

MetLife[®]

One Madison Avenue, New York, NY 10010-3690

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

FEB 24 11 09 PM '99

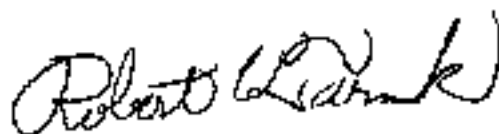
Federal Election Commission
999 E Street, NW
Washington, DC 20463

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

Dear Sir/Madam:

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

Yours truly,



Robert C. Tamok
Treasurer
(212) 578-7180

February 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

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

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL
OR
TYPE OR PRINT

000040923 180675 P 250
 ROBERT C TARNOK
 METROPOLITAN LIFE INSURANCE CO
 COMPANY (METLIFE) EMPLOYEES' POL
 ONE MADISON AVENUE
 NEW YORK NY 10010

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

FEB 24 12 09 PM '99

2. FEC IDENTIFICATION NUMBER
C 00040923

3. This committee has qualified as a multicandidate committee. (see FEC FORM 1ME) 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
 - March 20
 - April 20
 - May 20
 - June 20
 - July 20
 - August 20
 - September 20
 - October 20
 - November 20
 - December 20
 - January 31
- Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____
- Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period <u>1/1/99</u> through <u>1/31/99</u>		
6.	(a) Cash on Hand January 1, 19 <u>99</u>		\$ 40,102.63
	(b) Cash on Hand at Beginning of Reporting Period	\$ 40,102.63	
	(c) Total Receipts (from Line 19)	\$ 12,083.67	\$ 12,083.67
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 52,186.30	\$ 52,186.30
7.	Total Disbursements (from Line 20)	\$ 0	\$ 0
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 52,186.30	\$ 52,186.30
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-219-3420
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	

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

Type or Print Name of Treasurer
Robert C. Tarnok

Signature of Treasurer: *Robert C. Tarnok*

Date: 1/17/99

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

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FEC FORM 3X
(revised 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
Metropolitan Life Insurance Company (MetLife) Employees' Political Participation Fund A	FROM 1/1/99	TO: 1/31/99
	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees	\$ 1,242.30	\$ 1,242.30
i. Itemized (use Schedule A)	10,834.66	10,834.66
ii. Unitemized	12,076.96	12,076.96
iii. Total (add i and ii) >	0	0
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	12,076.96	12,076.96
d. Total Contributions (add a ii, b and c) >	0	0
12. Transfers From Affiliated/Other Party Committees	0	0
13. All Loans Received	0	0
14. Loan Repayments Received	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0
17. Other Federal Receipts (Dividends, Interest, etc.)	6.71	6.71
18. Transfers from Nonfederal Account for Joint Activity	0	0
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	12,083.67	12,083.67
20. Total Federal Receipts (subtract line 18 from line 19) >	12,083.67	12,083.67
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)	0	0
i. Federal Share	0	0
ii. Non-Federal Share	0	0
b. Other Federal Operating Expenditures	0	0
c. Total Operating Expenditures (add a i, a ii, and b) >	0	0
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	0	0
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441e(d)) (use Schedule F)	0	0
26. Loan Repayments Made	0	0
27. Loans Made	0	0
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees	0	0
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	0	0
d. Total Contribution Refunds (add a, b and c) >	0	0
29. Other Disbursements	0	0
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	0	0
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	12,076.96	12,076.96
33. Total Contribution Refunds (from line 28d)	0	0
34. Net Contributions (other than loans)(subtract line 33 from 32)	12,076.96	12,076.96
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0	0
36. Offsets to Operating Expenditures (from line 15)	0	0
37. Net Operating Expenditures (subtract line 36 from 35) >	0	0

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 / OF 1

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) 1/99 Monthly Payroll Deductions	Amount of each Receipt this period \$ 242.30
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation: Vice-Chairman of the Bd. & CFO Aggregate Year-to-Date >	\$ 242.30	
B. Full Name, Mailing Address and ZIP Code Margery Brinain 370 First Avenue, Apt. 10F New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 1/99 Monthly Payroll Deductions	Amount of each Receipt this period \$ 1,000.00 Lump Sum
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	\$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 1/99 Monthly Payroll Deductions	Amount of each Receipt this period \$
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation: Aggregate Year-to-Date >	\$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 1/99 Monthly Payroll Deductions	Amount of each Receipt this period \$
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation: Aggregate Year-to-Date >	\$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 1/99 Monthly Payroll Deductions	Amount of each Receipt this period \$
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation: Aggregate Year-to-Date >	\$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 1/99 Monthly Payroll Deductions	Amount of each Receipt this period \$
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation: Aggregate Year-to-Date >	\$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 1/99 Monthly Payroll Deductions	Amount of each Receipt this period \$
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation: Aggregate Year-to-Date >	\$	
SUBTOTAL of Receipts This Page (optional)			\$1,242.30
TOTAL This Period (last page this line number only)			\$1,242.30

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 23

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

NAME OF COMMITTEE (In Full)

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
McCain for Senate 507 Capitol Court N.E., Suite 100 Washington, DC 20002	John McCain-R-AZ U.S. Senate Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/27/98	(\$2,000.00) Stop Payment
B. Full Name, Mailing Address and ZIP Code The Jefferson Committee 650 Poydras Street Suite 2245 New Orleans, LA 70130	William Jefferson-D-LA U.S. Representative Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/1/98	(\$1,000.00) Stop Payment
C. Full Name, Mailing Address and ZIP Code McCain for Senate 507 Capitol Court N.E., Suite 100 Washington, DC 20002	John McCain-R-AZ U.S. Senate Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/21/99	\$2,000.00
D. Full Name, Mailing Address and ZIP Code The Jefferson Committee 65 Poydras Street Suite 2245 New Orleans, LA 70130	William Jefferson-D-LA U.S. Representative Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/21/99	\$1,000.00
E. Full Name, Mailing Address and ZIP Code B.O.B.S. PAC P.O. Box 15377 New Orleans, LA 70175-5377	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/1/98 1/1/99 REDESIGNATED	\$2,500.00 Memo \$2,500.00 Memo
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

0

TOTAL This Period (last page this line number only)

0

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 2-19-99
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked <hr/> and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>SKP</i> PREPARER	2-24-99 DATE PREPARED