



One Madison Avenue, New York, NY 10100-6090

FEDERAL ELECTION COMMISSION
COMMUNICATIONS SECTION
WASHINGTON, DC 20541

APR 21 12 57 PM '97

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

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

Dear Sir/Madam:

Enclosed is our "Report of Receipts and Disbursements" for the period covering March 1, 1997 through March 31, 1997.

Yours truly,

Robert C. Tarnok
Treasurer
(212) 578-7180

April 17, 1997

ENCLOSURE

Copies to:

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

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

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEDERAL ELECTION COMMISSION
COMMUNICATIONS SECTION
APR 21 12 51 PM '97

USE FEC MAILING LABEL
OR
TYPE OR PRINT

C00040923 120696 P 250
ROBERT C TARNOK
METROPOLITAN LIFE INSURANCE CO
MPANY (METLIFE) EMPLOYEES' POL
ONE MADISON AVENUE
NEW YORK NY 10010

2. FEC IDENTIFICATION NUMBER
C 00040923
3. This committee has qualified as a multicandidate
committee. (see FEC FORM 1M)
Prior to 1/1/94

4. TYPE OF REPORT

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

- Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31
- Twelfth day report preceding _____
(Type of Election)
election on _____ in the State of _____
- Thirtieth day report following the General Election on
_____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	3/1/97 through 3/31/97		
6. (a) Cash on Hand January 1, 1997			\$ 30,246.23
(b) Cash on Hand at Beginning of Reporting Period		\$ 46,046.85	
(c) Total Receipts (from Line 19)		\$ 13,132.10	\$ 39,932.72
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(e) and 6(c) for Column B)		\$ 59,178.95	\$ 70,178.95
7. Total Disbursements (from Line 30)		\$ 19,025.43	\$ 30,025.43
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 40,153.52	\$ 40,153.52
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 0	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 0	

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

2. Type or Print Name of Treasurer
Robert C. Tarnok
Signature of Treasurer
Robert C. Tarnok
Date
4/12/97

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, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE Metropolitan Life Insurance Company (MetLife) Employees' Political Participation Fund A		REPORT COVERING PERIOD		
		FROM 3/1/97	TO: 3/31/97	
		COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees	\$ 4,093.00	\$ 7,082.00	11(a)(iii)
i.	Banzelized (use Schedule A)	9,033.30	32,834.75	11(a)(ii)
ii.	Unitemized	13,126.50	39,914.75	11(a)(i)
iii.	Total (add i and ii) >	0	0	11(b)
b.	Political Party Committees	0	0	11(c)
c.	Other Political Committees (such as PACs)	13,126.50	39,914.75	11(d)
d.	Total Contributions (add a ii, b and c) >	0	0	12
12.	Transfers From Affiliated/Other Party Committees	0	0	13
13.	All Loans Received	0	0	14
14.	Loan Repayments Received	0	0	15
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	16
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	5.60	17.97	17
17.	Other Federal Receipts (Dividends, Interest, etc.)	0	0	18
18.	Transfers from Nonfederal Account for Joint Activity	13,132.10	39,932.72	19
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	13,132.10	39,932.72	20
20.	Total Federal Receipts (subtract line 18 from line 19) >			
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)	0	0	21(a)(i)
i.	Federal Share	0	0	21(a)(ii)
ii.	Non-Federal Share	25.43	25.43	21(b)
b.	Other Federal Operating Expenditures	25.43	25.43	21(c)
c.	Total Operating Expenditures (add a i, a ii, and b) >	0	0	22
22.	Transfers to Affiliated/Other Party Committees	18,000.00	29,000.00	23
23.	Contributions to Federal Candidates/Committees and Other Political Committees	0	0	24
24.	Independent Expenditures (use Schedule E)	0	0	25
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0	26
26.	Loan Repayments Made	0	0	27
27.	Loans Made			
28.	Refunds of Contributions To:	0	0	28(a)
a.	Individuals/Persons Other Than Political Committees	0	0	28(b)
b.	Political Party Committees	0	0	28(c)
c.	Other Political Committees (such as PACs)	0	0	28(d)
d.	Total Contribution Refunds (add a, b and c) >	1,000.00	1,000.00	29
29.	Other Disbursements	19,025.43	30,025.43	30
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	19,025.43	30,025.43	31
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >			
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	13,126.50	39,914.75	32
33.	Total Contribution Refunds (from line 28d)	0	0	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	13,126.50	39,914.75	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	25.43	25.43	35
36.	Offsets to Operating Expenditures (from line 15)	0	0	36
37.	Net Operating Expenditures (subtract line 38 from 35) >	25.43	25.43	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 7

FOR LINE NUMBER

101

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
Harry P. Kamen 910 Park Avenue New York, NY 10021	Metropolitan Life Insurance Company	3/97 Monthly Payroll Deduction	\$480
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Chairman, President & CEO	Aggregate Year-to-Date \$ 1,440	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stewart G. Nagler 14 Myrtle Drive Great Neck, NY 11021	Metropolitan Life Insurance Company	3/97 Monthly Payroll Deduction	\$234
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Sr. Exec. VP & Chief Financial Officer	Aggregate Year-to-Date \$ 702	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard M. Blackwell 267 Holly Hill Mountainside, NJ 07092	Metropolitan Life Insurance Company	3/97 Monthly Payroll Deduction	\$117
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Sr. Vice President	Aggregate Year-to-Date \$ 351	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ira Friedman 130 Chadwick Road Teaneck, NJ 07666	Metropolitan Life Insurance Company	3/97 Monthly Payroll Deduction	\$103
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Sr. Vice President	Aggregate Year-to-Date \$ 309	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeffrey J. Hodgman 24 Hoyt Farm Drive New Canaan, CT 06840	Metropolitan Life Insurance Company	3/97 Monthly Payroll Deduction	\$119
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive Vice President	Aggregate Year-to-Date \$ 357	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James M. Logan 523 E. 14th Street, Apt. 11-F New York, NY 10009	Metropolitan Life Insurance Company	3/97 Monthly Payroll Deduction	\$105
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior Vice President	Aggregate Year-to-Date \$ 315	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John D. Moynahan, Jr. 21 Cross Road Darien, CT 06820	Metropolitan Life Insurance Company	3/97 Monthly Payroll Deduction	\$200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive Vice President	Aggregate Year-to-Date \$ 600	

\$1,358

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 7

FOR LINE NUMBER

11a

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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	Metropolitan Life Insurance Company	3/97 Monthly Payroll Deduction	\$184
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive Vice President	Aggregate Year-to-Date: \$ 552	
B. Full Name, Mailing Address and ZIP Code Vincent P. Reusing 804 Hermitage Court Alexandria, VA 22302	Metropolitan Life Insurance Company	3/97 Monthly Payroll Deduction	\$164
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior Vice President	Aggregate Year-to-Date: \$ 492	
C. Full Name, Mailing Address and ZIP Code Thomas L. Stapleton 444 East 52nd Street New York, NY 10022	Metropolitan Life Insurance Company	3/97 Monthly Payroll Deduction	\$107
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Sr. Vice President and Tax Director	Aggregate Year-to-Date: \$ 321	
D. Full Name, Mailing Address and ZIP Code William S. Woodside 25 East 5th Street Hinsdale, IL 60521	Metropolitan Life Insurance Company	3/97 Monthly Payroll Deduction	\$125
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Regional Vice President	Aggregate Year-to-Date: \$ 355	
E. Full Name, Mailing Address and ZIP Code Peter C. Accinno 138 Fieldcrest Road New Canaan, CT 06840	Metropolitan Life Insurance Company	3/97 Monthly Payroll Deduction	\$ 78
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President	Aggregate Year-to-Date: \$ 254	
F. Full Name, Mailing Address and ZIP Code Frederick E. Artholt 1800 Ballybunion Drive Duluth, GA 30155	Metropolitan Life Insurance Company	3/97 Monthly Payroll Deduction	\$ 67
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President	Aggregate Year-to-Date: \$ 201	
G. Full Name, Mailing Address and ZIP Code Daniel Cavanagh 7 River Farms Drive West Warwick, RI 02893	Metropolitan Property and Casualty Company	3/97 Monthly Payroll Deduction	\$ 80
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President and Chief Executive Officer	Aggregate Year-to-Date: \$ 240	

SUBTOTAL of Receipts This Page (optional)

\$805

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 7

FOR LINE NUMBER

11a1

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NAME OF COMMITTEE (In Full)

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Yuan Chang 11/E, Bank of East Asia Building 10 Des Voeux Road Central Hong Kong Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation Vice President	3/97 Monthly Payroll Deduction	\$ 75
Aggregate Year-to-Date \$ 225			
Richard S. Fleming 530 East 23rd Street, Apt. 1D 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	3/97 Monthly Payroll Deduction	\$141
Aggregate Year-to-Date \$ 282			
Anne Hayden 8 Edgewood Road Edison, NJ 08820 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation Senior Vice President	3/97 Monthly Payroll Deduction	\$ 75
Aggregate Year-to-Date \$ 225			
Carl R. Henrikson 153 Sunset Hill Road New Canaan, CT 06840 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation Executive Vice President	3/97 Monthly Payroll Deduction	\$ 87
Aggregate Year-to-Date \$ 245			
Thomas M. Jackson 510 Ladysmith Road Bartlett, IL 60103 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation Associate General Counsel	3/97 Monthly Payroll Deduction	\$ 97
Aggregate Year-to-Date \$ 291			
Nicholas D. Larenta 344 St. Nicholas Avenue Hilldale, NJ 07642 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation Senior Vice President	3/97 Monthly Payroll Deduction	\$ 90
Aggregate Year-to-Date \$ 270			
Leland C. Launer, Jr. P.O. Box 7 New Vernon, NJ 07976 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Metropolitan Life Insurance Company Occupation Senior Vice President	3/97 Monthly Payroll Deduction	\$146
Aggregate Year-to-Date \$ 376			

SUBTOTAL of Receipts This Page (optional)

\$711

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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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
Harold B. Leff 29 Shoreham Drive West Dix Hills, NY 11746	Metropolitan Life Insurance Company	3/97 Monthly Payroll Deduction	\$ 92
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President and Senior Actuary	Aggregate Year-to-Date \$ 276	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
David A. Levene 6 Wincott Drive Melville, NY 11747	Metropolitan Life Insurance Company	3/97 Monthly Payroll Deduction	\$100
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive Vice President	Aggregate Year-to-Date \$ 300	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
David G. Martin 4054 Broadmoor Circle Naperville, IL 60564	Metropolitan Life Insurance Company	3/97 Monthly Payroll Deduction	\$ 86
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Aggregate Year-to-Date \$ 258	
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	3/97 Monthly Payroll Deduction	\$ 69
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Associate General Counsel	Aggregate Year-to-Date \$ 207	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William A. Orton 2197 Maple Avenue Peekskill, NY 10566	Metropolitan Life Insurance Company	3/97 Monthly Payroll Deduction	\$ 80
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Assistant Vice-President	Aggregate Year-to-Date \$ 240	
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	3/97 Monthly Payroll Deduction	\$ 75
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Aggregate Year-to-Date \$ 225	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Felix Schirripa 5 Richmond Court Colts Neck, NJ 07722	Metropolitan Life Insurance Company	3/97 Monthly Payroll Deduction	\$ 94
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior Vice President	Aggregate Year-to-Date \$ 282	

SUBTOTAL of Receipts This Page (optional)

\$596

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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

A. Full Name, Mailing Address and ZIP Code 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):	Name of Employer Metropolitan Life Insurance Company Occupation Vice President Aggregate Year-to-Date > \$ 207	Date (month, day, year) 3/97 Monthly Payroll Deduction	Amount of Each Receipt this Period \$ 69
B. Full Name, Mailing Address and ZIP Code Presley F. Surratt 311 East Chestnut Avenue Metuchen, NJ 08840 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Metropolitan Life Insurance Company Occupation Vice President Aggregate Year-to-Date > \$ 252	Date (month, day, year) 3/97 Monthly Payroll Deduction	Amount of Each Receipt this Period \$ 84
C. Full Name, Mailing Address and ZIP Code James A. Valentino P.O. Box 327 Paupack, PA 18451 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Metropolitan Life Insurance Company Occupation Senior Vice President Aggregate Year-to-Date > \$ 295	Date (month, day, year) 3/97 Monthly Payroll Deduction	Amount of Each Receipt this Period \$ 103
D. Full Name, Mailing Address and ZIP Code Judy P. Weiss 48 Vanderveer Court Rockville Centre, NY 11570 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Metropolitan Life Insurance Company Occupation Senior Vice President and Chief Actuary Aggregate Year-to-Date > \$ 300	Date (month, day, year) 3/97 Monthly Payroll Deduction	Amount of Each Receipt this Period \$ 100
E. Full Name, Mailing Address and ZIP Code Anthony J. Williamson 43 Tanglewood Drive Summit, NJ 07901 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Metropolitan Life Insurance Company Occupation Vice President Aggregate Year-to-Date > \$ 277	Date (month, day, year) 3/97 Monthly Payroll Deduction	Amount of Each Receipt this Period \$ 113
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)	\$460
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 7

FOR LINE NUMBER

11a

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NAME OF COMMITTEE (in Full)

Metropolitan Life Insurance Company (Met.Life) 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	Metropolitan Life Insurance Company	3/97 Monthly Payroll Deduction	\$10 earmarked for U.S. Rep. Marge Roukema
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Associate Tax Counsel	Aggregate Year-to-Date \$ 30	
Anthony J. Bantell 124 Laurie Lane Hughestown, PA 18640	Metropolitan Life Insurance Company	3/97 Monthly Payroll Deduction	\$ 2 earmarked for PA State Rep. Tom Tighe
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Project Manager	Aggregate Year-to-Date \$ 6	
Carl J. Barrera 215 Hillair Circle White Plains, NY 10605	Metropolitan Life Insurance Company	3/97 Monthly Payroll Deduction	\$40 earmarked for U.S. Rep. Nita Lowey
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice-President & Associate General Counsel	Aggregate Year-to-Date \$ 120	
Kenneth F. Benton 15 Tall Tree Court Ewing Township, NJ 08618	Metropolitan Life Insurance Company	3/97 Monthly Payroll Deduction	\$ 4 earmarked for Ewing, NJ Mayor Alfred W. Bridges
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior Consultant	Aggregate Year-to-Date \$ 12	
Robert L. Clinkscales 300 Sunset Drive Hartford, NC 27944	Metropolitan Life Insurance Company	3/97 Monthly Payroll Deduction	\$10 earmarked for U.S. Rep. Eva Clayton
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Agricultural Investment Consultant	Aggregate Year-to-Date \$ 30	
Lawrence S. Craven 425 Birchtree Lane Northvale, NJ 07647	Metropolitan Life Insurance Company	3/97 Monthly Payroll Deduction	\$30 earmarked for U.S. Rep. Marge Roukema
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Assistant Vice-President	Aggregate Year-to-Date \$ 90	
Frederic W. Hacussler 30 Lincoln Avenue Florham Park, NJ 07932	Metropolitan Life Insurance Company	3/97 Monthly Payroll Deduction	\$ 2 earmarked for Rep. Nat'l. Committee
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Assistant Vice-President	Aggregate Year-to-Date \$ 6	

SUBTOTAL of Receipts This Page (optional) \$98

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 7 OF 7

FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (In Full)

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard A. Kubick 502 Center Street Clarks Summit, PA 18411	Metropolitan Life Insurance Company	3/97 Monthly Payroll Deduction	\$ 1 earmarked for Scranton, PA Mayor Jim Connors
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior Systems Analyst	Aggregate Year-to-Date \$ 3	
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	3/97 Monthly Payroll Deduction	\$ 2 earmarked for U.S. Senator Al D'Amato
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Associate General Counsel	Aggregate Year-to-Date \$ 6	
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 Dorec Road Morganville, NJ 07751	Metropolitan Life Insurance Company	3/97 Monthly Payroll Deduction	\$10 earmarked for U.S. Rep. Chris Smith
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice-President	Aggregate Year-to-Date \$ 30	
D. 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 209th Street Queens Village, NY 11428	Metropolitan Life Insurance Company	3/97 Monthly Payroll Deduction	\$10 earmarked for U.S. Rep. Floyd H. Flake
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Tax Consultant	Aggregate Year-to-Date \$ 30	
E. 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	3/97 Monthly Payroll Deduction	\$23 earmarked for U.S. Rep. J. Denis Hastert
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Investment Officer	Aggregate Year-to-Date \$ 69	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patricia A. Walden 5120 South Douglas Road Oswego, IL 60543	Metropolitan Life Insurance Company	3/97 Monthly Payroll Deduction	\$10 earmarked for Rep. Nat'l. Committee
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Regional Leasing Manager	Aggregate Year-to-Date \$ 30	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jane C. Weinberg 6 Marigold Court Princeton, NJ 08540	Metropolitan Life Insurance Company	3/97 Monthly Payroll Deduction	\$0 earmarked for Dem. Nat'l. Committee
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Associate General Counsel	Aggregate Year-to-Date \$ 30	

SUBTOTAL of Receipts This Page (optional)

\$ 56

TOTAL This Period (last page this line number only)

\$4,093

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 3
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
People for Ganske Committee 521 East Locust, 2nd Floor Des Moines, IA 50309-9527	Greg Ganske-R-IA U.S. Representative Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/31/97	\$ 500.00
B. Full Name, Mailing Address and ZIP Code Judd Gregg Committee P.O. Box 18182 Concord, NH 03302	Judd Gregg-R-NH U.S. Representative Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/31/97	\$1,000.00
C. Full Name, Mailing Address and ZIP Code Craig for U.S. Senate 1996 General Election Debt P.O. Box 2754 Boise, ID 83701	Larry Craig-R-ID U.S. Representative Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Deficit '96	3/31/97	\$1,000.00
D. Full Name, Mailing Address and ZIP Code The Friends of Senator D'Amato c/o Linda Schwantner, Treasurer P.O. Box 888 Mineola, NY 11501	Alfonse D'Amato-R-NY U.S. Senator Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/31/97	\$1,000.00
E. Full Name, Mailing Address and ZIP Code A Lot of People Supporting Tom Daschle 424 C Street, NE, 1st Floor Washington, DC 20002	Tom Daschle-D-SD U.S. Senator Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/31/97	\$2,000.00
F. Full Name, Mailing Address and ZIP Code A Lot of People Supporting Tom Daschle 424 C Street, NE, 1st Floor Washington, DC 20002	Tom Daschle-D-SD U.S. Senator Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/31/97	\$ 500.00
G. Full Name, Mailing Address and ZIP Code Coverdell Good Government Committee 3091 Maple Drive, Suite 200 Atlanta, GA 30305	Paul Coverdell-R-GA U.S. Senator Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/31/97	\$1,000.00
H. Full Name, Mailing Address and ZIP Code Herger for Congress Committee P.O. Box 40175 Washington, DC 20016	Wally Herger-R-CA U.S. Representative Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/31/97	\$1,000.00
I. Full Name, Mailing Address and ZIP Code Dave Camp for Congress 4451 Brookfield Corporate Drive, Suite 200 Chantilly, VA 20151-1652	Dave Camp-R-MI U.S. Representative Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/31/97	\$1,000.00

SUBTOTAL of Disbursements This Page (optional)

\$9,000.00

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
People for English 208 G Street, NE Washington, DC 20002	Phil English-R-PA U.S. Representative Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/31/97	\$ 500.00
B. Full Name, Mailing Address and ZIP Code Weller for Congress 4451 Brookfield Corporate Drive, Suite 200 Chantilly, VA 20151-1652	Jerry Weller-R-IL U.S. Representative Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/31/97	\$1,000.00
C. Full Name, Mailing Address and ZIP Code McNulty for Congress Committee P.O. Box 75214 Washington, DC 20013-5214	Mike McNulty-D-NY U.S. Representative Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/31/97	\$1,000.00
D. Full Name, Mailing Address and ZIP Code Richard E. Neal Committee P.O. Box 2884 Washington, DC 20013	Richard Neal-D-MA U.S. Representative Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/31/97	\$1,000.00
E. Full Name, Mailing Address and ZIP Code Lazio for Congress 4451 Brookfield Corp Drive, Suite 200 Chantilly, VA 20151-1652	Rick Lazio-R-NY U.S. Representative Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/31/97	\$ 500.00
F. Full Name, Mailing Address and ZIP Code Maloney for Congress P.O. Box 2884 Washington, DC 20013	Carolyn Maloney-D-NY U.S. Representative Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/31/97	\$ 500.00
G. Full Name, Mailing Address and ZIP Code Ackerman for Congress P.O. Box 95 Fresh Meadows, NY 11365	Gary Ackerman-D-NY U.S. Representative Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/31/97	\$1,000.00
H. Full Name, Mailing Address and ZIP Code Ken Bentsen, Jr. for Congress P.O. Box 75214 Washington, DC 20013-5214	Ken Bentsen, Jr.-D-TX U.S. Representative Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/31/97	\$ 500.00
I. Full Name, Mailing Address and ZIP Code Engel for Congress 115 D Street, S.E., #102 Washington, DC 20003	Elliot Engel-D-NY U.S. Representative Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/31/97	\$ 500.00

SUBTOTAL of Disbursements This Page (optional)

\$6,500.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE **313** OF 3
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
Ed Bryant for Congress Committee P.O. Box 1961 Cordova, TN 38088-1961	Ed Bryant-R-TN U.S. Representative Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/31/97	\$ 500.00
B. Full Name, Mailing Address and ZIP Code ARMPAC 117 2nd Street, N.E., Suite 2 Washington, DC 20002	Tom Delay-R-TX U.S. Representative Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/31/97	\$ 1,000.00
C. Full Name, Mailing Address and ZIP Code Friends of Congressman George Miller Committee 44 Canal Center Plaza, Suite 400 Alexandria, VA 22314	George Miller-D-CA U.S. Representative Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/31/97	\$ 1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

\$ 2,500.00

TOTAL This Period (last page this line number only)

\$ 18,000.00

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
Friends of Representative Gerald M. Martineau P.O. Box 612 Woonsocket, RI 02895	Gerald M. Martineau-D-RI State Representative Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Deficit '86	03/12/97	\$ 500.00
B. Full Name, Mailing Address and ZIP Code Friends of Senator Irons P.O. Box 16210 Rumford, RI 02916-0696	William V. Irons-D-RI State Senator Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Deficit '83	03/12/97	\$ 500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	\$ 1,000.00
TOTAL This Period (last page this line number only)	\$ 1,000.00

Federal Election Commission
ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS

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

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E.S. **4/21/97**

PREPARER DATE PREPARED