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

FEC FORM 3X
(revised 9/93)

FE8AN135

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

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

REPORT COVERING PERIOD FROM 8/1/99 TO: 8/31/99

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	$ 34,868.69	$ 224,044.80	11(a)
ii. Unitemized	4,727.97	71,480.46	11(a)
iii. Total (add i and ii) ➤	39,596.66	295,525.26	11(a)
b. Political Party Committees	0	0	11(b)
c. Other Political Committees (such as PACs)	0	0	11(c)
d. Total Contributions (add a iii, b and c) ➤	39,596.66	295,525.26	11(d)
12. Transfers From Affiliated/Other Party Committees	0	0	12
13. All Loans Received	0	0	13
14. Loan Repayments Received	0	0	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	187.50	16
17. Other Federal Receipts (Dividends, Interest, etc.)	6.51	50.15	17
18. Transfers from Nonfederal Account for Joint Activity	0	0	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	39,603.17	295,762.91	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	39,603.17	295,762.91	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0	0	21(a)
ii. Non-Federal Share	0	0	21(a)
b. Other Federal Operating Expenditures	0	0	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	0	0	21(c)
22. Transfers to Affiliated/Other Party Committees	0	0	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	13,701.16	166,697.46	23
24. Independent Expenditures (use Schedule E)	0	0	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0	25
26. Loan Repayments Made	0	0	26
27. Loans Made	0	0	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0	0	28(a)
b. Political Party Committees	0	0	28(b)
c. Other Political Committees (such as PACs)	0	0	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	0	0	28(d)
29. Other Disbursements	1,000.00	5,300.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	14,701.16	171,997.46	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	14,701.16	171,997.46	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	39,596.66	295,525.26	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	39,596.66	295,525.26	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0	0	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0	0	37

FE8AN054

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 / OF 51 FOR LINE NUMBER 11ai

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 Stewart G. Nagler 14 Myrtle Drive Great Neck, NY 11021	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 384.62
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice-Chairman of the Bd. & CFO Aggregate Year-to-Date >	$ 2842.31	
B. Full Name, Mailing Address and ZIP Code Margery A. Brittain 370 First Avenue, Apt. #1DF New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1000.00	
C. Full Name, Mailing Address and ZIP Code Richard M. Blackwell 267 Holly Hill Mountainside, NJ 07092	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 1609.36	
D. Full Name, Mailing Address and ZIP Code Daniel J. Cavanagh 7 River Farms Drive West Warwick, RI 02893	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 300.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: CEO - MPC Proc. Aggregate Year-to-Date >	$ 1532.28	
E. Full Name, Mailing Address and ZIP Code Jeffrey J. Hodgman 24 Hoyt Farm Drive New Canaan, CT 06840	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 384.62
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive Vice President Aggregate Year-to-Date >	$ 2496.17	
F. Full Name, Mailing Address and ZIP Code James M. Logan 523 E. 14th St., Apt. 11F New York, NY 10009	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 1615.32	
G. Full Name, Mailing Address and ZIP Code Catherine A. Rein 21 East 22nd St., Apt. 8S New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 380.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Sr. Exec. Vice-President Aggregate Year-to-Date >	$ 2573.05	
SUBTOTAL of Receipts This Page (optional)			#1,910.76
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 2 / OF 51 FOR LINE NUMBER 11ai

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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 Vincent P. Reusing 804 Hermitage Court Alexandria, VA 22302	Name of Employer Metropolitan Life Insurance Company Occupation: Senior Vice President	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date >	$ 1746.90	
B. Full Name, Mailing Address and ZIP Code Thomas L. Stapleton 444 E. 52nd Street New York, NY 10022	Name of Employer Metropolitan Life Insurance Company Occupation: Senior Vice President	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date >	$ 1191.33	
C. Full Name, Mailing Address and ZIP Code Jon F. Danski 8 Canterbury Ct. Mendham, NJ 07945	Name of Employer Metropolitan Life Insurance Company Occupation: Sr. Vice President & Controller	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date >	$ 456.76	
D. Full Name, Mailing Address and ZIP Code Ira Friedman 130 Chadwick Road Teaneck, NJ 07666	Name of Employer Metropolitan Life Insurance Company Occupation: Senior Vice President	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 250.00
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date >	$ 1675.00	
E. Full Name, Mailing Address and ZIP Code Mark J. Hammersmith 246 Pine Hill Road New Fairfield, CT 06812	Name of Employer Metropolitan Life Insurance Company Occupation: Vice President	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 88.46
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date >	$ 736.50	
F. Full Name, Mailing Address and ZIP Code Anne E. Hayden 9 Edgewood Road Edison, NJ 08820	Name of Employer Metropolitan Life Insurance Company Occupation: Senior Vice President	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date >	$ 207.66	
G. Full Name, Mailing Address and ZIP Code Curt R. Henrikson 153 Sunset Hill Road New Canaan, CT 06840	Name of Employer Metropolitan Life Insurance Company Occupation: Sr. Executive Vice President	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date >	$ 4788.48	
SUBTOTAL of Receipts This Page (optional)			$ 569.22
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 51 FOR LINE NUMBER 11ai

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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 Sibyl C. Jacobson 510 East 23rd St. New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 3248.10	
B. Full Name, Mailing Address and ZIP Code Nicholas D. Latronita 344 St. Nicholas Ave. Hillsdale, NJ 07642	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 240.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 1569.18	
C. Full Name, Mailing Address and ZIP Code Leland C. Launer P.O. Box 7 New Vernon, NJ 07976	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 240.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 1561.54	
D. Full Name, Mailing Address and ZIP Code Edward J. Linville 12 Chestnut Street Hanover, MA 02339	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 940.00	
E. Full Name, Mailing Address and ZIP Code David A. Levene 6 Winsett Drive Melville, NY 11747	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 300.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive Vice President Aggregate Year-to-Date >	$ 1926.90	
F. Full Name, Mailing Address and ZIP Code John W. Mallull 73 Clover Ave. Floral Park, NY 11001	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 200.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1359.62	
G. Full Name, Mailing Address and ZIP Code Christopher P. Nicholas 961 Bayridge Parkway Brooklyn, NY 11228	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Associate General Counsel Aggregate Year-to-Date >	$ 1266.51	

SUBTOTAL of Receipts This Page (optional)	#1,172.30
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 4 / OF 5[illegible]
	FOR LINE NUMBER 11ai

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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 Gail A. Praslick 7 Trimbleford Lane Middletown, NJ 07748	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 200.00
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1348.10	
B. Full Name, Mailing Address and ZIP Code Michael G. Sukraidn 350 First Avenue New York, NY 10009	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 67.30
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 572.05	
C. Full Name, Mailing Address and ZIP Code Felix Schirripa 5 Richmonde Court Colts Neck, NJ 07722	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 270.76
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 1551.90	
D. Full Name, Mailing Address and ZIP Code Robert B. Sturaker 7 Brayton Meadow East Greenwich, RI 02818	Name of Employer Metropolitan Property and Casualty Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Executive – Corp. Supvt. Aggregate Year-to-Date >	$ 1262.44	
E. Full Name, Mailing Address and ZIP Code Presley P. Sumrall 311 East Chestnut Ave. Metuchen, NJ 08840	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1305.75	
F. Full Name, Mailing Address and ZIP Code Judy E. Weiss 48 Vanderveer Court Rockville Centre, NY 11570	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 270.00
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Exec. Vice President & Chief Actuary Aggregate Year-to-Date >	$ 1761.90	
U. Full Name, Mailing Address and ZIP Code Anthony J. Williamson 43 Tanglewood Drive Summit, NJ 07901	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 240.00
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 1602.72	
SUBTOTAL of Receipts This Page (optional)			$ 1,392.66
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	PAGE 5 / OF 51 FOR LINE NUMBER 11ai

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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 Gary Beller 114 East 72nd St. New York, NY 10021	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Sr. Executive Vice President Aggregate Year-to-Date >	$ 5000.00	
B. Full Name, Mailing Address and ZIP Code Robert Benmosche 4 Wesley Chapel Road Wesley Hills, NY 10901	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Chairman of the Bd., Pres. & CEO Aggregate Year-to-Date >	$ 5000.00	
C. Full Name, Mailing Address and ZIP Code Michael Callahan 20 Polhemus Place Brooklyn, NY 11215	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 500.00	
D. Full Name, Mailing Address and ZIP Code Richard Davis 194 Oak Ridge Avenue Summit, NJ 07901	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 3000.00	
E. Full Name, Mailing Address and ZIP Code Gloria Ruben P.O. Box 442 Wainscott, NY 11975	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 500.00	
F. Full Name, Mailing Address and ZIP Code Oliver Greeves 744 Gilbert Hway. Fairfield, CT 06430	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1000.00	
G. Full Name, Mailing Address and ZIP Code David Hawk 6 Indian Hollow Road Mendham, NJ 07945	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1000.00	
SUBTOTAL of Receipts This Page (optional)			-# 0
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 51 FOR LINE NUMBER 11ai

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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 Russel Insalaco 9 Falling Creek Court Silver Springs, MD 20904	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 61.16
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1510.58	
B. Full Name, Mailing Address and ZIP Code Harry Kamen 910 Park Avenue New York, NY 10021	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Aggregate Year-to-Date >	$ 5000.00	
C. Full Name, Mailing Address and ZIP Code Robert Marzulli 15 West 72nd St. New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 2500.00	
D. Full Name, Mailing Address and ZIP Code Edward Reynolds 8 Adams Farm Road Katonah, NY 10589	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 3000.00	
E. Full Name, Mailing Address and ZIP Code Mark Seelhaker 2 Temple Hills Clifton Park, NY 12065	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 200.00	
F. Full Name, Mailing Address and ZIP Code Anthony Trani 120 Lloyd Road Bernardsville, NJ 07924	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1000.00	
G. Full Name, Mailing Address and ZIP Code Michael Zarcone 17 Tamarack Drive Delmar, NY 12054	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 2500.00	
			# 61.16
SUBTOTAL of Receipts This Page (optional)			$
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 7 / OF 5f FOR LINE NUMBER 11a

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 Roy C. Alberto III 47 Spring Ridge Dr. Berkeley Heights, NJ 07922	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Assoc. Gen. Csel Aggregate Year-to-Date >	$ 1083.66	
B. Full Name, Mailing Address and ZIP Code Gerald L. Ammerman 17 Emerson Place Harrison, NY 10528	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1057.65	
C. Full Name, Mailing Address and ZIP Code Richard J Anderson 5 Norwood Court Morristown, NJ 07960	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 100.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 635.94	
D. Full Name, Mailing Address and ZIP Code William D. Anderson 56 Birch Run Avenue Denville, NJ 07834	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 154.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 850.78	
E. Full Name, Mailing Address and ZIP Code Patrice S. Andrews 77 Maple St. Ramsey, NJ 07446	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 58.46
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assoc. Gen. Csel. Aggregate Year-to-Date >	$ 496.91	
F. Full Name, Mailing Address and ZIP Code Frederick F. Archuli 6115 Abbott's Bridge Road Duluth, GA 30097	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 200.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1284.62	
G. Full Name, Mailing Address and ZIP Code Richard A. Bubyak 350 First Ave. New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 27.69
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 443.04	
SUBTOTAL of Receipts This Page (optional)			# 924.45
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 8 / OF 51 FOR LINE NUMBER 11ai

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 Leonard M. Baker 722 Mulberry Place North Woodmere, NY 11581	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Compliance Director Aggregate Year-to-Date >	$ 1099.17	
B. Full Name, Mailing Address and ZIP Code Peter T. Barrish 114 Pequs Ridge New Canaan, CT 06840	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 46.92
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 398.82	
C. Full Name, Mailing Address and ZIP Code Gregory S. Benesh 913 Lakewood Dr. Barrington, IL 60010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1196.07	
D. 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) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1071.45	
E. Full Name, Mailing Address and ZIP Code Marvin H. Brodie 262 Nelson Road Scarsdale, NY 10583	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 53.46
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 454.41	
F. Full Name, Mailing Address and ZIP Code Herbert B. Brown 64 Adams St. Garden City, NY 11530	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1058.38	
G. Full Name, Mailing Address and ZIP Code Alexander D. Bonlini 96 South Terrace Short Hills, NJ 07078	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 200.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 1100.00	
SUBTOTAL of Receipts This Page (optional)			$ 1,069.58
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 9 / OF 51 FOR LINE NUMBER 11ai

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 Debra J. Capolnrelln 79 Village Road Manhasset, NY 11030	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1057.65	
B. Full Name, Mailing Address and ZIP Code Steven T. Cates 2574 North Rock Creek Road Waco, TX 76708	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1104.69	
C. Full Name, Mailing Address and ZIP Code Gerald Clark 2 Harwood Drive Madison , NJ 07940	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 384.62
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice Chairman of the Bd. & CIO Aggregate Year-to-Date >	$ 2253.83	
D. Full Name, Mailing Address and ZIP Code Ken J. Cochrane 420 East 23rd St. New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 480.75	
E. Full Name, Mailing Address and ZIP Code Sheldon L. Cohen 6 Lori Court Woodbury, NY 11797	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 153.84
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1033.62	
F. Full Name, Mailing Address and ZIP Code Thomas B. Considine 1084 Hawthorne Parkway Spring Lake Heights, NJ 07762	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 80.80
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 545.18	
G. Full Name, Mailing Address and ZIP Code Carlos L. Cremata 10075 High Falls Pointe Alpharetta, GA 30022	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 59.62
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 306.77	
			$ 1,062.68
SUBTOTAL of Receipts This Page (optional)			$
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 10 / OF 51 FOR LINE NUMBER 11ai

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 John F. Dahek 8 Alexandria Drive Sewell, NJ 08080	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 153.84
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 846.12	
B. Full Name, Mailing Address and ZIP Code Richard H. Dailfak 54 Whippoorwill Road Armonk, NY 10504	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 1140.69	
C. Full Name, Mailing Address and ZIP Code Michael D. Davidson 1929 Vantage Court Plano, TX 75075	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive – IA Org Aggregate Year-to-Date >	$ 1113.00	
D. Full Name, Mailing Address and ZIP Code Betsy E. Davis 10340 Bronkhollow Circle Highlands Ranch, CO 80126	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 50.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 425.00	
E. Full Name, Mailing Address and ZIP Code Leonard A. Davis 66 Valley Lane Chappaqua, NY 10514	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Ben. Tax Counsel Aggregate Year-to-Date >	$ 1057.65	
F. Full Name, Mailing Address and ZIP Code Joseph L. Dunn 26 Dobbs Terrace Scarsdale, NY 10583	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Sr. Actuary Aggregate Year-to-Date >	$ 1249.17	
G. Full Name, Mailing Address and ZIP Code Lester A. Edelstein 66 Crosby St., Apt. 6F New York, NY 10012	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 1140.69	
SUBTOTAL of Receipts This Page (optional)			$1,165.34
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 11 / OF 51 FOR LINE NUMBER 11ai

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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 Michael Ehrenzweig 43 Lent Drive Plainview, NY 11803	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1140.69	
B. Full Name, Mailing Address and ZIP Code Margaret C. Fechtmann 370 First Ave. New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 200.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1290.38	
C. Full Name, Mailing Address and ZIP Code Kevin E. Foley 7 Peter Cooper Rd., Apt. 2D New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1057.65	
D. Full Name, Mailing Address and ZIP Code William P. Gardella 93 Tomahawk St. Yorktown Heights, NY 10598	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Associate General Counsel Aggregate Year-to-Date >	$ 1099.17	
E. Full Name, Mailing Address and ZIP Code James V. Genna 20 Orchard Drive Randolph, NJ 07869	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1079.79	
F. Full Name, Mailing Address and ZIP Code Craig J. Guiffre 10 Rambling Drive Scotch Plains, NJ 07076	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 153.84
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 876.86	
G. Full Name, Mailing Address and ZIP Code Henry J. Hamilton 33 Euclid Ave. Maplewood, NJ 07040	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1036.00	
SUBTOTAL of Receipts This Page (optional)			$1,315.04
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 12 / OF 31 FOR LINE NUMBER 11ai

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 Robert W. Harvey 4 Intrepid Lane Jamestown, RI 02835	Name of Employer Met Prop. & Casualty Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive Vice President Aggregate Year-to-Date >	$ 1057.65	
B. Full Name, Mailing Address and ZIP Code Kathleen A. Henkel 563 8 Street Brooklyn, NY 11215	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1126.83	
C. Full Name, Mailing Address and ZIP Code Ann M. Hanstrand 510 Clinton St. Brooklyn, NY 11231	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 80.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 571.52	
D. Full Name, Mailing Address and ZIP Code James N. Heston 33 Woodlake Drive Piscataway, NJ 08854	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 200.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1210.76	
E. Full Name, Mailing Address and ZIP Code Michael R. Irvine 3 Jennifer Lane Cos Cob, CT 06807	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 250.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1391.56	
F. Full Name, Mailing Address and ZIP Code Lowell L. Jacobs 12 Harrison Ct. So. Orange, NJ 07079	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 154.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Associate General Counsel Aggregate Year-to-Date >	$ 847.00	
G. Full Name, Mailing Address and ZIP Code Joseph W. Jordan 440 East 23rd St. New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 1269.18	
SUBTOTAL of Receipts This Page (optional)			$ 1,299.36
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 13 / OF 51 FOR LINE NUMBER 11a

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 Marcella Kelly 2 Devonshire Ct. Morris Township, NJ 07960	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1085.31	
B. Full Name, Mailing Address and ZIP Code Brian C. Kramer 238 Grand Cypress Court Holmdel, NJ 07733	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 153.84
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 863.42	
C. Full Name, Mailing Address and ZIP Code Thomas E. Lenihan 81 Miller Road Morristown, NJ 07960	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 46.14
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Managing Director Aggregate Year-to-Date >	$ 392.19	
D. Full Name, Mailing Address and ZIP Code Michael Levine 54 Walworth Avenue Scarsdale, NY 10583	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 1077.28	
E. Full Name, Mailing Address and ZIP Code Stephen Li 11 Montgomery Road Scarsdale, NY 10583	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 154.00
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 1008.52	
F. Full Name, Mailing Address and ZIP Code Gary E. Tineberry 56 Kingdom Ridge Road Wilton, CT 06897	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 1338.36	
G. Full Name, Mailing Address and ZIP Code James L. Lipscomb 7 Briar Oak Drive Weston, CT 06883	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 1324.56	
SUBTOTAL of Receipts This Page (optional)			$ 1,200.10
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 14 / OF 31
	FOR LINE NUMBER 11ai

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 William D. Livesey P.O. Box 2048 St. James, NY 11780	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 1838.36	
B. Full Name, Mailing Address and ZIP Code John S. Lombardo 105 Mullie Drive Cranston, RI 02921	Name of Employer MetLife Auto & Home	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.78
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Executive--CFM Aggregate Year-to-Date >	$ 1324.67	
C. Full Name, Mailing Address and ZIP Code Robert R. Lynch 531 E. 20th St. New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 80.00
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 590.00	
D. Full Name, Mailing Address and ZIP Code Eugene Marks 305 N. Cedar Rd. Fairfield, CT 06430	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 200.00
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 1146.15	
E. Full Name, Mailing Address and ZIP Code Christine N Markussen 17 Indian Head Rd. Morris Township, NJ 07960	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1026.11	
F. Full Name, Mailing Address and ZIP Code Lauren Masciulli 225 W. 83rd St. New York, NY 10024	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 1269.18	
G. Full Name, Mailing Address and ZIP Code John J. McSweeney 1654 East 31 St. Brooklyn, NY 11234	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 977.60	
SUBTOTAL of Receipts This Page (optional)			$ 1,356.90
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 15 / OF 57 FOR LINE NUMBER 11ai

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 Steven D. Meyers 1 Stonehenge Morristown, NJ 07960	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 138.46
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President & Sr. Actuary Aggregate Year-to-Date >	$ 951.91	
B. Full Name, Mailing Address and ZIP Code Charles H. Miller 61 Nicole Drive Denville, NJ 07834	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 153.84
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 833.81	
C. Full Name, Mailing Address and ZIP Code William D. Moore 4 River Farms Drive West Warwick, RI 02893	Name of Employer MetLife Auto & Home	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 124.00
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Executive – PCS Org. Aggregate Year-to-Date >	$ 1157.87	
D. Full Name, Mailing Address and ZIP Code Janet M. Morgan #8 Pequa Lane Commack, NY 11725	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 50.00
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 425.00	
E. Full Name, Mailing Address and ZIP Code William J. Mullaney 14 Roc Elem Road Randolph, NJ 07869	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 200.00
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1183.04	
F. Full Name, Mailing Address and ZIP Code Robert M. Musset 14 Oakcrest Ct. Holmdel, NJ 07733	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 153.84
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President & Sr. Actuary Aggregate Year-to-Date >	$ 846.12	
G. Full Name, Mailing Address and ZIP Code Antonia C. Nabholz 121 Stanley Rough Road Danbury, CT 06811	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 153.84
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 846.12	
SUBTOTAL of Receipts This Page (optional)			$1,043.98
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 16 / OF 57 FOR LINE NUMBER 11ai

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 Charlan Nicolas 531 East 20th St. New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 1236.51	
B. Full Name, Mailing Address and ZIP Code Robert J. Noll 6 Overlook Road Chatham, NJ 07928	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 53.84
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Director Aggregate Year-to-Date >	$ 457.64	
C. Full Name, Mailing Address and ZIP Code David W. Parsons Seven Peter Cooper Rd., #1 New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 72.30
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President & Sr. Actuary Aggregate Year-to-Date >	$ 506.13	
D. Full Name, Mailing Address and ZIP Code Renee B. Pazan 82 Thurston Terrace Glen Rock, NJ 07452	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 100.00
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 700.00	
E. Full Name, Mailing Address and ZIP Code Georgette A. Filipion 25 Lucinda Drive Babylon, NY 11702	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 78.00
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 395.36	
F. Full Name, Mailing Address and ZIP Code Janette A. Raffaino 34 Lincoln Way Windsor, CT 06095	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1207.65	
G. Full Name, Mailing Address and ZIP Code Louis J. Ragusa 10 Jason Court Dix Hills, NY 11746	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President & Secretary Aggregate Year-to-Date >	$ 1147.65	
			$ 881.04
SUBTOTAL of Receipts This Page (optional)			$
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 17 / OF 54 FOR LINE NUMBER 11ai

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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 Andrew D. Rallis 1 Quail Mews North Brunswick, NJ 08902	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 53.84
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 457.64	
B. Full Name, Mailing Address and ZIP Code Joseph A. Reali 10 Doreo Road Morganville, NJ 07751	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 200.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 1140.00	
C. Full Name, Mailing Address and ZIP Code Kurt Riedener 21 Fern Road Sparta, NJ 07871	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 519.21	
D. Full Name, Mailing Address and ZIP Code Margaret Ann Rody 10 Cindy Ann Dr. E. Greenwich, RI 02818	Name of Employer MetLife Auto & Home	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 154.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive – Ret. & Comm. Aggregate Year-to-Date >	$ 902.38	
E. Full Name, Mailing Address and ZIP Code Susan L. Ross 203 Madison St., #2B Hoboken, NJ 07030	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 50.96
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. General Counsel Aggregate Year-to-Date >	$ 420.68	
F. Full Name, Mailing Address and ZIP Code Neil A. Rossway 3 Olden Drive Flemington, NJ 08822	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 200.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1160.00	
G. Full Name, Mailing Address and ZIP Code Mark H. Ryan 4 Charles Everett Way Bingham, MA 02043	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 153.84
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 852.28	
SUBTOTAL of Receipts This Page (optional)			$ 689.56
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 18 / OF 51 FOR LINE NUMBER 11ai

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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 Alexander G. Scheitlin 125 E. 72nd St. New York, NY 10021	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President & Sr. Actuary Aggregate Year-to-Date >	$ 1057.65	
B. Full Name, Mailing Address and ZIP Code Myron G. Schlanger 141-06 71st Ave. New Gardens Hill, NY 11367	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 673.01	
C. Full Name, Mailing Address and ZIP Code Peter M. Schwarz 8 Meadowlark Court Oakland, NJ 07436	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1057.65	
D. Full Name, Mailing Address and ZIP Code Paula Simon 164 Brandon Terrace Albany, NY 12203	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 419.18	
E. Full Name, Mailing Address and ZIP Code Richard Small 65 Cavalier Drive E. Greenwich, RI 02818	Name of Employer MetLife Auto & Home Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 153.84
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 873.78	
F. Full Name, Mailing Address and ZIP Code Darrell J. Smith 14415 Quivira Olathe, KS 66062	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.40
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 983.20	
G. Full Name, Mailing Address and ZIP Code Jeffrey K. Smith 2020 Nancy Blvd. Merrick, NY 11566	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 65.38
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 555.73	
SUBTOTAL of Receipts This Page (optional)			# 911.20
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 19 / OF 51 FOR LINE NUMBER 11ai

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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 Robert E. Sollitsann 351 Nod Hill Road Wilton, CT 06897	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 46.14
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 392.19	
B. Full Name, Mailing Address and ZIP Code Jon L. Salomon 3 Ellis Court Rye, NY 10580	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 160.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 857.52	
C. Full Name, Mailing Address and ZIP Code Richard B. Salomon 301 E. 87th St., Apt. 5F New York, NY 10128	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 100.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 674.56	
D. Full Name, Mailing Address and ZIP Code R. Stan St. John 7 Peter Cooper Road New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1057.65	
E. Full Name, Mailing Address and ZIP Code Donald M. Stadler 36 Spring Water Lane New Canaan, CT 06840	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1126.11	
F. Full Name, Mailing Address and ZIP Code James F. Stenson 810 Rathjen Road Brielle, NJ 08730	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 1250.68	
G. Full Name, Mailing Address and ZIP Code Kihong Sung 22-2, Itaewon-Dong, Yongs Seoul.	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 46.14
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 392.19	
SUBTOTAL of Receipts This Page (optional)			$967.64
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 20 / OF 51 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 Stanley J. Tulbi 37 Washington Drive Cranbury, NJ 08512	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 200.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 1129.22	
B. Full Name, Mailing Address and ZIP Code Richard R. Turtle 417 Oakshire Pl. Alamo, CA 94507	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 250.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 1375.00	
C. Full Name, Mailing Address and ZIP Code Nan D. Teretzky 280 First Ave., Apt. 7D New York, NY 10009	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 50.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 407.72	
D. Full Name, Mailing Address and ZIP Code Joseph Travolo 1387 Hanover St. Yorktown Heights, NY 10598	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 153.84
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Associate General Counsel Aggregate Year-to-Date >	$ 846.12	
E. Full Name, Mailing Address and ZIP Code Lawrence A. Vranka 5 Sieper Drive Port Washington, NY 11050	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 194.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1185.39	
F. Full Name, Mailing Address and ZIP Code John E. Welch 101 Old South Road Southport, CT 06490	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 200.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Gen. Auditor Aggregate Year-to-Date >	$ 1100.00	
G. Full Name, Mailing Address and ZIP Code William J. Wheeler 147 Brite Ave. Scarsdale, NY 10583	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President & Treasurer Aggregate Year-to-Date >	$ 1153.80	
SUBTOTAL of Receipts This Page (optional)			$1,278.60
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 21 / OF 57
	FOR LINE NUMBER 11ai

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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 Andrew D. White 137 Tulip St. Summit, NJ 07901	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 153.84
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 860.07	
B. Full Name, Mailing Address and ZIP Code Peter R. Wilkins 5 Colt Circle Princeton Junction, NJ 08550	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 863.35	
C. Full Name, Mailing Address and ZIP Code Carol A. Wolfe 25 West 90th St. New York, NY 10024	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 200.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1261.52	
D. Full Name, Mailing Address and ZIP Code Steven R. Worley 575 Cardinal Ridge Road Burleson, TX 76028	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 153.84
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice-President Aggregate Year-to-Date >	$ 866.78	
E. Full Name, Mailing Address and ZIP Code Marinn J. Zeldin 23 Solomon Drive Bridgewater, NJ 08807	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 1057.65	
F. Full Name, Mailing Address and ZIP Code George Christ 19 Hospitality Way Englishtown, NJ 07726	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1000.00	
G. Full Name, Mailing Address and ZIP Code Malcolm Denter 3 Abbey Lane Ocean, NJ 07712	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1000.00	
SUBTOTAL of Receipts This Page (optional)			$ 699.98
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 22 / OF 57 FOR LINE NUMBER 11ai

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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 Robert Edwards 4199 Club Drive Atlanta, GA 30319	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 300.00	
B. Full Name, Mailing Address and ZIP Code Mitchell Elberg 13 Mills Road Suffern, NY 10901	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Asst. General Counsel Aggregate Year-to-Date >	$ 300.00	
C. Full Name, Mailing Address and ZIP Code Michael Gerli 77 Olive Street Metuchen, NJ 08840	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 250.00	
D. Full Name, Mailing Address and ZIP Code Cheswan Hwang 37 Dean Road Weston, MA 02193	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 500.00	
E. Full Name, Mailing Address and ZIP Code Tara Iunes 2 Stuyvesant Oval, Apt. 5F New York, NY 10009	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 1000.00	
F. Full Name, Mailing Address and ZIP Code Mira Gentz-Hall 4 Peter Cooper Rd, Apt. 1D New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 500.00	
G. Full Name, Mailing Address and ZIP Code Kernan King 171 Marlborough St. Boston, MA 02116	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 5000.00	
SUBTOTAL of Receipts This Page (optional)			# 0
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 23 / OF 51 FOR LINE NUMBER 11ai

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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 Kenneth Kollar 11644 Knox Overland Park, KS 66210	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 300.00	
B. Full Name, Mailing Address and ZIP Code Charles Moes, Jr. A. Ferreyra 3982 1 aLucila Buenos Aires, Argentina	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 100.00	
C. Full Name, Mailing Address and ZIP Code William Skidmore 2845 Evergreen Way Cooper City, FL 33026	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 100.00	
D. Full Name, Mailing Address and ZIP Code William Toppeta 370 First Ave., Apt. MC New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: President – Ind. Bus. Aggregate Year-to-Date >	$ 3000.00	
E. Full Name, Mailing Address and ZIP Code Michael Vietri 4143 Kingshill Cir. Naperville, IL 60564	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 2000.00	
F. Full Name, Mailing Address and ZIP Code Michael Wilmer 49 Crest Drive Bernardsville, NJ 07924	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1000.00	
G. Full Name, Mailing Address and ZIP Code Robert Zilg 601 East 20th St., Apt. 11K New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 250.00	
SUBTOTAL of Receipts This Page (optional)			# 0
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 24 / OF 51 FOR LINE NUMBER 11ai

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 Anthony Amodeo 122 Huntington Road Pt. Washington, NY 11050	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 100.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Sr. Actuary Aggregate Year-to-Date >	$ 548.44	
B. Full Name, Mailing Address and ZIP Code Lawrence Blakeman 23 Jeremy Drive New Fairfield, CT 06812	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 100.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 550.00	
C. 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) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 154.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 786.10	
D. Full Name, Mailing Address and ZIP Code Nicholas L. Brescher 185 Sherwood Farm Road Fairfield, CT 06430	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 160.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Regional Vice President Aggregate Year-to-Date >	$ 800.00	
E. Full Name, Mailing Address and ZIP Code Richard R. Calogero 1202 Scott Road Clarks Summit, PA 18411	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 41.74
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 354.79	
F. Full Name, Mailing Address and ZIP Code Katie Heather Carey 7308 Brookville Rd. Chevy Chase, MD 20815	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 466.14	
G. Full Name, Mailing Address and ZIP Code Richard S. Collins 72 West Brother Drive Greenwich, CT 06830	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 133.26
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Invest. Counsel Aggregate Year-to-Date >	$ 640.94	
			$ 765.92
SUBTOTAL of Receipts This Page (optional)			$
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 25 / OF 51 FOR LINE NUMBER 11ai

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 Lawrence S. Craven 425 Birchtree Lane Northvale, NJ 07647	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 40.00
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 340.00	
B. Full Name, Mailing Address and ZIP Code Barbara M. Duffy 123a Lauretta Lane Johnstown, PA 15904	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 73.70
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 489.67	
C. Full Name, Mailing Address and ZIP Code Kenneth A. Eisenberg 6 Milton Court Princeton Jct., NJ 08550	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 100.00
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Associate Tax Counsel Aggregate Year-to-Date >	$ 507.00	
D. Full Name, Mailing Address and ZIP Code Frederick L. Feniff 23 Brett Road Carmel, NY 10512	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 433.04	
E. Full Name, Mailing Address and ZIP Code Peter J. Flanagan 520 E. 20th Street, apt. 6H New York, NY 10009	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 40.20
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Associate Counsel Aggregate Year-to-Date >	$ 341.70	
F. Full Name, Mailing Address and ZIP Code William T. Friedewald 326 West 71st St. New York, NY 10023	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 203.00	
G. Full Name, Mailing Address and ZIP Code Jose R. Gerstl-Garcia 46 Bruce Park Drive Greenwich, CT 06830	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 920.71	
			$ 573.12
SUBTOTAL of Receipts This Page (optional)			$
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 26 / OF 54 FOR LINE NUMBER 11ai

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 Nancy J. Haley 72 Banksville Road Armonk, NY 10504	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 50.00
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 375.00	
B. Full Name, Mailing Address and ZIP Code Nancy J. Hammer 577 Daisy Nash Drive Lilburn, GA 30047	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 80.20
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Asst. General Counsel Aggregate Year-to-Date >	$ 491.85	
C. Full Name, Mailing Address and ZIP Code Gerry P. Hawxhurst 58 South Pomperaug Avenue Woodbury, CT 06798	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 961.50	
D. Full Name, Mailing Address and ZIP Code Donald J. Healy 115 Lawndale Avenue Elmhurst, IL 60126	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 60.00
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Associate General Counsel Aggregate Year-to-Date >	$ 380.72	
E. Full Name, Mailing Address and ZIP Code Robert M. Hersh 92 Club Drive Roslyn Heights, NY 11577	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 61.34
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Associate General Counsel Aggregate Year-to-Date >	$ 414.08	
F. Full Name, Mailing Address and ZIP Code Thomas G. Hogan 6 Dukoff Drive Hamilton Square, NJ 08690	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 80.00
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 453.80	
G. Full Name, Mailing Address and ZIP Code Lynn D. Hunt 71 Butler Pkwy. Summit, NJ 07901	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 40.00
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 340.00	
			$563.84
SUBTOTAL of Receipts This Page (optional)			$
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 27 / OF 51 FOR LINE NUMBER 11ai

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 Dawn M. Hynes 29 Linwood Place Massapequa, NY 11762	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 153.84
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 769.20	
B. Full Name, Mailing Address and ZIP Code William D. Kerrigan 239 Kociemba Dr. River Vale, NJ 07675	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 43.84
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Sr. Actuary Aggregate Year-to-Date >	$ 360.16	
C. Full Name, Mailing Address and ZIP Code John R. Kershaw 68-12 Manse St. Forest Hills, NY 11375	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 100.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 503.77	
D. Full Name, Mailing Address and ZIP Code Deborah R. Krautheim #13 Elil Park Greenwich, CT 06831	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 112.50
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 712.50	
E. Full Name, Mailing Address and ZIP Code Michael J. Kroeger 108 Pomeroy Road Madison, NJ 07940	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 100.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Managing Director Aggregate Year-to-Date >	$ 516.10	
F. Full Name, Mailing Address and ZIP Code James A. Kuchta 25 Mapes Avenue Nutley, NJ 07110	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 70.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 463.05	
G. Full Name, Mailing Address and ZIP Code Howard L. Kurpit 2 Peter Cooper Rd., Apt. 8H New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 100.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Sr. Actuary Aggregate Year-to-Date >	$ 550.00	
			$ 680.18
SUBTOTAL of Receipts This Page (optional)			$
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 28 / OF 51
	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 Thomas P. Laino 233 Vincent Dr. East Meadow, NY 11554	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 453.27	
B. Full Name, Mailing Address and ZIP Code Robert M Lanier 482 Waubonsee Circle Oswego, IL 60543	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice-President Aggregate Year-to-Date >	$ 458.66	
C. Full Name, Mailing Address and ZIP Code Patricia A. McCreary 420 East 23rd St. New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 450.00	
D. Full Name, Mailing Address and ZIP Code Patrick L. McCusker 2021 Carolyn Road Aurora, IL 60506	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 56.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 418.76	
E. Full Name, Mailing Address and ZIP Code William H. Nugent 15 Arden Drive Hartsdale, NY 10530	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 36.92
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 313.82	
F. Full Name, Mailing Address and ZIP Code James R. Petrosini 23 Appletree Road Flemington, NJ 08822	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 153.84
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 692.28	
G. Full Name, Mailing Address and ZIP Code Juan F. Punchin P.O. Box 1544 New York, NY 10159	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 100.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 597.58	
SUBTOTAL of Receipts This Page (optional)			$500.60
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 29 / OF 51 FOR LINE NUMBER 11ai

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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 Douglas A. Rayvid 36 East Hartz Horn Drive Short Hills, NJ 07078	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 634.59	
B. Full Name, Mailing Address and ZIP Code Ann M. Reed 16 W. 16th St., Apt. 8tm New York, NY 10011	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 153.84
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 769.20	
C. Full Name, Mailing Address and ZIP Code Timothy J. Ring 66 Harvard Ave. Maplewood, NJ 07040	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 436.86	
D. Full Name, Mailing Address and ZIP Code John J. Ryan 74 Webb St. Edison, NJ 08820	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 80.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 467.66	
E. Full Name, Mailing Address and ZIP Code Mitchell E. Ryan 78 Brewers Lane Roslyn Heights, NY 11577	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 50.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 333.06	
F. Full Name, Mailing Address and ZIP Code George A. Savanese 4 Peter Cooper Road New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 100.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 550.00	
G. Full Name, Mailing Address and ZIP Code Cynthia W. Schnndeke 2419 Adams Drive Lisle, IL 60532	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 41.52
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 352.92	
SUBTOTAL of Receipts This Page (optional)			$ 617.66
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	PAGE 30 / OF 51 FOR LINE NUMBER 11ai

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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 Dean G. Sharer 20 Saddlebrook Road Robbinsville, NJ 08691	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 153.84
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 692.28	
B. Full Name, Mailing Address and ZIP Code Ira H. Shuman 435 Albemarle Road Cedarhurst, NY 11516	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 80.00
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Associate General Counsel Aggregate Year-to-Date >	$ 509.18	
C. Full Name, Mailing Address and ZIP Code Steven L. Smith 508 Saddlebred Lane Marietta, GA 30067	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 153.84
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 776.20	
D. Full Name, Mailing Address and ZIP Code Roger S. So 1 Magnolia Court Morris Township, NJ 07960	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 42.30
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 350.55	
E. Full Name, Mailing Address and ZIP Code Rose A. Swisher #938 Choctaw Circle NW London, OH 43140	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 80.00
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 481.76	
F. Full Name, Mailing Address and ZIP Code Charles E. Symington 43 Pippins Way Morristown, NJ 07960	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 60.00
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Managing Director Aggregate Year-to-Date >	$ 380.71	
G. Full Name, Mailing Address and ZIP Code Howard Teich 8 Ethan Allen Court Orangeburg, NY 10962	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 72.98
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 456.77	
			$ 642.96
SUBTOTAL of Receipts This Page (optional)			$
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 31 / OF 51 FOR LINE NUMBER 11ai

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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 John P. Tooley 430 East 20th St. New York, NY 10009	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 72.12
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Director Aggregate Year-to-Date >	$ 444.74	
B. Full Name, Mailing Address and ZIP Code Victor W. Turner 50 Stone Creek Trail Alpharetta, GA 30004	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 40.60
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 345.10	
C. Full Name, Mailing Address and ZIP Code John R. Tweedie P.O. Box 21 Far Hills, NJ 07931	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Sr. Executive Vice President Aggregate Year-to-Date >	$ 1038.42	
D. Full Name, Mailing Address and ZIP Code Edward E. Veazey 5 Cartier Court East Greenwich, RI 02818	Name of Employer MetLife Auto & Home	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Executive - Strat Plan Aggregate Year-to-Date >	$ 810.69	
E. Full Name, Mailing Address and ZIP Code Michael C. Walsh 60 Arrowhead Way Warwick, RI 02886	Name of Employer MetLife Auto & Home	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 154.00
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Executive – HO Direct Aggregate Year-to-Date >	$ 770.00	
F. Full Name, Mailing Address and ZIP Code Richard T. Wang 6363 Christie Avenue Emeryville, CA 94608	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 961.50	
G. Full Name, Mailing Address and ZIP Code Lisa M. Weber 196 Anderson Avenue Closter, NJ 07624	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 923.04	
			$1,112.84
SUBTOTAL of Receipts This Page (optional)			$
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 32 / OF 51 FOR LINE NUMBER 11ai

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 Mark A. Alexander 25 Rockledge Ave., PH 16 White Plains, NY 10601	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 350.00	
B. Full Name, Mailing Address and ZIP Code James Dingler 47 Crescent Drive Convent Station, NJ 07960	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Director Aggregate Year-to-Date >	$ 1000.00	
C. Full Name, Mailing Address and ZIP Code Randal Hauss 19 Davenport Drive Cranbury, NJ 08512	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 50	
D. Full Name, Mailing Address and ZIP Code Barbara A Hume 56 Peachtree Road Basking Ridge, NJ 07920	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1000.00	
E. Full Name, Mailing Address and ZIP Code Thomas Lenihan 81 Miller Road Morristown, NJ 07960	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Managing Director Aggregate Year-to-Date >	$ 1000.00	
F. Full Name, Mailing Address and ZIP Code Rosalie Mastropolo 196 Nannyfingen Road Thornwood, NY 10594	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 250.00	
G. Full Name, Mailing Address and ZIP Code Malka Tirschwell 1821 East 26th Street Brooklyn, NY 11229	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 180.00	
SUBTOTAL of Receipts This Page (optional)			$ 0
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 33 / OF 51 FOR LINE NUMBER 11ai

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 Christopher M. Abelt 200 East 84th St., Apt. 15G New York, NY 10028	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 153.84
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 538.44	
B. Full Name, Mailing Address and ZIP Code George Bell 50 Dale Drive Summit, NJ 07901	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 180.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 720.00	
C. Full Name, Mailing Address and ZIP Code William F. Bigelow 22 High Ridge Place Easton, CT 06612	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 50.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 308.85	
D. Full Name, Mailing Address and ZIP Code Russell P. Bosworth 330 East 38th St. New York, NY 10016	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 71.16
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 391.38	
E. Full Name, Mailing Address and ZIP Code Felipe Botero 39 Hampton Corner Road Ringoes, NJ 08551	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 73.84
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 362.29	
F. Full Name, Mailing Address and ZIP Code Sheldon Brooks 20 Bolderwood Dr. Livingston, NJ 07039	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 80.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 400.00	
G. Full Name, Mailing Address and ZIP Code Susan A. Buffum 4 Jackson Avenue Chatham, NJ 07928	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Managing Director Aggregate Year-to-Date >	$ 423.06	
SUBTOTAL of Receipts This Page (optional)			$ 685.76
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 34 / OF 57 FOR LINE NUMBER 11ai

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 Anthony R. Bhonsgaro 99 Lexington Court Holmdel, NJ 07733	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 50.00
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 335.00	
B. Full Name, Mailing Address and ZIP Code Ramon Casanova 274 First Ave., Apt. 6D New York, NY 10009	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 120.00
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 480.00	
C. Full Name, Mailing Address and ZIP Code Kevin R. Cavanagh 12 Holly Court Blauvelt, NY 10913	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 88.46
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 436.53	
D. Full Name, Mailing Address and ZIP Code Christopher Cowley 20 Spencer's Grant Drive East Greenwich, RI 02818	Name of Employer MetLife Auto & Home	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 80.00
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Executive – Claims Aggregate Year-to-Date >	$ 400.00	
E. Full Name, Mailing Address and ZIP Code Thomas L. Coakley 3200 Palisades Ct. Marietta, GA 30067	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 384.60	
F. Full Name, Mailing Address and ZIP Code Sharon K. Condello 7771 S. Memorial Dr. Tulsa, OK 74133	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 384.60	
G. Full Name, Mailing Address and ZIP Code Joseph D. Cook 20 Trembiant Court Lutherville, MD 21093	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 34.42
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 292.57	
SUBTOTAL of Receipts This Page (optional)			4526.72
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 35 / OF 57
	FOR LINE NUMBER 11ai

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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
James W. Cash 18 Woodland Rd. Pittstown, NJ 08867	Metropolitan Life Insurance Company	8/99 Monthly Payroll Deductions	$ 153.84
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President	Aggregate Year-to-Date > $ 615.36	
B. Full Name, Mailing Address and ZIP Code David E. Deedles 47 Garden Grove Rd. Manchester, CT 06040	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President	Aggregate Year-to-Date > $ 384.60	
C. Full Name, Mailing Address and ZIP Code Frank A. Devito 25 Cushing Drive Danbury, CT 06811	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 160.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President	Aggregate Year-to-Date > $ 560.00	
D. Full Name, Mailing Address and ZIP Code J. Edmond Diver 489 Thayer Pond Road Wilton, CT 06897	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 35.58
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Director	Aggregate Year-to-Date > $ 302.43	
E. Full Name, Mailing Address and ZIP Code Elizabeth A. Geddes 32 Dogwood Lane Loudonville, NY 12211	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President	Aggregate Year-to-Date > $ 419.60	
F. Full Name, Mailing Address and ZIP Code Jonathan S. Ginsan 370 First Avenue New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 36.16
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Dir. Leasing Reg. Compliance	Aggregate Year-to-Date > $ 307.36	
G. Full Name, Mailing Address and ZIP Code Donald J. Herman 420 East 23rd St. New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 194.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Assoc. Gen. Counsel	Aggregate Year-to-Date > $ 679.00	

SUBTOTAL of Receipts This Page (optional)	$733.42
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 36 / OF 57
	FOR LINE NUMBER 11ai

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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 Charles G. Hertz 173 Weed Avenue Stamford, CT 06902	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 34.62
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Chief Medical Aggregate Year-to-Date >	$ 294.27	
B. Full Name, Mailing Address and ZIP Code Justin N. Hornburg 3483 W. Bradford Dr. Bloomfield, MI 48301	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 77.88
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 415.39	
C. Full Name, Mailing Address and ZIP Code Lorraine J. Knapp 288 Wales Ave. River Edge, NJ 07661	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 50.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 335.00	
D. Full Name, Mailing Address and ZIP Code James M. Lenaghan 315 Turtle Avenue Spring Lake, NJ 07762	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 194.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assoc. General Counsel Aggregate Year-to-Date >	$ 748.20	
E. Full Name, Mailing Address and ZIP Code Mark D. Lonergan 234 Bungalow Terr. Millington, NJ 07946	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 100.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 483.07	
F. Full Name, Mailing Address and ZIP Code Joel M. Merlin 16204 Villarreal De Avila Tampa, FL 33613	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 35.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 297.50	
G. Full Name, Mailing Address and ZIP Code Clifford E. Marston 9459 Thorndale Drive Brentwood, TN 37027	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 384.60	
			#568.42
SUBTOTAL of Receipts This Page (optional)			$
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 37 / OF 5??
	FOR LINE NUMBER 11ai

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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 James A. McDermott 1764 Ashbourne Dr. Yardley, PA 19067	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 33.66
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Regional Vice President Aggregate Year-to-Date >	$ 286.11	
B. Full Name, Mailing Address and ZIP Code Richard J. Mellee 14 Barnsdale Road Madison, NJ 07940	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 150.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 600.00	
C. Full Name, Mailing Address and ZIP Code Paul H. Michael 5900 Edgewood Dr. McKinney, TX 75070	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 80.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Regional Vice President Aggregate Year-to-Date >	$ 390.00	
D. Full Name, Mailing Address and ZIP Code Maria R. Morris 726 Standish Avenue Westfield, NJ 07090	Name of Employer Metropolitan Life Insurance Company -	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 153.84
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 615.36	
E. Full Name, Mailing Address and ZIP Code Daniel A. O'Neill 4429 W. 130th St. Leawood, KS 66209	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 400.70	
F. Full Name, Mailing Address and ZIP Code Thomas W. Parente 4 Terrill Dr. Califon, NJ 07830	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 60.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 350.00	
G. Full Name, Mailing Address and ZIP Code Elliot Reiter 9 Bard Place Old Bridge, NJ 08857	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 33.84
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 277.63	
SUBTOTAL of Receipts This Page (optional)			#588.26
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 38 / OF 50 FOR LINE NUMBER 11ai

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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 Jonathan L. Rosenthal 210 Woods End Drive Basking Ridge, NJ 07920	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 89.42
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Managing Director Aggregate Year-to-Date >	$ 447.10	
B. Full Name, Mailing Address and ZIP Code Joyce M. Ruddock 4 Split Rock Road Newtown, CT 06470	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 423.06	
C. Full Name, Mailing Address and ZIP Code Michael H. Schwartz 36 Yarmouth Drive New Providence, NJ 07974	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 60.00
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 330.00	
D. Full Name, Mailing Address and ZIP Code Harriette Silverberg 322 West 72nd St. New York, NY 10023	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 384.52	
E. Full Name, Mailing Address and ZIP Code Stephen G. Singer 30370 Tanglewood Farmington Hills, MI 48331	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 92.30
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 461.50	
F. Full Name, Mailing Address and ZIP Code James G. Sinni 80 Cherry Lane Basking Ridge, NJ 07920	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 350.00	
G. Full Name, Mailing Address and ZIP Code Donald P. Smith 53 Stony Brook Road Montville, NJ 07045	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 153.84
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 615.36	
			$ 549.40
SUBTOTAL of Receipts This Page (optional)			$
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 39 / OF 57 FOR LINE NUMBER 11ai

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 J. Gilbert Stallings 344 Prospect Ave., Apt. 8A Hackensack, NJ 07601	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 80.00
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 400.00	
B. Full Name, Mailing Address and ZIP Code Eric T. Steigerwalt 31 Vincent St. Chatham, NJ 07928	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 153.84
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 615.36	
C. Full Name, Mailing Address and ZIP Code Wilhelmina J. Taylor 505 Quincy St. Brooklyn, NY 11221	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 70.00
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 350.00	
D. Full Name, Mailing Address and ZIP Code Brian K. Walters 46 Peter Street Holliston, MA 01746	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 153.84
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 538.44	
F. Full Name, Mailing Address and ZIP Code Selina Wong 54 Walworth Ave. Scarsdale, NY 10583	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Asst. Vice President & Actuary Aggregate Year-to-Date >	$ 384.60	
J. Full Name, Mailing Address and ZIP Code James D. Weil 90 Turkey Hill Road South Westport, CT 06880	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 34.62
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 294.27	
G. Full Name, Mailing Address and ZIP Code Robert Zandoli 2917 Gerber Pl. Bronx, NY 10465	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 80.00
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 435.00	
SUBTOTAL of Receipts This Page (optional)			$649.22
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 40 / OF 57 FOR LINE NUMBER 11ai

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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 Alan Mandell 830 Rathbun Ave. Staten Island, NY 10309	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 250.00	
B. Full Name, Mailing Address and ZIP Code William LaMerty 14391 Club Circle Alpharetta, GA 30004	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 200.00	
C. Full Name, Mailing Address and ZIP Code Mark Alpert 10 Highland Ridge Road Manalapan, NJ 07726	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 27.56
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Asst. General Counsel Aggregate Year-to-Date >	$ 234.26	
D. Full Name, Mailing Address and ZIP Code Virgelina E. Aquino 100 Manhattan Ave. Union City, NJ 07087	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 307.68	
E. Full Name, Mailing Address and ZIP Code Thaddeus O. Burr 450 E. 20th St., Apt. 4C New York, NY 10009	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 26.92
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 228.82	
F. Full Name, Mailing Address and ZIP Code Patricia T. Causey 9 Cleveland Road Summit, NJ 07901	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 80.00
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 360.00	
G. Full Name, Mailing Address and ZIP Code William B. Danzur 94 Mercer St. New York , NY 10012	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 30.76
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 261.46	
			$ 242.16
SUBTOTAL of Receipts This Page (optional)			$
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 41 / OF 51 FOR LINE NUMBER 11ai

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 Wendell F. Dickerson 8 Mc Queen St. Katonah, NY 10536	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 346.14	
D. Full Name, Mailing Address and ZIP Code Francis M. Domanticone 7 St. Ann's Terrace London, Nw8 6pg	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 40.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Managing Director Aggregate Year-to-Date >	$ 248.44	
C. Full Name, Mailing Address and ZIP Code Susan M. Erde 107 Riviera Drive South Massapequa, NY 11758	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 30.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 255.00	
D. Full Name, Mailing Address and ZIP Code David J. Fier 49-28 Annandale Lane Little Neck, NY 11363	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 60.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 260.70	
E. Full Name, Mailing Address and ZIP Code George Foulke 11 Fieldstone Court East Hanover, NJ 07936	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 100.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 350.00	
F. Full Name, Mailing Address and ZIP Code James A. Graness 2521 Watrous Ave. Tampa, FL 33629	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 307.68	
G. Full Name, Mailing Address and ZIP Code Nancy J. Hamburg Barker 20 Redwood Dr. Plainview, NY 11803	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 48.08
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. General Counsel Aggregate Year-to-Date >	$ 289.37	
SUBTOTAL of Receipts This Page (optional)			$ 4431.92
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 42 / OF 51 FOR LINE NUMBER 11ai

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 Lynn C. Jones 1719 Harris Lane Naperville, IL 60565	Name of Employer Metropolitan Life Insurance Company Occupation: Asst. Vice President	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date >	$ 346.14	
B. Full Name, Mailing Address and ZIP Code John T. Jordano 37 St. Nicholas Way Basking Ridge, NJ 07920	Name of Employer Metropolitan Life Insurance Company Occupation: Vice President & Actuary	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 153.84
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date >	$ 461.52	
C. Full Name, Mailing Address and ZIP Code James D. Kennedy 511 Beech St. New Hyde Park, NY 11040	Name of Employer Metropolitan Life Insurance Company Occupation: Vice President	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 153.84
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date >	$ 384.60	
D. Full Name, Mailing Address and ZIP Code Philip J. Lehpamer 1681 11th Ave. Brooklyn, NY 11215	Name of Employer Metropolitan Life Insurance Company Occupation: Vice President & Actuary	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 30.00
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date >	$ 245.72	
E. Full Name, Mailing Address and ZIP Code Leula Linder 21 Pine Road Briarcliff Manor, NY 10510	Name of Employer Metropolitan Life Insurance Company Occupation: Asst. Vice President	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date >	$ 307.68	
F. Full Name, Mailing Address and ZIP Code Christine Madigan 3631 Everett St., NW Washington, DC 20008	Name of Employer Metropolitan Life Insurance Company Occupation: Asst. Vice President	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date >	$ 346.14	
G. Full Name, Mailing Address and ZIP Code Joseph J. Massimo 4600 Juniper Dr. Palm Harbor, FL 34685	Name of Employer Metropolitan Life Insurance Company Occupation: Vice President	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 30.00
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date >	$ 255.00	
			$ 598.44
SUBTOTAL of Receipts This Page (optional)			$
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 43 / OF 51 FOR LINE NUMBER 11ai

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 Linda A. Mattes-Lind 15806 Muirfield Drive Odessa, FL 33556	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 40.00
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 280.00	
B. Full Name, Mailing Address and ZIP Code James E. McIntosh 12608 E. 37th St. Independence, MO 64055	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 80.00
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Executive – PCS West Aggregate Year-to-Date >	$ 360.00	
C. Full Name, Mailing Address and ZIP Code Robert R. Merck 9410 Nesbit Lakes Drive Alpharetta , GA 30022	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 40.00
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 264.61	
D. Full Name, Mailing Address and ZIP Code Jerry D. Michel 5454 N. Fresno #201 Fresno, CA 93710	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 32.70
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Manager Aggregate Year-to-Date >	$ 257.93	
E. Full Name, Mailing Address and ZIP Code Robert W. Morgan 15 Parrott St. Cold Spring, NY 10516	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 100.00
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 305.32	
F. Full Name, Mailing Address and ZIP Code Anne T. Mosley 109 Brookline Ct. Franklin, TN 37069	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 346.14	
G. Full Name, Mailing Address and ZIP Code Jeffrey D. Norris 110 Highfield Road Wilton , CT 06897	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 40.00
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 248.44	
SUBTOTAL of Receipts This Page (optional)			$ 409.62
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 44 / OF 57 FOR LINE NUMBER 11ai

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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 Joseph P. O'Brien 41 Winding Road Rockville Centre, NY 11570	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 28.46
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 239.64	
B. Full Name, Mailing Address and ZIP Code Thomas G. Rice-Robinson 14 Waterman Farm Road Cumberland, RI 02864	Name of Employer MetLife Auto & Home	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 307.74	
C. Full Name, Mailing Address and ZIP Code Anthony L. Rogers 1005 Wilde Run Court Roswell, GA 30075	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 26.92
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Regional Vice President Aggregate Year-to-Date >	$ 228.84	
D. Full Name, Mailing Address and ZIP Code Michael A. Seidegel 6108 Ahhotsford Drive Dublin, OH 43017	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Regional Vice President Aggregate Year-to-Date >	$ 307.68	
E. Full Name, Mailing Address and ZIP Code Marc D. Steinberger 49 Forest Way Clifton, NJ 07013	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 307.68	
F. Full Name, Mailing Address and ZIP Code William G. Takacs 68 Eyre Court London, Nw8 9lu	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 26.92
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Director Aggregate Year-to-Date >	$ 228.82	
G. Full Name, Mailing Address and ZIP Code Michael F. Tietz 10 Wood Place New Rochelle, NY 10801	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 307.68	
SUBTOTAL of Receipts This Page (optional)			#389.98
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 45 / OF 54 FOR LINE NUMBER 11ai

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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 Ralph A. Vasquez 37 Leo Ave., It D #1 Stanhope, NJ 07874	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 30.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 261.46	
B. Full Name, Mailing Address and ZIP Code Sharon E. Waters 9 Tennyson Dr. Marlnboro, NJ 08536	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 78.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 351.00	
C. Full Name, Mailing Address and ZIP Code Jane C. Weinberg 6 Marigold Court Princeton, NJ 08540	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 40.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Associate General Counsel Aggregate Year-to-Date >	$ 250.00	
D. Full Name, Mailing Address and ZIP Code Robert A. Zurcher 103 Central Avenue East Morris Plains, NJ 07950	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 27.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Contract Analyst Team Leader Aggregate Year-to-Date >	$ 229.33	
E. Full Name, Mailing Address and ZIP Code Jamilee Reineke Lyth 375 Market Way Clarkston, GA 30021	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Business Procedure Consultant Aggregate Year-to-Date >	$ 12.00	
F. Full Name, Mailing Address and ZIP Code Robert G. Dressner One Madison Avenue New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Associate General Counsel Aggregate Year-to-Date >	$ 100.00	
G. Full Name, Mailing Address and ZIP Code Robert J. Rogers 440 East 23rd St., Apt. 8C New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Nat'l. Sales Director Aggregate Year-to-Date >	$ 200.00	
SUBTOTAL of Receipts This Page (optional)			$ 176.06
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 46 / OF 54 FOR LINE NUMBER 11ai

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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 Robert W. Trost 6 Edgewood Drive Auburn, IL 62615	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Agricultural Inv. Consultant Aggregate Year-to-Date >	$ 40.00	
B. Full Name, Mailing Address and ZIP Code James R. Anchutski 607 Raymond St. Westfield, NJ 07090	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 40.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 247.66	
C. Full Name, Mailing Address and ZIP Code Frank Cassandra 16 Ferndale Court Staten Island, NY 10314	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 153.84
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President and Actuary Aggregate Year-to-Date >	$ 307.68	
D. Full Name, Mailing Address and ZIP Code Michael K. Cozzyeus 127 Hardscrabble Rd Bernardsville, NJ 07924	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Director—Public Markets Aggregate Year-to-Date >	$ 230.76	
E. Full Name, Mailing Address and ZIP Code Tai C. Chang 310 E. 23rd St. #5B New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 57.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 229.20	
F. Full Name, Mailing Address and ZIP Code Stephen D. Clark 411 Pembrooke Circle Alpharetta, GA 30004	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 269.22	
G. Full Name, Mailing Address and ZIP Code Christopher M. Clarke 81-31 Haddon St. Jamaica Estates, NY 11432	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 25.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 211.54	
SUBTOTAL of Receipts This Page (optional)			# 429.98
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 47 / OF 51 FOR LINE NUMBER 11ai

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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 William M. Coggan 504 Hunters Creek Court Allen, TX 75013	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive -- IA UW Aggregate Year-to-Date >	$ 269.22	
B. Full Name, Mailing Address and ZIP Code Martin Deede 45 Smallpox Trail West Kingston, RI 02892	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 48.46
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive -- Pricing Aggregate Year-to-Date >	$ 242.30	
C. Full Name, Mailing Address and ZIP Code James P. Dennan 4492 Balmoral Rd. Kennesaw, GA 30144	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 24.52
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant Vice President Aggregate Year-to-Date >	$ 208.42	
D. Full Name, Mailing Address and ZIP Code Edward A. Dietrich 14 Roden Way Chester, NJ 07624	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 40.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 216.10	
E. Full Name, Mailing Address and ZIP Code Joseph Ciasi 10 Cromwell Drive Morristown, NJ 07960	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 48.08
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant Vice President Aggregate Year-to-Date >	$ 206.76	
F. Full Name, Mailing Address and ZIP Code Mark Inhaber 86 19 Palo Alto St. Hollliswood, NY 11423	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 24.04
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant Vice President Aggregate Year-to-Date >	$ 204.34	
G. Full Name, Mailing Address and ZIP Code David L. Johnston 6 Heritage Drive East Greenwich, RI 02818	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 24.04
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive – PCS East Aggregate Year-to-Date >	$ 204.34	
SUBTOTAL of Receipts This Page (optional)			$ 286.06
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

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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 George J. Kalb 44 Shawnee Path Millington, NJ 07946	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 27.88
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 213.34	
B. Full Name, Mailing Address and ZIP Code Miriam Krol 235 E. 87th St., Apt. 2F New York, NY 10128	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 25.96
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 220.66	
C. Full Name, Mailing Address and ZIP Code Max B. Kunin 25 Glengary Rd. Croton-on-Hudson, NY 10520	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 24.50
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Counsel Aggregate Year-to-Date >	$ 208.25	
D. Full Name, Mailing Address and ZIP Code Karen L. Lundberg 54 Trellis Drive West Warwick, RI 02893	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 40.00
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Executive – UW Aggregate Year-to-Date >	$ 292.00	
E. Full Name, Mailing Address and ZIP Code Raymond T. Mak 28 Oak Lane Roslyn Hts., NY 11577	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Assistant General Counsel Aggregate Year-to-Date >	$ 230.76	
F. Full Name, Mailing Address and ZIP Code Allan M. Marcus 70 Debora Drive Plainview, NY 11803	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Assistant General Counsel Aggregate Year-to-Date >	$ 269.22	
G. Full Name, Mailing Address and ZIP Code Joseph M. Mruzek 4 Peter Cooper Rd. New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 40.00
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Assistant Vice President Aggregate Year-to-Date >	$ 216.10	
SUBTOTAL of Receipts This Page (optional)			$ 312.18
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 49 / OF 54 FOR LINE NUMBER 11ai

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 Patricia M. Nemeth 541 E. 20th St. New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Assistant Vice President Aggregate Year-to-Date >	$ 269.22	
B. Full Name, Mailing Address and ZIP Code Anthony J. Nugent 2515 Brookfield Court Thousand Oaks, CA 91360	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 50.00
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Regional Vice President Aggregate Year-to-Date >	$ 250.00	
C. Full Name, Mailing Address and ZIP Code James E. Quintin 26512 Emerald Dove Dr. Valencia, CA 91355	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 153.84
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Regional Vice President Aggregate Year-to-Date >	$ 307.68	
D. Full Name, Mailing Address and ZIP Code Peter J. Renna 1300 Hickory Drive Basking Ridge, NJ 07920	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 26.16
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 212.83	
E. Full Name, Mailing Address and ZIP Code John J. Riley 19 Murray Drive Neshanic Station, NJ 08853	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 26.04
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 224.31	
F. Full Name, Mailing Address and ZIP Code Michael F. Rogalski 19 Southhall Court Wayne, NJ 07470	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 28.84
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: VP & Actuary - SBRAct&Fin Aggregate Year-to-Date >	$ 219.55	
G. Full Name, Mailing Address and ZIP Code Dion P. Rumsey 52 Brinwood Drive East Berkeley Heights, NJ 07922	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Assistant Vice President Aggregate Year-to-Date >	$ 269.22	
SUBTOTAL of Receipts This Page (optional)			#439.30
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 50 / OF 51 FOR LINE NUMBER 11ai

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 Kathleen J. Schoos 54 Tryanson St. Cranston, RI 02920	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 40.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant Vice President Aggregate Year-to-Date >	$ 233.80	
B. Full Name, Mailing Address and ZIP Code Steven P. Seltzer 3 Nancy Court Manhasset, NY 11030	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 40.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant General Counsel Aggregate Year-to-Date >	$ 220.00	
C. Full Name, Mailing Address and ZIP Code Diana M. Senechak 1 Ridge Drive East Berkeley Heights, NJ 07922	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 25.20
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant General Counsel Aggregate Year-to-Date >	$ 214.20	
D. Full Name, Mailing Address and ZIP Code Randall A. Stram 117 Chatham St. Chatham, NY 07928	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 26.92
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 216.34	
E. Full Name, Mailing Address and ZIP Code Robert C. Tunnok 70-34 71 Place Glendale, NY 11385	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 26.94
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 219.75	
F. Full Name, Mailing Address and ZIP Code Andrew S. Vaundy 111 Sherwood Road Ridgewood, NJ 07450	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 24.24
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant Tax Counsel Aggregate Year-to-Date >	$ 206.04	
G. Full Name, Mailing Address and ZIP Code Gregory J. Yoder 334 Madison Avenue Convent Station, NJ 07961	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 50.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Managing Director Aggregate Year-to-Date >	$ 225.00	
SUBTOTAL of Receipts This Page (optional)			#233.10
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 51 / OF 51 FOR LINE NUMBER 11ai

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 Michael P. Harwood 50 Crescent Pl. Short Hills, NJ 07078	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 40.00
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 220.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Aggregate Year-to-Date >	$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Aggregate Year-to-Date >	$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Aggregate Year-to-Date >	$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Aggregate Year-to-Date >	$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Aggregate Year-to-Date >	$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) 8/99 Monthly Payroll Deductions	Amount of each Receipt this period $
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Aggregate Year-to-Date >	$	
SUBTOTAL of Receipts This Page (optional)			$ 40.00
TOTAL This Period (last page this line number only)			$ 34,868.69

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 / OF 2
	FOR LINE NUMBER 23

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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
Becerra for Congress P.O. Box 75214 Washington, DC 20013-5214	Xavier Becerra-D-CA U.S. Representative Disbursement For ☒ Primary ☐ General ☐ Other (specify)	8/3/99	$ 1,000.00
B. 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-TX U.S. Senate Disbursement For ☒ Primary ☐ General ☐ Other (specify)	8/3/99	$ 1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement This Period
Fowler for Congress P.O. Box 350067 Jacksonville, FL 32205	Tillie Fowler-R-4-FL U.S. Representative Disbursement For ☒ Primary ☐ General ☐ Other (specify)	8/3/99	$ 1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement This Period
House Democratic Leader's Victory Fund 2000 ATTN: Congressman Gephardt, David Jones 1215 17th Street, NW Suite 308 Washington, DC 20036	Democratic Primary 2000 U.S. Representatives Disbursement For ☒ Primary ☐ General ☐ Other (specify)	8/3/99	$ 5,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement This Period
Whitman for Senate 3131 Princeton Pike, Building 4, Suite 215 Lawrenceville, NJ 08648	Christine Todd Whitman-R-NJ U.S. Senate Disbursement For ☒ Primary ☐ General ☐ Other (specify)	8/3/99	$ 1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement This Period
Peter King for Congress P.O. Box 1428 Seaford, NY 11783	Peter King-R-3-NY U.S. Representative Disbursement For ☒ Primary ☐ General ☐ Other (specify)	8/3/99	$ 1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement This Period
Asa Hutchinson for Congress P.O. Box 2775 Arlington, VA 22202	Asa Hutchinson-R-3-AR U.S. Representative Disbursement For ☒ Primary ☐ General ☐ Other (specify)	8/3/99	$ 500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement This Period
The Sodexho Marriott Corporation 700 Quaker Lane Warwick, RI 28886	Bob Weygand-D-RI U.S. Senate Disbursement For ☒ Primary ☐ General ☐ Other (specify)	8/3/99	$ 201.16 (IN-KIND)
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement This Period
Grams 2000 319½ A Street, NE Washington, DC 20002	Rod Grams-R-MN U.S. Senate Disbursement For ☒ Primary ☐ General ☐ Other (specify)	8/3/99	$ 500.00
			$ 11,201.16
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	PAGE / OF 2 / 2
	FOR LINE NUMBER 23

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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 Richard E. Neal Committee P.O. Box 2884 Washington, DC 20013	Purpose of Disbursement Richard Neal-D-2-MA U.S. Representative Disbursement For ☒Primary ☐General ☐Other (specify)	Date (month, day, year) 8/3/99	Amount of each Disbursement This Period $ 500.00
B. Full Name, Mailing Address and ZIP Code Robb for Senate 424 C Street, NE, First Floor Washington, DC 20002	Purpose of Disbursement Chuck Robb-D-VA U.S. Senate Disbursement For ☒Primary ☐General ☐Other (specify)	Date (month, day, year) 8/3/99	Amount of each Disbursement This Period $ 1,000.00
C. Full Name, Mailing Address and ZIP Code Committee to Elect Bill McCollum 605 East Robinson Street, Suite 305 Orlando, FL 32801	Purpose of Disbursement Bill McCollum–R-FL U.S. Senate Disbursement For ☒Primary ☐General ☐Other (specify)	Date (month, day, year) 8/3/99	Amount of each Disbursement This Period $ 1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For ☐Primary ☐General ☐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 ☐Primary ☐General ☐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 ☐Primary ☐General ☐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 ☐Primary ☐General ☐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 ☐Primary ☐General ☐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 ☐Primary ☐General ☐Other (specify)	Date (month, day, year)	Amount of each Disbursement This Period $
			$ 2,500.00
SUBTOTAL of Disbursements This Page (optional)			$ 13,701.16
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 1 / 1 OF FOR LINE NUMBER 29

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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 Committee to Re-Elect Jack Scott 7882 Oso Avenue Winnetka, CA 91306	Purpose of Disbursement Jack Scott-D-44-CA California State Assembly Disbursement For ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 8/3/99	Amount of each Disbursement This Period $ 1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of each Disbursement This Period $
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For ☐ Primary ☐ General ☐ 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 ☐ Primary ☐ General ☐ 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 ☐ Primary ☐ General ☐ 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 ☐ Primary ☐ General ☐ 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 ☐ Primary ☐ General ☐ 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 ☐ Primary ☐ General ☐ 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 ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of each Disbursement This Period $
SUBTOTAL of Disbursements This Page (optional)			$
TOTAL This Period (last page this line number only)			$ 1,000.00

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.

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
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☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

JLL — PREPARER

9-23-99 — DATE PREPARED

(4/98)