



One Madison Avenue, New York, NY 10017-6811
 Federal Election Commission
 1325 K Street N.W.
 Washington, D.C. 20463

RECEIVED
 FEDERAL ELECTION COMMISSION
 OCT 27 2 51 PM '94

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 October 1, 1994 through October 19, 1994. This is the twelfth day report preceding the November 8, 1994 General Election.

Yours truly,

Robert C. Tarnok
 Treasurer

ENCLOSURE

October 21, 1994

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

9403084309

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FILED
OCT 27 2 51 PM '94

USE FEC MAILING LABEL
OR
TYPE OR PRINT

C00040923	121333	P 244
KENNETH W MALCOLM METROPOLITAN LIFE INSURANCE CO COMPANY (METLIFE) EMPLOYEES' POL ONE MADISON AVENUE NEW YORK NY 10010		

2. FEC IDENTIFICATION NUMBER
C00040923

3. This committee has qualified as a multicandidate committee. (see FEC FORM 1M) Prior to 1/1/94

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report

Monthly Report Due On:

<input type="checkbox"/> February 20	<input type="checkbox"/> June 20	<input type="checkbox"/> October 20
<input type="checkbox"/> March 20	<input type="checkbox"/> July 20	<input type="checkbox"/> November 20
<input type="checkbox"/> April 20	<input type="checkbox"/> August 20	<input type="checkbox"/> December 20
<input type="checkbox"/> May 20	<input type="checkbox"/> September 20	<input type="checkbox"/> January 31

Twelfth day report preceding General (Type of Election) election on 11-8-94 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>10-1-94</u> through <u>10-19-94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ 35,671.15
(b) Cash on Hand at Beginning of Reporting Period	\$ 22,198.63	
(c) Total Receipts (from Line 18)	\$ 162.84	\$ 155,652.76
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 22,361.47	\$ 191,323.91
7. Total Disbursements (from Line 30)	\$ 18,900.00	\$ 187,862.44
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 3,461.47	\$ 3,461.47
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 969 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	

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

Type or Print Name of Treasurer
Robert C. Larnok

Signature of Treasurer
Robert C. Larnok

Date
October 21, 1994

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

DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEG FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE Metropolitan Life Insurance Company (MetLife) Employees' Political Participation Fund A		REPORT COVERING PERIOD FROM 10-1-94 TO: 10-19-94	
		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)		\$ -0-	\$ 51,435.00
ii. Unitemized		111.00	96,896.25
iii. Total (add i and ii) >		111.00	148,331.25
b. Political Party Committees		-0-	-0-
c. Other Political Committees (such as PACs)		-0-	-0-
d. Total Contributions (add a ii, b and c) >		111.00	148,331.25
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-	7,000.00
17. Other Federal Receipts (Dividends, Interest, etc.)		51.84	321.51
18. Transfers from Nonfederal Account for Joint Activity		-0-	-0-
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		162.84	155,652.76
20. Total Federal Receipts (subtract line 18 from line 19) >		162.84	155,652.76
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share		-0-	-0-
ii. Non-Federal Share		-0-	-0-
b. Other Federal Operating Expenditures		-0-	796.95
c. Total Operating Expenditures (add a i, ii, and b) >		-0-	796.95
22. Transfers to Affiliated/Other Party Committees		-0-	-0-
23. Contributions to Federal Candidates/Committees and Other Political Committees		14,900.00	159,855.49
24. Independent Expenditures (use Schedule E)		-0-	-0-
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		-0-	-0-
26. Loan Repayments Made		-0-	-0-
27. Loans Made		-0-	-0-
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees		-0-	0
b. Political Party Committees		-0-	-0-
c. Other Political Committees (such as PACs)		-0-	-0-
d. Total Contribution Refunds (add a, b and c) >		-0-	-0-
29. Other Disbursements		4,900.00	27,210.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		18,900.00	187,862.44
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		18,900.00	187,862.44
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		111.00	148,331.25
33. Total Contribution Refunds (from line 28d)		-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from 32)		111.00	148,331.25
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		-0-	796.95
36. Offsets to Operating Expenditures (from line 15)		-0-	0-
37. Net Operating Expenditures (subtract line 35 from 35) >		-0-	796.95

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 31
FOR LINE NUMBER 11400

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 committees.

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
Theodossi Athanassiades 4436 Province Line Road Princeton, NJ 08540	Metropolitan Life Insurance Company Occupation President & Chief Operating Off.		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 3,096		
Harry P. Kamen 200 East 78th Street New York, NY 10021	Metropolitan Life Insurance Company Occupation Chairman & Chief Exec. Officer		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,907		
Richard M. Blackwell 267 Holly Hill Mountainside, NJ 07092	Metropolitan Life Insurance Company Occupation SR. VICE-PRES. & General Counsel		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 945		
Daniel J. Cavanagh 7 River Farms Drive West Warwick, RI 02893	Metropolitan Property & Casualty Ins. Co. Occupation President & Chief Exec. Officer		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 910		
Robert J. Cimmmins 39 Polly Drive Huntington, NY 11743	Metropolitan Life Insurance Company Occupation EXECUTIVE Vice-President		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,431		
John D. Moynahan, Jr. 21 Cross Road Darien, CT 06820	Metropolitan Life Insurance Company Occupation Executive Vice-President		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,431		
Stewart G. Nagler 14 Myrtle Drive Great Neck, NY 11021	Metropolitan Life Insurance Company Occupation SR. Exec. VP & Chief Financial Off.		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,782		

SUBTOTAL of Receipts This Page (optional) \$ 0

TOTAL This Period (last page this line number only) \$ 0

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 21 OF 31
FOR LINE NUMBER 11401

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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
Catherine A. Rein 21 East 22nd Street, Apt. 8B New York, NY 10010 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Executive Vice-President Aggregate Year-to-Date > \$ 1,377		\$ 0
Vincent P. Reusing 7207 Burtonwood Drive Alexandria, VA 22307 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Senior Vice-President Aggregate Year-to-Date > \$ 1,251		\$ 0
William S. Woodside 5111 Gladehill Kingwood, TX 77345 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Vice-President Aggregate Year-to-Date > \$ 981		\$ 0
Thomas O. Pyle 27 Narrow Rocks Road Westport, CT 06880 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Vice-President Aggregate Year-to-Date > \$ 1,000		\$ 0
Kenneth L. Kollar 11644 Knox Overland Park, KS 66210 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Assistant Vice-President Aggregate Year-to-Date > \$ 250		\$ 0
Richard S. Fleming 710 Beach Road Fairfield, CT 06430 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Vice-President Aggregate Year-to-Date > \$ 985		\$ 0
Ira Friedman 130 Chadwick Road Teaneck, NJ 07666 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Vice-President & Assoc. Gen. Counsel Aggregate Year-to-Date > \$ 719		\$ 0

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 4 OF 31
FOR LINE NUMBER 11(a)

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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 A. Valentino 107 Spinnaker Way Neptune, NJ 07753	Metropolitan Life Insurance Company Senior Vice-President		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior Vice-President Aggregate Year-to-Date > \$ 820		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Anthony J. Williamson 43 Tanglewood Drive Summit, NJ 07901	Metropolitan Life Insurance Company Vice-President		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice-President Aggregate Year-to-Date > \$ 622		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harvey M. Young 29 Brookdale Road Stamford, CT 06903	Metropolitan Life Insurance Company Senior Vice-President		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior Vice-President Aggregate Year-to-Date > \$ 702		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peter C. Accinno 138 Fieldcrest Road New Canaan, CT 06840	Metropolitan Life Insurance Company Vice-President		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice-President Aggregate Year-to-Date > \$ 570		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frederick E. Arnholt 1800 Ballyunion Drive Duluth, GA 30136	Metropolitan Life Insurance Company Vice-President		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice-President Aggregate Year-to-Date > \$ 577		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward B. Bezyack 28 Bacon Road Head of Harbor, NY 11780	Metropolitan Life Insurance Company Agency Vice-President		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Agency Vice-President Aggregate Year-to-Date > \$ 495		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Margaret E. Burke 531 East 20th Street, Apt. 12B New York, NY 10010	Metropolitan Life Insurance Company Vice-President		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice-President Aggregate Year-to-Date > \$ 498		

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 5 OF 31
FOR LINE NUMBER 11a(i)

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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
Joseph L. Dunn 26 Dobbs Terrace Scarsdale, NY 10583	Metropolitan Life Insurance Company		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Actuary	Aggregate Year-to-Date > \$ 495	
Anne E. Hayden 9 Edgewood Road Edison, NJ 08820	Metropolitan Life Insurance Company		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior Vice-President	Aggregate Year-to-Date > \$ 650	
William J. Henley 3 Margantine Road Roseland, NJ 07068	Metropolitan Life Insurance Company		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice-President	Aggregate Year-to-Date > \$ 451	
Carl R. Henrikson 58 Silver Ridge Road New Canaan, CT 06840	Metropolitan Life Insurance Company		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior Vice-President	Aggregate Year-to-Date > \$ 492	
Nicholas D. Latrenta 344 St. Nicholas Avenue Hillsdale, NJ 07642	Metropolitan Life Insurance Company		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice-President	Aggregate Year-to-Date > \$ 620	
Leland C. Launer, Jr. 295 Shore Road Greenwich, CT 06830	Metropolitan Life Insurance Company		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice-President	Aggregate Year-to-Date > \$ 567	
David A. Ievene 6 Wincott Drive Melville, NY 11747	Metropolitan Life Insurance Company		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior Vice-Pres. & Chief Actuary	Aggregate Year-to-Date > \$ 649	

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 31
FOR LINE NUMBER 11(a)

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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 M. Logan 523 East 14th Street, Apt. 11F New York, NY 10009	Metropolitan Life Insurance Company		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice-President	Aggregate Year-to-Date > \$ 597	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John J. Lynch 33 Farley Place Allendale, NJ 07401	Metropolitan Life Insurance Company		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Actuary	Aggregate Year-to-Date > \$ 497	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas F. McDermott 708 Barrister Court Franklin Lakes, NJ 07417	Metropolitan Life Insurance Company		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice-President	Aggregate Year-to-Date > \$ 597	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Christopher P. Nicholas 961 Bayridge Parkway Brooklyn, NY 11228	Metropolitan Life Insurance Company		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Associate General Counsel	Aggregate Year-to-Date > \$ 521	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert J. Noll 55 Bellevue Avenue Summit, NJ 07901	Metropolitan Life Insurance Company		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice-President	Aggregate Year-to-Date > \$ 495	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gail A. Praslick 7 Trimbleford Lane Middletown, NJ 07748	Metropolitan Life Insurance Company		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice-President	Aggregate Year-to-Date > \$ 535	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William R. Ripberger 9 Juniper Road Rowayton, CT 06853	Metropolitan Life Insurance Company		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice-President	Aggregate Year-to-Date > \$ 585	

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 7 OF 31

FOR LINE NUMBER 1190

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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
Robert B. Stonaker 7 Brayton Meadow East Greenwich, RI 02818 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Vice-President Aggregate Year-to-Date > \$ 538		\$ 0
Presley Surratt 24 Utica Road Edison, NJ 08820 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Actuary Aggregate Year-to-Date > \$ 483		\$ 0
Barbara C. Timpano 4 Ruth Place Plainview, NY 11803 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Vice-President Aggregate Year-to-Date > \$ 585		\$ 0
Pat Vitacolonna 51 Old Hill Road Westport, CT 06880 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	MetLife Healthcare Management Corp. Occupation: President & Chief Operating Off. Aggregate Year-to-Date > \$ 875		\$ 0
Nancy Mayer Wiseman 350 First Avenue, Apt. 8B New York, NY 10010 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Vice-President Aggregate Year-to-Date > \$ 531		\$ 0
Arthur N. Boyajian 75 Lotus Lane Paramus, NJ 07652 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Assistant Vice-President Aggregate Year-to-Date > \$ 387		\$ 0
Marvin H. Brodie 262 Nelson Road Scarsdale, NY 10583 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Actuary Aggregate Year-to-Date > \$ 441		\$ 0

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 8 OF 31

FOR LINE NUMBER 1190

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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
Gerald Clark 2 Harwood Drive Madison, NJ 07940	Metropolitan Life Insurance Company		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Exec. Vice-Pres. & Chief Inv. Officer		
	Aggregate Year-to-Date > \$ 450		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sheldon L. Cohen 6 Lori Court Woodbury, NY 11797	Metropolitan Life Insurance Company		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice-President		
	Aggregate Year-to-Date > \$ 457		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Francis N. Corbett 453 Hoyt Avenue Staten Island, NY 10301	Metropolitan Life Insurance Company		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Mgr.-Specializing & Editorial Services		
	Aggregate Year-to-Date > \$ 430		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William T. Durkin 248 Runstick Point Road Barrington, RI 02806	Metropolitan Life Insurance Company		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Branch Manager		
	Aggregate Year-to-Date > \$ 390		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
G. Denis Dwyer, CIU 37 Stephen Terrace Parsippany, NJ 07054	Metropolitan Life Insurance Company		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice-President		
	Aggregate Year-to-Date > \$ 406		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul M. Freire 6 Grayrock Road Trumbull, CT 06611	Metropolitan Life Insurance Company		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Branch Manager		
	Aggregate Year-to-Date > \$ 390		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul L. Garavaglia 1178 Johnston Drive Watchung, NJ 07060	Metropolitan Life Insurance Company		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Assistant Vice-President		
	Aggregate Year-to-Date > \$ 385		

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 9 OF 31
FOR LINE NUMBER 11a-cj

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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William E. Horner 12 Ursino Place Elizabeth, NJ 07208 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: District Sales Manager Aggregate Year-to-Date > \$ 310		\$ 0
Russel P. Iuculano 12602 Laurie Drive Silver Spring, MD 20904 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Vice-President Aggregate Year-to-Date > \$ 442		\$ 0
C. Howard Kinloch 319 Cedar Avenue Hershey, PA 17033 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Sales Manager Aggregate Year-to-Date > \$ 270		\$ 0
John B. Kvernland 10 Winslow Place Larchmont, NY 10538 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Assistant Vice-President Aggregate Year-to-Date > \$ 468		\$ 0
Stephen Li 161 Gaylor Road Scarsdale, NY 10583 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Actuary Aggregate Year-to-Date > \$ 423		\$ 0
Dennis P. McAuliffe 21 East Court Bethpage, NY 11714 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Vice-President Aggregate Year-to-Date > \$ 424		\$ 0
William Norton 93 Frederick Place Mount Vernon, NY 10552 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Vice-President Aggregate Year-to-Date > \$ 432		\$ 0

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 10 OF 31

FOR LINE NUMBER 11(a)(i)

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	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joseph S. Providenti 199 East Argyle Street Valley Stream, NY 11580	Metropolitan Life Insurance Company Occupation: District Sales Manager		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 290		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jeffrey K. Smith 2020 Nancy Boulevard Merrick, NY 11566	Metropolitan Life Insurance Company Occupation: Vice-President		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 457		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Richard B. Solomon, M.D. 301 East 87th Street, Apt. 5F New York, NY 10128	Metropolitan Life Insurance Company Occupation: Vice-President		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 395		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Kihony Sung 22-2, Itaewon-Dong, Yongsan-Ku Chongwaha Apt. 1-805 Seoul	Metropolitan Life Insurance Company Occupation: Vice-President		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 450		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
George B. Trotta 541 East 20th Street, Apt. 14F New York, NY 10010	Metropolitan Life Insurance Company Occupation: Senior Vice-President		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 450		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michael P. Turner 10400 Oxford Mill Circle Alpharetta, GA 30202	Metropolitan Life Insurance Company Occupation: Vice-President		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 387		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Victor W. Turner 1005 Featherstone Road Alpharetta, GA 30201	Metropolitan Life Insurance Company Occupation: Vice-President		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 396		

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 11 OF 31
FOR LINE NUMBER 11(a)(3)

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

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence A. Vranka 5 Sacor Drive Port Washington, NY 11050 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Vice-President Aggregate Year-to-Date > \$ 435		\$ 0
Michael J. Walker 4 North Ranch Road Littleton, CO 80127 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Assistant Vice-President Aggregate Year-to-Date > \$ 370		\$ 0
Alexander Watts 28 Hills Point Road Westport, CT 06880 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Vice-President Aggregate Year-to-Date > \$ 387		\$ 0
Judy B. Weiss 48 Vanderveer Court Rockville Centre, NY 11570 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Senior Vice-President Aggregate Year-to-Date > \$ 405		\$ 0
Stephen E. White 51 Talcott Road Rye Brook, NY 10573 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Senior Vice-President Aggregate Year-to-Date > \$ 382		\$ 0
Carol A. Wolfe 25 West 90th Street New York, NY 10024 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Vice-President Aggregate Year-to-Date > \$ 414		\$ 0
Thomas K. Garesche 45 Commodore Road Chappaqua, NY 10514 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Vice-President Aggregate Year-to-Date > \$ 450		\$ 0

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 12 OF 31

FOR LINE NUMBER 1190

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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard J. Anderson 5 Norwood Court Morristown, NJ 07960 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Vice-President Aggregate Year-to-Date > \$ 299		\$ 0
Yuan Chang 32 Mercer Avenue Hartsdale, NY 10530 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Vice-President Aggregate Year-to-Date > \$ 350		\$ 0
Salvatore A. De Salvo 5 Balsam Drive East Greenwich, RI 02818 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Vice-President Aggregate Year-to-Date > \$ 342		\$ 0
J. Edmond Diver 21 Crown Terrace Yardley, PA 19067 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Managing Director Aggregate Year-to-Date > \$ 330		\$ 0
Robert O. Fleckenstein 44 Pomander Walk Ridgewood, NJ 07450 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Vice-President Aggregate Year-to-Date > \$ 335		\$ 0
William D. Kerrigan 239 Kociemba Drive River Vale, NJ 07675 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Vice-President & Actuary Aggregate Year-to-Date > \$ 306		\$ 0
Thomas E. Lenihan 61 Miller Road Morristown, NJ 07960 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Vice-President Aggregate Year-to-Date > \$ 400		\$ 0

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 13 OF 31
FOR LINE NUMBER 11(a)(i)

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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alan M. Neiditch 94 Riverview Road Irvington, NY 10533 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Vice-President Aggregate Year-to-Date > \$ 307		\$ 0
Arthur F. O'Leary 9 Calumet Avenue Oakland, NJ 07436 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Assistant Vice-President Aggregate Year-to-Date > \$ 360		\$ 0
Joseph W. Mullen, Jr. 2 Willow Spring Court Morgana, CA 94556 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Vice-President Aggregate Year-to-Date > \$ 400		\$ 0
Michael J. Vietri 4143 Kingshill Circle Naperville, IL 60564 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Marketing Vice-President Aggregate Year-to-Date > \$ 350		\$ 0
Carol A. Kelly 4000 Tunlaw Road, No. 227 Washington, DC 20007 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Vice-President Aggregate Year-to-Date > \$ 250		\$ 0
Gregory S. Benesh 52 Branchville Road Ridgefield, CT 06877 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Vice-President Aggregate Year-to-Date > \$ 350		\$ 0
Serge Boccassini 110 Saint Devon Court Duluth, GA 30136 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Director-Regional Services Ctr Aggregate Year-to-Date > \$ 288		\$ 0

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 14 OF 31
FOR LINE NUMBER 11(a.c.)

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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
Bryan E. Boudreau 3586 Summer Drive Wartagh, NY 11793 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Assistant Actuary Aggregate Year-to-Date > \$ 294		\$ 0
James H. Brewer, Jr. P.O. Box 89 Eatontown, NJ 07724 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Vice-President Aggregate Year-to-Date > \$ 270		\$ 0
Edward C. Byrd 5 Kings Road Chatham, NJ 07928 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Assistant Actuary Aggregate Year-to-Date > \$ 296		\$ 0
Katie Heather Carey 2126 Connecticut Avenue, NW, #8 Washington, DC 20008 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Government & Relations Counsel Aggregate Year-to-Date > \$ 283		\$ 0
John F. Chatfield, III 184 West Glen Avenue Ridgewood, NJ 07450 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Vice-President Aggregate Year-to-Date > \$ 235		\$ 0
William T. Friedewald, M.D. 326 West 71st Street New York, NY 10023 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Sr. Vice-Pres. & Chief Medical Dir. Aggregate Year-to-Date > \$ 320		\$ 0
Michael R. Gress 4B Edgewater Commons Lane Westport, CT 06880 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Account Executive Aggregate Year-to-Date > \$ 295		\$ 0

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 Debited Summary Page

PAGE 15 OF 31

FOR LINE NUMBER 119(G)

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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William L. Goggans 162 Chateau La Tour Drive Kenner, LA 70062 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Vice-President Aggregate Year-to-Date > \$ 350		\$ 0
Fred P. Hauser 8 Schuyler Drive Jericho, NY 11753 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Senior Vice-President & Controller Aggregate Year-to-Date > \$ 270		\$ 0
James N. Heston 33 Woodlake Drive Piscataway, NJ 08854 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Vice-President Aggregate Year-to-Date > \$ 305		\$ 0
William J. Howard 48 Club House Lane Scarsdale, NY 10583 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Vice-President and Tax Counsel Aggregate Year-to-Date > \$ 270		\$ 0
Sibyl C. Jacobson 510 East 23rd Street, Apt. 14B New York, NY 10010 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Vice-President Aggregate Year-to-Date > \$ 259		\$ 0
Jeffrey P. Lagance 246 Deer Run Road Wilton, CT 06897 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Nat. Director-Marketing & Sales Aggregate Year-to-Date > \$ 350		\$ 0
Francis M. Levin 230 Blue Spruce Circle Alpharetta, GA 30202 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Director, Sales Development Aggregate Year-to-Date > \$ 272		\$ 0

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 Debited Summary Page

PAGE 16 OF 31
FOR LINE NUMBER 11(a)

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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
Robert R. Lynch 4 Stuyvesant Oval, Apt 6B New York, NY 10009 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation Assistant Vice-President Aggregate Year-to-Date > \$ 308		\$ 0
Joel M. Marlin 2108 Cherry Hills Way Coral Springs, FL 33071 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation Agency Vice-President Aggregate Year-to-Date > \$ 259		\$ 0
Gerald P. Marrinan 31 Hampshire Hill Road Upper Saddle River, NJ 07458 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation Vice-President Aggregate Year-to-Date > \$ 290		\$ 0
James J. McCormack 178 Oxford Boulevard Garden City, NY 11530 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation Vice-President Aggregate Year-to-Date > \$ 270		\$ 0
John A. McManus 91 Kingsland Road Boonton TWP, NJ 07005 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation Vice-President Aggregate Year-to-Date > \$ 277		\$ 0
Barry V. McNamara 314 Mill Race Lane Newtown, PA 18940 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation Vice-President Aggregate Year-to-Date > \$ 270		\$ 0
Steven D. Meyers 1516 ADA Lane Naperville, IL 60540 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation Actuary Aggregate Year-to-Date > \$ 343		\$ 0

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 17 OF 31
FOR LINE NUMBER 11(a)(i)

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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
William D. Moore 1600 Charlemagne Drive Hoffman Estates, IL 60195 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Vice-President Aggregate Year-to-Date > \$ 261		\$ 0
Steven G. Orluck 270 Beaver Dam Road Brookhaven, NY 11719 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Vice-President Aggregate Year-to-Date > \$ 288		\$ 0
David W. Parsons Seven Peter Cooper Road, #10G New York, NY 10010 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Vice-President Aggregate Year-to-Date > \$ 262		\$ 0
William T. Shank 2665 Hickory Grove Bloomfield Hills, MI 48302 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Vice-President Aggregate Year-to-Date > \$ 279		\$ 0
Robert E. Sollmann, Jr. 351 Nod Hill Road Wilton, CT 06897 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Senior Vice-President Aggregate Year-to-Date > \$ 270		\$ 0
Ian L. Solomon 288 Shelter Rock Road Stamford, CT 06903 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Vice-President Aggregate Year-to-Date > \$ 281		\$ 0
Gerald A. Sweeney 87 Parkside Street Hollbrook, NY 11741 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Director-CBU Aggregate Year-to-Date > \$ 294		\$ 0

SUBTOTAL of Receipts This Page (optional) \$ 0

TOTAL This Period (last page this line number only) \$ 0

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **18** OF **31**
FOR LINE NUMBER **119(j)**

Any information copied from such Records 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

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Stanley J. Talbi 37 Washington Drive Cranbury, NJ 08512	Metropolitan Life Insurance Company Occupation Vice-President and Actuary		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 320		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Herman W. Thrasher 389 Echo Drive Ottawa K1S1N3	Metropolitan Life Insurance Company Occupation Vice-President		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 262		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Richard F. Wiseman 350 1st Avenue, Apt. 8B New York, NY 10010	Metropolitan Life Insurance Company Occupation Vice-President		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 270		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Howard York 441 East 20th Street New York, NY 10010	MetLife Investment Management Corp. Occupation President and CEO		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Peter T. Barcia 114 Ponus Ridge New Canaan, CT 06840	Metropolitan Life Insurance Company Occupation Assistant Vice-President		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 252		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
D. William Bergner 3030 N. Rocky Point Drive, W #730 Tampa, FL 33607	Metropolitan Life Insurance Company Occupation Agency Vice-President		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 330		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Richard H. Daillak 54 Whipoorwill Road Armonk, NY 10504	Metropolitan Life Insurance Company Occupation Assistant Actuary		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 260		

SUBTOTAL of Receipts This Page (optional) \$ 0

TOTAL This Period (last page this line number only) \$ 0

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 19 OF 31
FOR LINE NUMBER 119(1)

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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles Edmiston 178 S Main Street Yardley, PA 19067 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Executive Underwriting Consultant Aggregate Year-to-Date > \$ 249		\$ 0
Michael Ehrenzweig 43 Lent Drive Plainview, NY 11803 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Vice-President Aggregate Year-to-Date > \$ 246		\$ 0
Susan M. Ende 107 Riviera Drive South Massapequa, NY 11758 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Actuary Aggregate Year-to-Date > \$ 230		\$ 0
Charles J. Falvey 5 Marion Drive Lincroft, NJ 07738 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Vice-President Aggregate Year-to-Date > \$ 242		\$ 0
Fred T. Feigley 14215 Vista Mar Circle Houston, TX 77095 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Agency Vice-President Aggregate Year-to-Date > \$ 229		\$ 0
Keith A. Ferris 122 Clover Hill Court Danville, CA 94526 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Agency Vice-President Aggregate Year-to-Date > \$ 252		\$ 0
Peter J. Flanagan 307 E. 94th Street, Apt. 2A New York, NY 10128 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Attorney Aggregate Year-to-Date > \$ 251		\$ 0

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 20 OF 31
FOR LINE NUMBER 119(i)

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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David E. Fanning 107 Burns Farm Court, West Edwardsville, IL 62025	Metropolitan Life Insurance Company		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Branch Manager	Aggregate Year-to-Date > \$ 270	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alan Knepper 5 Garnet Street Morganville, NJ 07751	Metropolitan Life Insurance Company		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Agency Vice-President	Aggregate Year-to-Date > \$ 252	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Levine 54 Walworth Avenue Scarsdale, NY 10583	Metropolitan Life Insurance Company		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Actuary	Aggregate Year-to-Date > \$ 229	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary M. Lo Sardo 78 West 5th Street, Apartment 2 Bayonne, NJ 07002	Metropolitan Life Insurance Company		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Assistant Vice-President	Aggregate Year-to-Date > \$ 240	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James A. McDenrott 1764 Ashbourne Drive Yardley, PA 19067	Metropolitan Life Insurance Company		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice-President	Aggregate Year-to-Date > \$ 252	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George H. Miller, IV 329 Christia Drive Martinez, CA 94553	Metropolitan Life Insurance Company		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Government Relations Counsel	Aggregate Year-to-Date > \$ 266	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Leonard H. Miller 28 Richbourne Lane Malville, NY 11747	Metropolitan Life Insurance Company		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice-President	Aggregate Year-to-Date > \$ 252	

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 21 OF 31
FOR LINE NUMBER 11a(i)

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

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Edward C. Murphy 7 Cumberland Road Fishkill, NY 12524	Metropolitan Life Insurance Company		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice-President	Aggregate Year-to-Date > \$ 229	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Scott H. Novak 402 Ellery Court Edgewater, NJ 07020	Metropolitan Life Insurance Company		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Environmental Counsel	Aggregate Year-to-Date > \$ 240	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joseph M. Panetta 22 Sherman Road Glen Cove, NY 11542	Metropolitan Life Insurance Company		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice-President	Aggregate Year-to-Date > \$ 260	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ivar G. Quigley 81 Deerfield Lane Matawan, NJ 07747	Metropolitan Life Insurance Company		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Assistant Vice-President	Aggregate Year-to-Date > \$ 250	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Leo T. Rasmussen 10304 Wenonga Lane Leawood, KS 66206	Metropolitan Life Insurance Company		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior Vice-President	Aggregate Year-to-Date > \$ 250	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Elliot Reiter 9 Bard Place Old Bridge, NJ 08857	Metropolitan Life Insurance Company		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice-President	Aggregate Year-to-Date > \$ 257	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Vincent J. Roemele 39 Linda Avenue Uncasville, CT 06382	Metropolitan Life Insurance Company		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Branch Manager	Aggregate Year-to-Date > \$ 260	

SUBTOTAL of Receipts This Page (optional) \$ 0

TOTAL This Period (last page the line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 22 OF 31
FOR LINE NUMBER 1100

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

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John B. Revick 9 Peppermill Road Chatham, NJ 07928	Metropolitan Life Insurance Company Occupation: Director-Sales		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 280		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Clyde R. Sells 54 Bunker Hill Road Glastonbury, CT 06033	Metropolitan Life Insurance Company Occupation: Agency Vice-President		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 252		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George E. Strother 91 Cedar Lake East Denville, NJ 07834	Metropolitan Life Insurance Company Occupation: Assistant Vice-President		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 260		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William P. Tocco, III P.O. Box 609 East Greenwich, RI 02818	Metropolitan Life Insurance Company Occupation: Director and Assistant Counsel		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 240		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ralph A. Vasquez 57 Leo Avenue, R D #1 Stanhope, NJ 07874	Metropolitan Life Insurance Company Occupation: Actuary		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 253		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James B. Weil 90 Turkey Hill Road South Westport, CT 06880	Metropolitan Life Insurance Company Occupation: Vice-President		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 242		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alice Wu 212 E. Magna Vista Arcadia, CA 91006	Metropolitan Life Insurance Company Occupation: Branch Manager		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 270		

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 31
FOR LINE NUMBER 11961

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

4
3
2
1
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9
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5
4
3
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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joseph A. Augustini 91 Shaker Road New Canaan, CT 06840	Metropolitan Life Insurance Company		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice-President	Aggregate Year-to-Date > \$ 225	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert R. Baldwin 14 Roosevelt Road Maplewood, NJ 07040	Metropolitan Life Insurance Company		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Associate Tax Counsel	Aggregate Year-to-Date > \$ 225	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Herbert B. Brown, Jr. 64 Adams Street Garden City, NY 11530	Metropolitan Life Insurance Company		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Assistant Vice-President	Aggregate Year-to-Date > \$ 205	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Alexander D. Brunini 126 East 16th Street New York, NY 10003	Metropolitan Life Insurance Company		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice-President	Aggregate Year-to-Date > \$ 215	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Barbara J. Gardner 8340 S. Lakewood Tulsa, OK 74137	Metropolitan Life Insurance Company		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice-President	Aggregate Year-to-Date > \$ 210	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jonathan S. Giran 12 Stuyvesant Oval, Apt. 7B New York, NY 10009	Metropolitan Life Insurance Company		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager-Accounting Pvst.	Aggregate Year-to-Date > \$ 212	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Kathleen A. Henkel 563 8th Street Brooklyn, NY 11215	Metropolitan Life Insurance Company		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice-President	Aggregate Year-to-Date > \$ 215	

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 31
FOR LINE NUMBER 118(i)

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	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Lawrence D. Kavana, Jr. 11 Quince Lane Suffern, NY 10901 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Vice-President Aggregate Year-to-Date > \$ 207		\$ 0
Sarah A. Kelly 9 Windy Hill Road Westport, CT 06880 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Vice-President Aggregate Year-to-Date > \$ 225		\$ 0
John C. Kelsh 146 Wellington Road Garden City, NY 11530 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Vice-President & Investment Counsel Aggregate Year-to-Date > \$ 210		\$ 0
John R. Kershaw 68-12 Manse Street Forest Hills, NY 11375 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Actuary Aggregate Year-to-Date > \$ 225		\$ 0
Brian C. Kramer 6945 E Peregrine Way Highlands Ranch, CO 80126 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Vice-President Aggregate Year-to-Date > \$ 205		\$ 0
James A. Kuchta 25 Mapes Avenue Nutley, NJ 07110 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Vice-President Aggregate Year-to-Date > \$ 220		\$ 0
Thomas LaBadia 12 Tamarack Drive Neshanic Station, NJ 08853 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Vice-President Aggregate Year-to-Date > \$ 215		\$ 0
SUBTOTAL of Receipts This Page (optional)			\$ 0
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 25 OF 31
FOR LINE NUMBER 1100

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

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90

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James H. Major, Jr. 17 Ewing Drive Flemington, NJ 08822 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Agency Vice-President Aggregate Year-to-Date > \$ 209		\$ 0
Jerry D. Michel 1540 Colton Boulevard Billings, MT 59102 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Assistant Manager Aggregate Year-to-Date > \$ 203		\$ 0
Arthur C. Merz 150 Stallings Road, Apt. B8 Taylors, SC 29687 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Vice-President Aggregate Year-to-Date > \$ 210		\$ 0
Joseph P. O'Brien 158 Muirfield Road Rockville Centre, NY 11570 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Vice-President Aggregate Year-to-Date > \$ 216		\$ 0
Richard E. Ostrow 215 East 79 Street, Apt 5A New York, NY 10021 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Assistant Actuary Aggregate Year-to-Date > \$ 225		\$ 0
Juan F. Pochini P.O. Box 1544 Madison Square Station New York, NY 10159 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Actuary Aggregate Year-to-Date > \$ 201		\$ 0
John J. Riley 249 Olesen Lane Naperville, IL 60540 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation: Agency Vice-President Aggregate Year-to-Date > \$ 216		\$ 0

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 26 OF 31
FOR LINE NUMBER 114(i)

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

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth D. Roberts 53 Reburn Road Katonah, NY 10536	Metropolitan Life Insurance Company		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior Account Executive	Aggregate Year-to-Date > \$ 210	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eric G. Schano 3002 Jerry Joe Lane Crystal Lake, IL 60012	Metropolitan Life Insurance Company		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Regional Sales Manager	Aggregate Year-to-Date > \$ 216	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ira H. Shuman 435 Albermarle Road Cedarhurst, NY 11516	Metropolitan Life Insurance Company		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Associate General Counsel	Aggregate Year-to-Date > \$ 220	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward B. Suplee 760 Foxmoor Lane Lake Zurich, IL 60047	Metropolitan Life Insurance Company		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice-President	Aggregate Year-to-Date > \$ 225	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles E. Symington 163 Third Avenue, Suite 114 New York, NY 10003	Metropolitan Life Insurance Company		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice-President	Aggregate Year-to-Date > \$ 225	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William G. Takacs 58 Hawtrey Road London NAB 3SS	Metropolitan Life Insurance Company		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice-President	Aggregate Year-to-Date > \$ 209	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas G. Waite 1 Belgrave Close Taylor, SC 29687	Metropolitan Life Insurance Company		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Data Processing Operations Manager	Aggregate Year-to-Date > \$ 207	

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 27 OF 31
FOR LINE NUMBER 11(a)

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NAME OF COMMITTEE (In Full)

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

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Willie Y. Ying 511 East 20th Street, Apt. 2H New York, NY 10010	Metropolitan Life Insurance Company		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice-President		
	Aggregate Year-to-Date > \$	224	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David M. Zimmerman 43-10 Kissena Boulevard, Apt. 4B Flushing, NY 11355	Metropolitan Life Insurance Company		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice-President		
	Aggregate Year-to-Date > \$	220	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert A. Zurcher 103 Central Avenue East Morris Plains, NJ 07950	Metropolitan Life Insurance Company		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Operations Consultant		
	Aggregate Year-to-Date > \$	207	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	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	Date (month, day, year)	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	Date (month, day, year)	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	Date (month, day, year)	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)

\$ 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 28 OF 31
FOR LINE NUMBER 1190

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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Phillip S. Allen 329 Franklin Turnpike Ridgewood, NJ 07450 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation Associate Tax Counsel Aggregate Year-to-Date > \$ 90		\$ 0
George C. Ash 451 N. Terrace Drive Wichita, KS 67208 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation Business Consultant Aggregate Year-to-Date > \$ 90		\$ 0
Anthony J. Bantell 124 Laurie Lane Hughestown, PA 18640 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation Project Manager Aggregate Year-to-Date > \$ 18		\$ 0
Carl J. Barrera 215 Hillair Circle White Plains, NY 10605 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation Vice-President and Managing Counsel Aggregate Year-to-Date > \$ 340		\$ 0
D. William Bergner 11009 W 121st Terrace Overland, KS 66213 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation Agency Vice-President Aggregate Year-to-Date > \$ 160		\$ 0
Robert L. Clinkscales 300 Sunset Drive Hertford, NC 27944 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation Agricultural Investment Consultant Aggregate Year-to-Date > \$ 90		\$ 0
Lawrence S. Craven 425 Birchtree Lane Northvale, NJ 07647 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation Assistant Vice-President Aggregate Year-to-Date > \$ 270		\$ 0

SUBTOTAL of Receipts This Page (optional)	\$ 0
TOTAL This Period (last page this line number only)	

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SCHEDULE A

ITEMIZED RECEIPTS

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

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frederic W. Haessler 30 Lincoln Avenue Florham Park, NJ 07932 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation Assistant Vice-President Aggregate Year-to-Date > \$ 18		\$ 0
Margaret F. Kelly 360 First Avenue New York, NY 10010 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation Associate General Counsel Aggregate Year-to-Date > \$ 65		\$ 0
Richard A. Kubick 502 Center Street Clarks Summit, PA 18411 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation Senior Systems Analyst Aggregate Year-to-Date > \$ 9		\$ 0
Blanche E. Lawton 788 Columbus Avenue New York, NY 10025 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation Director Aggregate Year-to-Date > \$ 120		\$ 0
Henry R. Lempicky RD 1, Jennifer Drive Dalton, PA 18414 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation Senior Systems Analyst Aggregate Year-to-Date > \$ 1		\$ 0
Melvin V. Martinek P.O. Box 1633, 2609 Coachman Garden City, KS 67846 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation Agricultural Investment Consultant Aggregate Year-to-Date > \$ 81		\$ 0
Delia B. Moseley 18C Knoxbury Terrace Greenville, SC 29601 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation Senior Systems Engineer Aggregate Year-to-Date > \$ 45		\$ 0

SUBTOTAL of Receipts This Page (optional) \$ 0

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Herbert Orenshein 3777 Independence Avenue Rivendale, NY 10463	Metropolitan Life Insurance Company		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice-President	Aggregate Year-to-Date > \$ 40	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Louis J. Ragusa 10 Jason Court Dix Hills, NY 11746	Metropolitan Life Insurance Company		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Assistant General Counsel	Aggregate Year-to-Date > \$ 18	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph A. Reali 10 Doree Road Morganville, NJ 07751	Metropolitan Life Insurance Company		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice-President & Secretary	Aggregate Year-to-Date > \$ 90	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elmer S. Richards 400 Andover Road Fayetteville, NC 28311	Metropolitan Life Insurance Company		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Branch Manager	Aggregate Year-to-Date > \$ 195	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Larry C. Rogers 93 51 209 Street Queens Village, NY 11428	Metropolitan Life Insurance Company		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Tax Consultant	Aggregate Year-to-Date > \$ 90	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alec P. Stais 86 Strathmore Road Manhasset, NY 11030	Metropolitan Life Insurance Company		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice-President Prod. Dev. & Risk Mgt.	Aggregate Year-to-Date > \$ 420	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Terry 1234 Galway Court Geneva, IL 60134	Metropolitan Life Insurance Company		\$ 0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Investment Officer	Aggregate Year-to-Date > \$ 194	

SUBTOTAL of Receipts This Page (optional) \$ 0

TOTAL This Period (last page this line number only)

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SCHEDULE A

ITEMIZED RECEIPTS

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

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A. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Charles L. Tyls 98 Ridgewald Avenue Waldwick, NJ 07463 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Manager- Personnel & Services \$ 18		\$ 0
Patricia A. Walden 5120 South Douglas Road Oswego, IL 60543 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Managing Lease Consultant \$ 90		\$ 0
Jane C. Wainberg 6 Marigold Court Princeton, NJ 08540 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Associate General Counsel \$ 90		\$ 0
Richard W. Bernstein 289 Larchwood Drive Warwick, RI 02886 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Property & Casualty Ins. Co. Vice-President, Gen. Counsel & Secretary \$ 50		\$ 0
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	\$ 0
TOTAL This Period (last page this line number only)	\$ 0

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Kent Conrad 112 B East Board Street Falls Church, VA 22046	Kent Conrad-D-ND U.S. Senator Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/94	\$ 1,000.00
B. Full Name, Mailing Address and ZIP Code Manton for Congress, Inc. c/o Gerald Sweeney, Treasurer P.O. Box 2474 Washington, DC 20013	Thomas Manton-D-NY U.S. Representative Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/94	\$ 500.00
C. Full Name, Mailing Address and ZIP Code Friends of MMM 38 Ivy Street, SE Washington, DC 20003	M. Margolies-Mezvinsky-D-PA U.S. Representative Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/94	\$ 500.00
D. Full Name, Mailing Address and ZIP Code Hoyer for Congress 7905 Malcolm Road Clinton, MD 20735-1734	Steny Hoyer-D-MD U.S. Representative Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/94	\$ 1,000.00
E. Full Name, Mailing Address and ZIP Code Friends of Farr P.O. Box 122 Monterey, CA 93940	Sam Farr-D-CA U.S. Representative Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/94	\$ 500.00
F. Full Name, Mailing Address and ZIP Code Friends of Newt Gingrich 1065 Holcomb Bridge Road, Suite 190 Roswell, GA 30076	Newt Gingrich-R-GA U.S. Representative Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/94	\$ 1,000.00
G. Full Name, Mailing Address and ZIP Code Friends of Mike DeWine Eight East Broad Street, 15th Floor Columbus, OH 43215	Mike DeWine-R-OH U.S. Senator Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/94	\$ 1,000.00
H. Full Name, Mailing Address and ZIP Code Abraham for Senate P.O. Box 1468 Royal Oak, MI 48068-9828	Spencer Abraham-R-MI U.S. Senator Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/94	\$ 1,000.00
I. Full Name, Mailing Address and ZIP Code Jay Bradford for Congress Campaign P.O. Box 6467 Pine Bluff, AR 71611	Jay Bradford-D-AR U.S. Representative Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/94	\$ 500.00

SUBTOTAL of Disbursements This Page (optional) \$ 7,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 2 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
Bertsen for Congress 5615 Morningside, Suite 300 Houston, TX 77005	Ken Bertsen-D-TX U.S. Representative Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/94	\$ 500.00
Mary Alice Acevedo for Congress Committee 355 Third Avenue, Suite C Chula Vista, CA 91910	Mary Alice Acevedo-R-CA U.S. Representative Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/94	\$ 1,000.00
Friends of Bob Moppert P.O. Box 1162 Binghamton, NY 13902	Bob Moppert-R-NY U.S. Representative Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/94	\$ 1,000.00
Jim Chapman for Congress P.O. Box 61007 Virginia Beach, VA 23466	Jim Chapman-R-VA U.S. Representative Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/94	\$ 500.00
LoBiondo for Congress 738 East Landis Avenue Vineland, NJ 08360-8009	Frank LoBiondo-R-NJ U.S. Representative Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/94	\$ 500.00
Frelinghuysen for Congress P.O. Box 712 Morristown, NJ 07960	Rod Frelinghuysen-R-NJ U.S. Representative Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/94	\$ 500.00
People for English Committee P.O. Box 1940 Erie, PA 16507-9949	Phil English-R-PA U.S. Representative Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/94	\$ 500.00
John Schall for Congress 36143 Plymouth Road Livonia, MI 48150	John Schall-R-MI U.S. Representative Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/94	\$ 500.00
Massachusetts Democratic Party Federal Funds Account 445 Bromfield Street Boston, MA 02108	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/94	\$ 2,000.00

SUBTOTAL of Disbursements This Page (optional)

\$ 7,000.00

TOTAL This Period (last page this line number only)

\$14,000.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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
Campaign for Andres Rivero 919 Valencia Avenue Coral Gables, FL 33134	Andres Rivero-D-FL State Representative Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/94	\$ 250.00
B. Full Name, Mailing Address and ZIP Code Campaign of W. D. Childers 2889 Michigan Avenue Pensacola, FL 32526	W. D. Childers-D-FL State Senator Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/94	\$ 500.00
C. Full Name, Mailing Address and ZIP Code Campaign of Matthew Carlucci 4251 Great Oaks Lane Jacksonville, FL 32207	Matthew Carlucci-D-FL State Senator Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/94	\$ 500.00
D. Full Name, Mailing Address and ZIP Code The Florida Democratic Party - Victory '94 517 N. Calhoun Street Tallahassee, FL 32301	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/94	\$ 2,000.00
E. Full Name, Mailing Address and ZIP Code Campaign of Jeff Stabins 4509 Cynthia Lane Springhill, FL 34606	Jeff Stabins-R-FL State Representative Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/94	\$ 250.00
F. Full Name, Mailing Address and ZIP Code Campaign of John McKay 408 31st Street, NW Bradenton, FL 34205	John McKay-R-FL State Senator Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/94	\$ 200.00
G. Full Name, Mailing Address and ZIP Code Campaign of Locke Burt 900 John Anderson Drive Ormond Beach, FL 32176	Locke Burt-R-FL State Representative Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/94	\$ 200.00
H. Full Name, Mailing Address and ZIP Code Campaign of Charles Crist One Beach Drive St. Petersburg, FL 33709	Charles Crist-R-FL State Senator Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/94	\$ 200.00
I. Full Name, Mailing Address and ZIP Code Campaign of Mary Brennan 5827 72nd Avenue North Pinellas Park, FL 34665	Mary Brennan-D-FL State Representative Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/94	\$ 200.00

SUBTOTAL of Disbursements This Page (optional) \$ 4,300.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Campaign of Jim Davis P.O. Box 522 Tampa, FL 33601	Jim Davis-D-FL State Representative Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/94	\$ 200.00
B. Full Name, Mailing Address and ZIP Code Campaign of Keith Arnold 3745 Maxine Street Fort Myers, FL 33901	Keith Arnold-D-FL State Representative Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/94	\$ 200.00
C. Full Name, Mailing Address and ZIP Code John C. Revens, Jr. Reception Committee P.O. Box 7365 Warwick, RI 02887	John C. Revens, Jr.-D-RI State Senator Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/94	\$ 100.00
D. Full Name, Mailing Address and ZIP Code Friends of Bates, Hanaway, Irons, Lawrence, Pires and San Benito 2400 Post Road Warwick, RI 01886	Senator Bates, et al St. Senators/Representatives Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/94	\$ 100.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	\$ 600.00
TOTAL This Period (last page this line number only)	\$ 4,900.00

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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

Registered/Certified Mail

POSTMARKED

10/24/94

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

AWC
PREPARER

10/27/94
DATE PREPARED

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