MetLife®

One Madison Avenue, New York, NY 10010-3690

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

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

Dear Sir/Madam:

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

Yours truly,

Robert C. Tarnok
Treasurer
(212) 578-7180

November 12, 1999

ENCLOSURE

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

16062-FUNDS 180000040085 (0897) Printed in U.S.A.

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

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

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
1999 NOV 15 P 1:50

2. FEC IDENTIFICATION NUMBER
C00040923

3. [X] This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
Prior to 1-1-94

4. TYPE OF REPORT

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

Monthly Report Due On:
[ ] February 20 [ ] June 20 [ ] October 20
[ ] March 20 [ ] July 20 [X] November 20
[ ] April 20 [ ] August 20 [ ] December 20
[ ] May 20 [ ] September 20 [ ] January 31

[ ] Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____

[ ] Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? [ ] YES [X] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 10/1/99 through 10/31/99		
6. (a) Cash on Hand January 1, 19 99		$ 40,267.63
(b) Cash on Hand at Beginning of Reporting Period	$ 166,245.32	
(c) Total Receipts (from Line 19)	$ 58,270.00	$ 393,061.14
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 224,515.32	$ 433,328.77
7. Total Disbursements (from Line 30)	$ 49,125.00	$ 257,938.45
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 175,390.32	$ 175,390.32
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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

Type or Print Name of Treasurer
Robert C. Tarnok

Signature of Treasurer
Robert C Tarnok

Date
11/12/99

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

FEC FORM 3X
(revised 9/93)

FE6AN126

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 10/1/99 TO: 10/31/99

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	$ 254,161.63	$ 313,665.05	11(a)
ii. Unitemized	4,007.67	79,051.04	11(a)
iii. Total (add i and ii) ➤	58,169.30	392,716.09	11(a)
b. Political Party Committees	0	0	11(b)
c. Other Political Committees (such as PACs)	0	0	11(c)
d. Total Contributions (add a iii, b and c) ➤	58,169.30	392,716.09	11(d)
12. Transfers From Affiliated/Other Party Committees	0	0	12
13. All Loans Received	0	0	13
14. Loan Repayments Received	0	0	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	187.50	16
17. Other Federal Receipts (Dividends, Interest, etc.)	100.70	157.55	17
18. Transfers from Nonfederal Account for Joint Activity	0	0	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	58,270.00	393,061.14	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	58,270.00	393,061.14	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)	0	0	21(a)
i. Federal Share	0	0	21(a)
ii. Non-Federal Share	0	0	21(a)
b. Other Federal Operating Expenditures	0	0	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	0	0	21(c)
22. Transfers to Affiliated/Other Party Committees	49,125.00	250,988.45	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	0	0	23
24. Independent Expenditures (use Schedule E)	0	0	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0	25
26. Loan Repayments Made	0	0	26
27. Loans Made	0	0	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0	0	28(a)
b. Political Party Committees	0	0	28(b)
c. Other Political Committees (such as PACs)	0	0	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	0	0	28(d)
29. Other Disbursements	0	6,950.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	49,125.00	257,938.45	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	49,125.00	257,938.45	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	58,169.30	392,716.09	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	58,169.30	392,716.09	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0	0	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0	0	37

FE5AN084

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 / OF 59 FOR LINE NUMBER 11ai

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

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

A. Full Name, Mailing Address and ZIP Code Stewart G. Nagler 14 Myrtle Drive Great Neck, NY 11021	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 576.93
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice-Chairman of the Bd. & CFO Aggregate Year-to-Date >	$ 3803.86	
B. Full Name, Mailing Address and ZIP Code Margery A. Brittain 370 First Avenue, Apt. #10F New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1000.00	
C. Full Name, Mailing Address and ZIP Code Richard M. Blackwell 267 Holly Hill Mountainside, NJ 07092	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 346.14
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 2186.46	
D. Full Name, Mailing Address and ZIP Code Daniel J. Cavanagh 7 River Farms Drive West Warwick, RI 02893	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 450.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: CFO - MPC Pres. Aggregate Year-to-Date >	$ 2282.28	
E. Full Name, Mailing Address and ZIP Code Jeffrey J. Hodgman 24 Hoyt Farm Drive New Canaan, CT 06840	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 576.93
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive Vice President Aggregate Year-to-Date >	$ 3457.72	
F. Full Name, Mailing Address and ZIP Code James M. Logan 123 E. 14th St., Apt. 11F New York, NY 10009	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 1615.32	
G. Full Name, Mailing Address and ZIP Code Catherine A. Rein 21 East 22nd St., Apt. 8B New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 570.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Sr. Exec. Vice-President Aggregate Year-to-Date >	$ 3523.05	
SUBTOTAL of Receipts This Page (optional)			$2520.00
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 59 FOR LINE NUMBER 11ai

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

A. Full Name, Mailing Address and ZIP Code Vincent P. Reusing 804 Hermitage Court Alexandria, VA 22302	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 346.14
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 2323.80	
B. Full Name, Mailing Address and ZIP Code Thomas L. Stapleton 444 E. 52nd Street New York, NY 10022	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 1191.33	
C. Full Name, Mailing Address and ZIP Code Jon F. Danski 8 Canterbury Ct. Mendham, NJ 07945	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Sr. Vice President & Controller Aggregate Year-to-Date >	$ 456.76	
D. Full Name, Mailing Address and ZIP Code Ira Friedman 130 Chadwick Road Teaneck, NJ 07666	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 390.15
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 2525.25	
E. Full Name, Mailing Address and ZIP Code Mark J. Hammersmith 246 Pine Hill Road New Fairfield, CT 06812	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 132.69
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 957.65	
F. Full Name, Mailing Address and ZIP Code Anne E. Hayden 9 Edgewood Road Edison, NJ 08820	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 207.66	
G. Full Name, Mailing Address and ZIP Code Carl R. Henriksen 159 Sunset Hill Road New Canaan, CT 06840	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Sr. Executive Vice President Aggregate Year-to-Date >	$ 4788.48	
SUBTOTAL of Receipts This Page (optional)			$868.98
TOTAL This Period (last page this line number only)			$

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

A. Full Name, Mailing Address and ZIP Code Sibyl C. Jacobson 510 East 23rd St. New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 3248.10	
B. Full Name, Mailing Address and ZIP Code Nicholas D. Latrenta 344 St. Nicholas Ave. Hilladale, NJ 07642	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 360.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 2169.18	
C. Full Name, Mailing Address and ZIP Code Leland C. Launer P.O. Box 7 New Vernon, NJ 07976	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 360.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 2161.54	
D. Full Name, Mailing Address and ZIP Code Edward J. Lavelle 22 Chestnut Street Hanover, MA 02339	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 940.00	
E. Full Name, Mailing Address and ZIP Code David A. Levene 6 Wincott Drive Melville, NY 11747	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 450.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive Vice President Aggregate Year-to-Date >	$ 2676.90	
F. Full Name, Mailing Address and ZIP Code John W. Mulhall 73 Clover Ave. Floral Park, NY 11001	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 300.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1859.62	
G. Full Name, Mailing Address and ZIP Code Christopher P. Nicholas 961 Bayridge Parkway Brooklyn, NY 11228	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Associate General Counsel Aggregate Year-to-Date >	$ 1747.26	
SUBTOTAL of Receipts This Page (optional)			$1758.45
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 4 / OF 59 FOR LINE NUMBER 11ai

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

A. Full Name, Mailing Address and ZIP Code Gail A. Praelick 7 Trimfield Lane Middletown, NJ 07748	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 300.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1848.10	
B. Full Name, Mailing Address and ZIP Code Michael G. Salvaldi 350 First Avenue New York, NY 10009	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 100.95
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 740.30	
C. Full Name, Mailing Address and ZIP Code Felix Schirripa 5 Richmonde Court Colts Neck, NJ 07722	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 346.14
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 2128.80	
D. Full Name, Mailing Address and ZIP Code Robert B. Stonaker 7 Brayton Meadow East Greenwich, RI 02818	Name of Employer Metropolitan Property and Casualty Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive – Corp. Suppt. Aggregate Year-to-Date >	$ 1743.19	
E. Full Name, Mailing Address and ZIP Code Presley F. Sumrall 311 East Chestnut Ave. Metuchen, NJ 08840	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1786.50	
F. Full Name, Mailing Address and ZIP Code Judy E. Weiss 48 Vanderveer Court Rockville Centre, NY 11570	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 405.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Exec. Vice President & Chief Actuary Aggregate Year-to-Date >	$ 2436.90	
G. Full Name, Mailing Address and ZIP Code Anthony J. Williamson 43 Tanglewood Drive Summit, NJ 07901	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 360.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 2202.72	
SUBTOTAL of Receipts This Page (optional)			$2088.99
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 59 FOR LINE NUMBER 11ai

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

A. Full Name, Mailing Address and ZIP Code Gary Beller 114 East 72nd St. New York, NY 10021	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Sr. Executive Vice President Aggregate Year-to-Date >	$ 5000.00	
B. Full Name, Mailing Address and ZIP Code Robert Benincasa 4 Wesley Chapel Road Wesley Hills, NY 10901	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Chairman of the Bd., Pres. & CEO Aggregate Year-to-Date >	$ 5000.00	
C. Full Name, Mailing Address and ZIP Code Michael Callahan 20 Polhemus Place Brooklyn, NY 11215	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 500.00	
D. Full Name, Mailing Address and ZIP Code Richard Davis 194 Oak Ridge Avenue Summit, NJ 07901	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 3000.00	
E. Full Name, Mailing Address and ZIP Code Gloria Euben P.O. Box 442 Wainscott, NY 11975	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 500.00	
F. Full Name, Mailing Address and ZIP Code Oliver Greeves 744 Gilbert Hway. Fairfield , CT 06430	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1000.00	
G. Full Name, Mailing Address and ZIP Code David Hawk 6 Indian Hollow Road Mendham, NJ 07945	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1000.00	
SUBTOTAL of Receipts This Page (optional)			$0
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 6 / OF 59 FOR LINE NUMBER 11ai

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Russel Ippaimo 9 Falling Creek Court Silver Springs, MD 20904	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 91.74
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President	Aggregate Year-to-Date > $ 1663.48	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Harry Kamen 910 Park Avenue New York, NY 10021	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 0 Lump Sum
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation:	Aggregate Year-to-Date > $ 5000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Robert Marzulli 15 West 72nd St. New York, NY 10010	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 0 Lump Sum
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President	Aggregate Year-to-Date > $ 2500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Edward Reynolds 8 Adams Farm Road Katonah, NY 10589	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 0 Lump Sum
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President	Aggregate Year-to-Date > $ 3000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Mark Seethaler 2 Temple Hills Clifton Park, NY 12065	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 0 Lump Sum
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President	Aggregate Year-to-Date > $ 200.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Anthony Trani 120 Lloyd Road Bernardsville, NJ 07924	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 0 Lump Sum
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President	Aggregate Year-to-Date > $ 1000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Michael Zarcone 17 Tamarack Drive Delmar, NY 12054	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 0 Lump Sum
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President	Aggregate Year-to-Date > $ 2500.00	
SUBTOTAL of Receipts This Page (optional)			$91.74
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 59 FOR LINE NUMBER 11ai

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Roy C. Albertalli 47 Spring Ridge Dr. Berkeley Heights, NJ 07922	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 288.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Assoc. Gen. Cnsl Aggregate Year-to-Date >	$ 1563.66	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Gerald T. Amorosana 17 Emerson Place Harrison, NY 10528	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1538.40	
C. 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	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 150.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 885.94	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
William D. Anderson 56 Birch Run Avenue Denville, NJ 07834	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 231.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1235.78	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Patrice S. Andrews 77 Maple St. Ramsey, NJ 07446	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 87.69
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assoc. Gen. Cnsl. Aggregate Year-to-Date >	$ 843.06	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Frederick E. Arnholt 6115 Abbott's Bridge Road Duluth, GA 30097	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 300.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1784.62	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Richard A. Babyak 350 First Ave. New York, NY 10010	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 441.04	
SUBTOTAL of Receipts This Page (optional)			$1345.14
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 / 0F59 FOR LINE NUMBER 11ai

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

A. Full Name, Mailing Address and ZIP Code Leonard M. Baker 722 Mulberry Place North Woodmere, NY 11581	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Compliance Director Aggregate Year-to-Date >	$ 1579.92	
B. Full Name, Mailing Address and ZIP Code Peter T. Buccia 114 Ponus Ridge New Canaan, CT 06840	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 70.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 516.12	
C. Full Name, Mailing Address and ZIP Code Gregory S. Benesh 913 Lakewood Dr. Barrington, IL 60010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1676.82	
D. Full Name, Mailing Address and ZIP Code Susan R. Berger 433 East 56th St. New York, NY 10022	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1552.20	
E. Full Name, Mailing Address and ZIP Code Marvin H. Brodie 262 Nelson Road Scarsdale, NY 10583	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 80.19
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 588.06	
F. Full Name, Mailing Address and ZIP Code Herbert B. Brown 64 Adams St. Garden City, NY 11530	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1539.13	
G. Full Name, Mailing Address and ZIP Code Alexander D. Bonnini 96 South Terrace Short Hills, NJ 07078	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 300.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 1600.00	
SUBTOTAL of Receipts This Page (optional)			$1604.37
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 59 FOR LINE NUMBER 11ai

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Debra J. Capolarello 79 Village Road Manhasset, NY 11030	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1538.40	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Steven T. Cates 2574 North Rock Creek Road Waco, TX 76708	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1585..44	
C. 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	10/99 Monthly Payroll Deductions	$ 576.93
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice Chairman of the Bd. & CIO Aggregate Year-to-Date >	$ 3215.38	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Ken J. Cochrane 420 East 23rd St. New York, NY 10010	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 480.75	
E. 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	10/99 Monthly Payroll Deductions	$ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1418.22	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Thomas B. Considine 1084 Hawthorne Parkway Spring Lake Heights, NJ 07762	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 120.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 745.18	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Carlos J. Cranmer 10075 High Falls Pointe Alpharetta, GA 30022	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 92.31
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 658.70	
SUBTOTAL of Receipts This Page (optional)			$1596.90
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 10 / OF 59 FOR LINE NUMBER 11ai

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
John F. Dabek 8 Alexandria Drive Sewell, NJ 08080	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President		
	Aggregate Year-to-Date >	$ 1230.72	
B. Full Name, Mailing Address and ZIP Code Richard H. Daillak 54 Whippoorwill Road Armonk, NY 10504	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary		
	Aggregate Year-to-Date >	$ 1621.44	
C. Full Name, Mailing Address and ZIP Code Michael D. Davidson 1929 Vantage Court Plano, TX 75075	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive – IA Org		
	Aggregate Year-to-Date >	$ 1593.78	
D. Full Name, Mailing Address and ZIP Code Betsy E. Davis 10340 Brookhollow Circle Highlands Ranch, CO 80126	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 75.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President		
	Aggregate Year-to-Date >	$ 550.00	
E. Full Name, Mailing Address and ZIP Code Leonard A. Davis 66 Valley Lane Chappaqua, NY 10514	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Ben. Tax Counsel		
	Aggregate Year-to-Date >	$ 1538.40	
F. Full Name, Mailing Address and ZIP Code Joseph L. Dunn 26 Dobbs Terrace Scarsdale, NY 10583	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Sr. Actuary		
	Aggregate Year-to-Date >	$ 1729.92	
G. Full Name, Mailing Address and ZIP Code Lester A. Edelstein 66 Crosby St., Apt. 6F New York, NY 10012	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary		
	Aggregate Year-to-Date >	$ 1621.44	

SUBTOTAL of Receipts This Page (optional)	$1748.01
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 59 FOR LINE NUMBER 11ai

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

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

A. Full Name, Mailing Address and ZIP Code Michael Ehrenzweig 43 Lens Drive Plainview, NY 11803	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1621.44	
B. Full Name, Mailing Address and ZIP Code Margaret C. Fechtmann 370 First Ave. New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 300.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1790.38	
C. Full Name, Mailing Address and ZIP Code Kevin E. Foley 7 Peter Cooper Rd., Apt. 2D New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1538.40	
D. Full Name, Mailing Address and ZIP Code William P. Gardella 95 Tomahawk St. Yorktown Heights, NY 10598	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Associate General Counsel Aggregate Year-to-Date >	$ 1579.92	
E. Full Name, Mailing Address and ZIP Code James V. Gemus 20 Orchard Drive Randolph, NJ 07869	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1560.54	
F. Full Name, Mailing Address and ZIP Code Craig J. Guiffre 10 Rambling Drive South Plains, NJ 07076	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1261.46	
G. Full Name, Mailing Address and ZIP Code Henry J. Hamilton 33 Euclid Ave. Maplewood, NJ 07040	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1536.00	
SUBTOTAL of Receipts This Page (optional)			$1972.56
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 12 / OF 59 FOR LINE NUMBER 11ai

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

A. Full Name, Mailing Address and ZIP Code Robert W. Harvey 4 Intrepid Lane Jamestown, RI 02835	Name of Employer Met Prop. & Casualty Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 238.45
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Executive Vice President Aggregate Year-to-Date >	$ 1538.40	
B. Full Name, Mailing Address and ZIP Code Kathleen A. Henkel 563 8 Street Brooklyn, NY 11215	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1607.58	
C. Full Name, Mailing Address and ZIP Code Ann M. Heuszand 510 Clinton St. Brooklyn, NY 11231	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 120.00
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 771.52	
D. Full Name, Mailing Address and ZIP Code James N. Heslam 33 Woodlake Drive Piscataway, NJ 08854	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 300.00
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1710.76	
E. Full Name, Mailing Address and ZIP Code Michael R. Irvine 3 Jennifer Lane Cos Cob, CT 06807	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 375.00
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 2016.56	
F. Full Name, Mailing Address and ZIP Code Lowell L. Jacobs 12 Harrison Ct. So. Orange, NJ 07079	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 211.00
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Associate General Counsel Aggregate Year-to-Date >	$ 1232.00	
G. Full Name, Mailing Address and ZIP Code Joseph W. Jordan 440 East 23rd St. New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 346.14
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 1846.08	
			$1949.04
SUBTOTAL of Receipts This Page (optional)			$
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 13 / OF 59 FOR LINE NUMBER 11ai

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Marcella Kelly 2 Devonshire Ct. Morris Township, NJ 07960	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President		
	Aggregate Year-to-Date >	$ 1566.06	
B. Full Name, Mailing Address and ZIP Code Brian C. Kramer 238 Grand Cypress Court Holmdel, NJ 07733	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President		
	Aggregate Year-to-Date >	$ 1248.02	
C. Full Name, Mailing Address and ZIP Code Thomas E. Leahan 81 Miller Road Morristown, NJ 07960	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 69.21
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Managing Director		
	Aggregate Year-to-Date >	$ 507.54	
D. Full Name, Mailing Address and ZIP Code Michael Levine 34 Walworth Avenue Scarsdale, NY 10583	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary		
	Aggregate Year-to-Date >	$ 1558.03	
E. Full Name, Mailing Address and ZIP Code Stephen Li 11 Montgomery Road Scarsdale, NY 10583	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 231.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary		
	Aggregate Year-to-Date >	$ 1393.52	
F. Full Name, Mailing Address and ZIP Code Gary E. Lindsey 56 Kingdom Ridge Road Wilton, CT 06897	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 346.14
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President		
	Aggregate Year-to-Date >	$ 1915.26	
G. Full Name, Mailing Address and ZIP Code James L. Lipscomb 7 Briar Oak Drive Weston, CT 06883	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 346.14
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President		
	Aggregate Year-to-Date >	$ 1901.46	
SUBTOTAL of Receipts This Page (optional)			$1800.15
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 59 FOR LINE NUMBER 11ai

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
William D. Livesey P.O. Box 2048 St. James, NY 11780	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 346.14
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President		
	Aggregate Year-to-Date >	$ 1915.26	
B. Full Name, Mailing Address and ZIP Code John S. Lombardo 105 Mollie Drive Cranston, RI 02921	Name of Employer MetLife Auto & Home	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 346.17
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive -CFM		
	Aggregate Year-to-Date >	$ 1901.62	
C. Full Name, Mailing Address and ZIP Code Robert R. Lynch 531 E. 20th St. New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 120.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President		
	Aggregate Year-to-Date >	$ 790.00	
D. Full Name, Mailing Address and ZIP Code Eugene Marks 305 N. Cedar Rd. Fairfield, CT 06430	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 300.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President		
	Aggregate Year-to-Date >	$ 1646.15	
E. Full Name, Mailing Address and ZIP Code Christine N Markussen 17 Indian Head Rd. Morris Township, NJ 07960	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President		
	Aggregate Year-to-Date >	$ 1506.86	
F. Full Name, Mailing Address and ZIP Code Lauren Masciulli 225 W. 83rd St. New York, NY 10024	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 346.14
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President		
	Aggregate Year-to-Date >	$ 1846.08	
G. Full Name, Mailing Address and ZIP Code John J. McSweeney 1654 East 31 St. Brooklyn, NY 11234	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President		
	Aggregate Year-to-Date >	$ 1458.35	
SUBTOTAL of Receipts This Page (optional)			$2035.35
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 15 / OF 59 FOR LINE NUMBER 11ai

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Steven D. Meyers 1 Stonehenge Morristown, NJ 07960	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 267.69
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Sr. Actuary		
	Aggregate Year-to-Date >	$ 1298.06	

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Charles H. Miller 61 Nicole Drive Denville, NJ 07834	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary		
	Aggregate Year-to-Date >	$ 1218.41	

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
William D. Moore 4 River Farms Drive West Warwick, RI 02893	MetLife Auto & Home	10/99 Monthly Payroll Deductions	$ 291.40
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive – PCS Org.		
	Aggregate Year-to-Date >	$ 1642.87	

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Janet M. Morgan 68 Pequa Lane Commack, NY 11725	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 75.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President		
	Aggregate Year-to-Date >	$ 550.00	

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
William J. Mullaney 14 Roc Team Road Randolph, NJ 07869	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 300.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President		
	Aggregate Year-to-Date >	$ 1683.04	

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Robert M. Musen 14 Oakcrest Ct. Holmdel, NJ 07733	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Sr. Actuary		
	Aggregate Year-to-Date >	$ 1230.72	

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Antonia C. Nahhuiz 121 Stadley Rough Road Danbury, CT 06811	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President		
	Aggregate Year-to-Date >	$ 1230.72	

SUBTOTAL of Receipts This Page (optional)	$1565.97
TOTAL This Period (last page this line number only)	$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 16 / OF 59 FOR LINE NUMBER 11ai

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

A. Full Name, Mailing Address and ZIP Code Garcia Nicolas 531 East 20th St New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 1717.26	
B. Full Name, Mailing Address and ZIP Code Robert J. Noll 6 Overlook Road Chatham, NJ 07928	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 80.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Director Aggregate Year-to-Date >	$ 592.24	
C. Full Name, Mailing Address and ZIP Code David W. Parsons Seven Peter Cooper Rd., #1 New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 108.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Sr. Actuary Aggregate Year-to-Date >	$ 686.88	
D. Full Name, Mailing Address and ZIP Code Renee B. Pacell 82 Thurston Terrace Glen Rock, NJ 07452	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 150.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 950.00	
E. Full Name, Mailing Address and ZIP Code Georgette A. Piligian 25 Lucinda Drive Babylon, NY 11702	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 117.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 790.56	
F. Full Name, Mailing Address and ZIP Code Janette A. Raffino 34 Lincoln Way Windsor, CT 06095	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1688.40	
G. Full Name, Mailing Address and ZIP Code Louis J. Ragusa 10 Jason Court Dix Hills, NY 11746	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Secretary Aggregate Year-to-Date >	$ 1628.40	
SUBTOTAL of Receipts This Page (optional)			$1321.56
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 17 / OF 59 FOR LINE NUMBER 11ai

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

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

A. Full Name, Mailing Address and ZIP Code Andrew D. Ratlis 1 Quail Mews North Brunswick, NJ 08902	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 86.55
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 599.96	
B. Full Name, Mailing Address and ZIP Code Joseph A. Reali 10 Doree Road Morganville, NJ 07751	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 300.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 1640.00	
C. Full Name, Mailing Address and ZIP Code Kurt Riedener 21 Fern Road Sparta, NJ 07871	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 711.51	
D. Full Name, Mailing Address and ZIP Code Margaret Ann Rody 10 Cindy Ann Dr. E. Greenwich, RI 02818	Name of Employer MetLife Auto & Home	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 231.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive – Rel & Comm. Aggregate Year-to-Date >	$ 1287.38	
E. Full Name, Mailing Address and ZIP Code Susan L. Ross 205 Madison St., #2B Hoboken, NJ 07030	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.44
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. General Counsel Aggregate Year-to-Date >	$ 548.08	
F. Full Name, Mailing Address and ZIP Code Neil A. Rossway 3 Olden Drive Flemington, NJ 08822	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 300.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1660.00	
G. Full Name, Mailing Address and ZIP Code Mark H. Ryan 4 Charles Everett Wny Hingham, MA 02043	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 238.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1236.88	
			$1340.13
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 18 / OF 59 FOR LINE NUMBER 11ai

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Alexander G. Scheitlin 125 E. 72nd St. New York, NY 10021	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Sr. Actuary Aggregate Year-to-Date >	$ 1538.40	

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Myron O. Schlenger 141-06 71st Ave. Kew Gardens Hill, NY 11367	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 173.07
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 961.46	

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Peter M. Schwarz 8 Meadowlark Court Oakland, NJ 07436	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1538.40	

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Paula Simon 164 Brandon Terrace Albany, NY 12203	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 414.18	

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Richard Small 65 Cavalier Drive E. Greenwich, RI 02818	MetLife Auto & Home Company	10/99 Monthly Payroll Deductions	$ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1218.38	

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Darrell J. Smith 14415 Quivira Olathe, KS 66062	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 288.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1463.20	

G. 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 Blvd. Merrick, NY 11566	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 103.86
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 728.83	

SUBTOTAL of Receipts This Page (optional)	$1372.59
TOTAL This Period (last page this line number only)	$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 19 / OF 59 FOR LINE NUMBER 11ai

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

A. Full Name, Mailing Address and ZIP Code Robert E. Sollmann 351 Nod Hill Road Wilton, CT 06897	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 69.21
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 507.54	
B. Full Name, Mailing Address and ZIP Code Ian L. Solomon 3 Ellis Court Rye, NY 10580	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 240.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 1257.52	
C. Full Name, Mailing Address and ZIP Code Richard B. Solomon 301 E. 87th St., Apt. 5F New York, NY 10128	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 150.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 924.56	
D. Full Name, Mailing Address and ZIP Code R. Stan St. John 7 Peter Cooper Road New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1538.40	
E. Full Name, Mailing Address and ZIP Code Donald M. Stadler 36 Spring Water Lane New Canaan, CT 06840	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1506.86	
F. Full Name, Mailing Address and ZIP Code James F. Stenson 810 Rathjen Road Brielle, NJ 08730	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 1366.06	
G. Full Name, Mailing Address and ZIP Code Kihong Sung 22-2, Itaewon-Dong, Yongs Seoul,	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 69.21
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 507.54	
SUBTOTAL of Receipts This Page (optional)			$1105.32
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 59 FOR LINE NUMBER 11ai

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

A. Full Name, Mailing Address and ZIP Code Stanley J. Talbi 37 Washington Drive Cranbury, NJ 08512	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 300
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 1629.22	
B. Full Name, Mailing Address and ZIP Code Richard R. Tartre 417 Oakshire Pl. Alamo, CA 94507	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 375.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 2000.00	
C. Full Name, Mailing Address and ZIP Code Nan D. Tecotzky 280 First Ave., Apt. 7D New York, NY 10009	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 75.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 532.72	
D. Full Name, Mailing Address and ZIP Code Joseph Travato 1387 Hanover St. Yorktown Heights, NY 10598	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Associate General Counsel Aggregate Year-to-Date >	$ 1230.72	
E. Full Name, Mailing Address and ZIP Code Lawrence A. Vranka 5 Secor Drive Port Washington, NY 11050	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 291.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1670.39	
F. Full Name, Mailing Address and ZIP Code John E. Welch 101 Old South Road Southport, CT 06490	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 300.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Gen. Auditor Aggregate Year-to-Date >	$ 1600.00	
G. Full Name, Mailing Address and ZIP Code William J. Wheeler 147 Brite Ave. Scarsdale, NY 10583	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 346.14
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President & Treasurer Aggregate Year-to-Date >	$ 1730.70	
SUBTOTAL of Receipts This Page (optional)			$1917.90
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 21 / OF 59 FOR LINE NUMBER 11ai

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

A. Full Name, Mailing Address and ZIP Code Andrew D. White 137 Tulip St. Summit, NJ 07901	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1244.67	
B. Full Name, Mailing Address and ZIP Code Peter R. Wilkins 5 Colt Circle Princeton Junction, NJ 08550	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 865.35	
C. Full Name, Mailing Address and ZIP Code Carol A. Wolfe 25 West 90th St. New York, NY 10024	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 300.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1761.52	
D. Full Name, Mailing Address and ZIP Code Steven R. Worley 575 Cardinal Ridge Road Burleson, TX 76028	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice-President Aggregate Year-to-Date >	$ 1251.38	
E. Full Name, Mailing Address and ZIP Code Miriam J. Zeldin 23 Solomon Drive Bridgewater, NJ 08807	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 1538.40	
F. Full Name, Mailing Address and ZIP Code George Christ 19 Hospitality Way Englishtown, NJ 07726	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1000.00	
G. Full Name, Mailing Address and ZIP Code Malcolm Deemer 3 Abbey Lane Ocean, NJ 07712	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1000.00	
SUBTOTAL of Receipts This Page (optional)			$1049.97
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 22 / OF 59 FOR LINE NUMBER 11ai

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

A. Full Name, Mailing Address and ZIP Code Robert Edwards 4199 Club Drive Atlanta, GA 30319	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 500.00	
B. Full Name, Mailing Address and ZIP Code Mitchell Elberg 13 Mills Road Suffern, NY 10901	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. General Counsel Aggregate Year-to-Date >	$ 300.00	
C. Full Name, Mailing Address and ZIP Code Michael Gerni 77 Clive Street Metuchen, NJ 08840	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 250.00	
D. Full Name, Mailing Address and ZIP Code Chenwan Hwang 57 Dean Road Weston, MA 02193	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 500.00	
E. Full Name, Mailing Address and ZIP Code Tara Innes 2 Stuyvesant Oval, Apt. 5F New York, NY 10009	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 1000.00	
F. Full Name, Mailing Address and ZIP Code Mira Ginetz-Bull 4 Peter Cooper Rd, Apt. 1B New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 500.00	
G. Full Name, Mailing Address and ZIP Code Keenan King 171 Marlborough St. Boston, MA 02116	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 5000.00	
SUBTOTAL of Receipts This Page (optional)			$0
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 23 / OF 59 FOR LINE NUMBER 11ai

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Kenneth Kollar 11644 Knox Overland Park, KS 66210	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 0 Lump Sum
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President	Aggregate Year-to-Date >	$ 300.00
B. Full Name, Mailing Address and ZIP Code Charles Moes, Jr. A. Ferreyra 3982 1.aLucila Buenos Aires, Argentina	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President	Aggregate Year-to-Date >	$ 100.00
C. Full Name, Mailing Address and ZIP Code William Skidmore 2845 Evergreen Way Cooper City, FL 33026	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President	Aggregate Year-to-Date >	$ 100.00
D. Full Name, Mailing Address and ZIP Code William Toppeta 370 First Ave., Apt. MC New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: President – Ind. Bus.	Aggregate Year-to-Date >	$ 3000.00
E. Full Name, Mailing Address and ZIP Code Michael Vietri 4143 Kingshill Cir. Naperville, IL 60564	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President	Aggregate Year-to-Date >	$ 2000.00
F. Full Name, Mailing Address and ZIP Code Michael Wilmer 49 Crest Drive Bernardsville, NJ 07924	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President	Aggregate Year-to-Date >	$ 1000.00
G. Full Name, Mailing Address and ZIP Code Robert Zilg 601 East 20th St., Apt. 11ET New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President	Aggregate Year-to-Date >	$ 250.00
SUBTOTAL of Receipts This Page (optional)			$0
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 24 / OF 59 FOR LINE NUMBER 11ai

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

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

A. Full Name, Mailing Address and ZIP Code Anthony Amodeo 122 Huntington Road Pt. Washington, NY 11050	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 150.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Sr. Actuary Aggregate Year-to-Date >	$ 798.44	
B. Full Name, Mailing Address and ZIP Code Lawrence Blakeman 23 Jeremy Drive New Fairfield, CT 06812	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 150.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 800.00	
C. Full Name, Mailing Address and ZIP Code Steven J. Brash 332 East 84th St. New York, NY 10028	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 231.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1171.10	
D. Full Name, Mailing Address and ZIP Code Nicholas L. Brocket 185 Sherwood Farm Road Fairfield, CT 06430	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 240.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Regional Vice President Aggregate Year-to-Date >	$ 1200.00	
E. Full Name, Mailing Address and ZIP Code Richard E. Calogero 1202 Scott Road Clarks Summit, PA 18411	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 66.63
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 463.16	
F. Full Name, Mailing Address and ZIP Code Katie Heather Carey 7308 Brookville Rd. Chevy Chase, MD 20815	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 658.44	
G. Full Name, Mailing Address and ZIP Code Richard S. Collins 72 West Brother Drive Greenwich, CT 06830	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 199.89
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Invest. Counsel Aggregate Year-to-Date >	$ 974.09	
SUBTOTAL of Receipts This Page (optional)			$1152.90
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 25 / OF 59 FOR LINE NUMBER 11ai

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

A. Full Name, Mailing Address and ZIP Code Lawrence S. Craven 425 Birchtree Lane Northvale, NJ 07647	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 60.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President	Aggregate Year-to-Date > $ 440.00	
B. Full Name, Mailing Address and ZIP Code Barbara M. Duffy 123a Laurena Lane Johnstown, PA 15904	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 110.55
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President	Aggregate Year-to-Date > $ 673.92	
C. Full Name, Mailing Address and ZIP Code Kenneth A. Eisenberg 6 Milton Court Princeton Jct., NJ 08550	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 150.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Associate Tax Counsel	Aggregate Year-to-Date > $ 757.00	
D. Full Name, Mailing Address and ZIP Code Frederick L. Feudt 23 Brett Road Carmel, NY 10512	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President	Aggregate Year-to-Date > $ 625.34	
E. Full Name, Mailing Address and ZIP Code Peter J. Flanagan 520 E. 20th Street, apt. 6H New York, NY 10009	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 60.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Associate Counsel	Aggregate Year-to-Date > $ 442.20	
F. Full Name, Mailing Address and ZIP Code William T. Friedewald 326 West 71st St. New York, NY 10023	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President	Aggregate Year-to-Date > $ 203.06	
G. Full Name, Mailing Address and ZIP Code Jose R. Gerstl-Garcia 46 Bruce Park Drive Greenwich, CT 06830	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President	Aggregate Year-to-Date > $ 1401.46	
SUBTOTAL of Receipts This Page (optional)			$784.68
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 59 FOR LINE NUMBER 11ai

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

A. Full Name, Mailing Address and ZIP Code Nancy J. Daley 72 Banksville Road Armonk, NY 10504	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 75.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 500.00	
B. Full Name, Mailing Address and ZIP Code Nancy J. Hammer 577 Daisy Nash Drive Lilburn, GA 30047	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 120.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. General Counsel Aggregate Year-to-Date >	$ 692.35	
C. Full Name, Mailing Address and ZIP Code Garry P. Hawxhurst 58 South Pomperaug Avenue Woodbury, CT 06798	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 961.50	
D. Full Name, Mailing Address and ZIP Code Donald J. Healy 115 Lawndale Avenue Elmhurst, IL 60126	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 90.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Associate General Counsel Aggregate Year-to-Date >	$ 530.72	
E. Full Name, Mailing Address and ZIP Code Robert M. Hersh 92 Club Drive Roslyn Heights, NY 11577	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 92.01
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Associate General Counsel Aggregate Year-to-Date >	$ 567.43	
F. Full Name, Mailing Address and ZIP Code Thomas G. Hogan 6 Dukoff Drive Hamilton Square, NJ 08690	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 120.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 653.80	
G. Full Name, Mailing Address and ZIP Code Lynn D. Hunt 71 Butler Pkwy. Summit, NJ 07901	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 60.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 440.00	
SUBTOTAL of Receipts This Page (optional)			$557.31
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 59 FOR LINE NUMBER 11ai

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

A. Full Name, Mailing Address and ZIP Code Dawn M. Hynes 29 Linwood Place Massapequa, NY 11762	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1153.80	
B. Full Name, Mailing Address and ZIP Code William D. Kerrigan 239 Kociemba Dr. River Vale, NJ 07675	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 64.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Sr. Actuary Aggregate Year-to-Date >	$ 469.76	
C. Full Name, Mailing Address and ZIP Code John R. Kershaw 68-12 Manse St. Forest Hills, NY 11375	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 150.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 753.77	
D. Full Name, Mailing Address and ZIP Code Deborah R. Krautheim #13 Elm Park Greenwich, CT 06831	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 112.50
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 900.00	
E. Full Name, Mailing Address and ZIP Code Michael J. Kreager 108 Pomeroy Road Madison, NJ 07940	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 150.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Managing Director Aggregate Year-to-Date >	$ 766.10	
F. Full Name, Mailing Address and ZIP Code James A. Kuehn 25 Mapes Avenue Nutley, NJ 07110	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 105.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 638.05	
G. Full Name, Mailing Address and ZIP Code Howard G. Kurpit 2 Peter Cooper Rd., Apt. 8H New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 150.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Sr. Actuary Aggregate Year-to-Date >	$ 800.00	
			$964.62
SUBTOTAL of Receipts This Page (optional)			$
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 28 / OF 59 FOR LINE NUMBER 11ai

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

A. Full Name, Mailing Address and ZIP Code Thomas P. Laine 233 Vincent Dr. East Meadow, NY 11554	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 645.57	
B. Full Name, Mailing Address and ZIP Code Robert M Lauper 482 Waubonsee Circle Oswego, IL 60543	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice-President Aggregate Year-to-Date >	$ 650.96	
C. Full Name, Mailing Address and ZIP Code Patricia A. McCreary 420 East 23rd St. New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 450.00	
D. Full Name, Mailing Address and ZIP Code Patrick L. McCusker 2021 Carolyn Road Aurora, IL 60506	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 84.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 558.76	
E. Full Name, Mailing Address and ZIP Code William H. Nugent 15 Arden Drive Hartsdale, NY 10530	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 55.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 406.12	
F. Full Name, Mailing Address and ZIP Code James R. Petrusini 23 Appletree Road Flemington, NJ 08822	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1076.88	
G. Full Name, Mailing Address and ZIP Code Juan F. Punchin P.O. Box 1544 New York, NY 10159	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 150.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 847.58	
SUBTOTAL of Receipts This Page (optional)			$750.90
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 29 / OF 59 FOR LINE NUMBER 11ai

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

A. Full Name, Mailing Address and ZIP Code Douglas A. Ryrvid 36 East Hurts Horn Drive Short Hills, NJ 07078	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 173.07
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 923.04	
B. Full Name, Mailing Address and ZIP Code Ann M. Reed 16 W. 16th St., Apt. 8nm New York, NY 10011	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1153.80	
C. Full Name, Mailing Address and ZIP Code Timothy J. Ring 66 Harvard Ave. Maplewood, NJ 07040	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 629.16	
D. Full Name, Mailing Address and ZIP Code John J. Ryan 74 Webb St. Edison , NJ 08820	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 120.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 867.66	
E. Full Name, Mailing Address and ZIP Code Mitchell E. Ryan 78 Brewers Lane Roslyn Heights, NY 11577	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 75.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 478.06	
F. Full Name, Mailing Address and ZIP Code George A. Savarese 4 Peter Cooper Road New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 150.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 800.00	
G. Full Name, Mailing Address and ZIP Code Cynthia W. Schmudeke 2419 Adams Drive Lisle, IL 60532	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 62.28
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 456.72	
SUBTOTAL of Receipts This Page (optional)			$926.49
TOTAL This Period (last page this line number only)			$

SCHEDULE A ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 30 / OF 59 FOR LINE NUMBER 11ai

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

A. Full Name, Mailing Address and ZIP Code Donn G. Sharer 20 Saddlebrook Road Robbinsville, NJ 08691	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1076.88	
B. Full Name, Mailing Address and ZIP Code Ira H. Shuman 435 Albemarle Road Cedarhurst, NY 11516	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 120.40
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Associate General Counsel Aggregate Year-to-Date >	$ 709.18	
C. Full Name, Mailing Address and ZIP Code Steven L. Smith 508 Saddlebred Lane Marietta, GA 30067	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1160.80	
D. Full Name, Mailing Address and ZIP Code Roger S. So 1 Magnolia Court Morris Township, NJ 07960	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 63.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 465.30	
E. Full Name, Mailing Address and ZIP Code Rose A. Swisher 1938 Choctaw Circle NW London, OH 43140	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 120.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 681.76	
F. Full Name, Mailing Address and ZIP Code Charles E. Symington 43 Pippins Way Morristown, NJ 07960	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 90.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Managing Director Aggregate Year-to-Date >	$ 530.71	
G. Full Name, Mailing Address and ZIP Code Howard Teich 8 Ethan Allen Court Orangeburg, NY 10962	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 109.47
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 639.22	
SUBTOTAL of Receipts This Page (optional)			$964.44
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 31 / OF 59 FOR LINE NUMBER 11ai

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

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

A. Full Name, Mailing Address and ZIP Code John P. Toohey 430 East 20th St. New York, NY 10009	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 108.18
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Director Aggregate Year-to-Date >	$ 625.04	
B. Full Name, Mailing Address and ZIP Code Victor W. Turner 50 Stone Creek Trail Alpharetta, GA 30004	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 60.90
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 446.60	
C. Full Name, Mailing Address and ZIP Code John H. Tweedie P.O. Box 21 Far Hills, NJ 07931	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 346.14
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Sr. Executive Vice President Aggregate Year-to-Date >	$ 1615.32	
D. Full Name, Mailing Address and ZIP Code Edward E. Veazey 5 Cartier Court East Greenwich, RI 02818	Name of Employer MetLife Auto & Home	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive – Strat Plan Aggregate Year-to-Date >	$ 1291.44	
E. Full Name, Mailing Address and ZIP Code Michael C. Walsh 60 Arrowhead Way Warwick, RI 02886	Name of Employer MetLife Auto & Home	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 231.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive – HO Direct Aggregate Year-to-Date >	$ 1155.00	
F. Full Name, Mailing Address and ZIP Code Richard T. Wang 6363 Christie Avenue Emeryville, CA 94608	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1442.25	
G. Full Name, Mailing Address and ZIP Code Lisa M. Weber 196 Anderson Avenue Closter, NJ 07624	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 346.14
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 1499.94	
SUBTOTAL of Receipts This Page (optional)			$1669.26
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 32 / OF 59 FOR LINE NUMBER 11ai

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

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

A. Full Name, Mailing Address and ZIP Code Mark A. Alexander 25 Rockledge Ave., PH 16 White Plains, NY 10601	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President	Aggregate Year-to-Date > $ 350.00	
B. Full Name, Mailing Address and ZIP Code James Dingler 47 Crescent Drive Convent Station, NJ 07960	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Director	Aggregate Year-to-Date > $ 1000.00	
C. Full Name, Mailing Address and ZIP Code Randal Haase 19 Davenport Drive Cranbury, NJ 08512	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President	Aggregate Year-to-Date > $ 50	
D. Full Name, Mailing Address and ZIP Code Barbara A. Hume 56 Peachtree Road Basking Ridge, NJ 07920	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President	Aggregate Year-to-Date > $ 1000.00	
E. Full Name, Mailing Address and ZIP Code Thomas Lenihan 81 Miller Road Morristown, NJ 07960	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Managing Director	Aggregate Year-to-Date > $ 1000.00	
F. Full Name, Mailing Address and ZIP Code Rosalie Mastropolo 196 Nannyhagen Road Thornwood, NY 10594	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President	Aggregate Year-to-Date > $ 250.00	
G. Full Name, Mailing Address and ZIP Code Malka Treuhaft 1821 East 26th Street Brooklyn, NY 11229	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President	Aggregate Year-to-Date > $ 180.00	
SUBTOTAL of Receipts This Page (optional)			$0
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 33 / OF 59 FOR LINE NUMBER 11ai

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

A. Full Name, Mailing Address and ZIP Code Christopher M. Abelt 200 East 84th St., Apt. 15G New York, NY 10028	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 923.04	
B. Full Name, Mailing Address and ZIP Code George Ball 50 Dale Drive Summit, NJ 07901	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 270.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1170.00	
C. Full Name, Mailing Address and ZIP Code William P. Bigelow 22 High Ridge Place Easton, CT 06612	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 75.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 433.85	
D. Full Name, Mailing Address and ZIP Code Russell P. Bosworth 330 East 38th St. New York, NY 10016	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 109.62
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 572.16	
E. Full Name, Mailing Address and ZIP Code Felipe Botero 39 Hampton Corner Road Ringoes, NJ 08551	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 117.27
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 557.74	
F. Full Name, Mailing Address and ZIP Code Sheldon Brooks 20 Boulderwood Dr. Livingston, NJ 07039	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 120.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 600.00	
G. Full Name, Mailing Address and ZIP Code Susan A. Buffum 4 Jackson Avenue Chatham, NJ 07928	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Managing Director Aggregate Year-to-Date >	$ 615.36	
SUBTOTAL of Receipts This Page (optional)			$1038.03
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 34 / OF 59 FOR LINE NUMBER 11ai

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Anthony R. Buonaguro 99 Lexington Court Holmdel, NJ 07733	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 75.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President		
	Aggregate Year-to-Date >	$ 460.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Ramon Castroverde 274 First Ave., Apt. 6D New York, NY 10009	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 180.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary		
	Aggregate Year-to-Date >	$ 780.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Kevin R. Cavanagh 12 Holly Court Blauvelt, NY 10913	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 132.69
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President		
	Aggregate Year-to-Date >	$ 657.68	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Christopher Cawley 20 Spencer's Grant Drive East Greenwich, RI 02818	MetLife Auto & Home	10/99 Monthly Payroll Deductions	$ 120.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive – Claims		
	Aggregate Year-to-Date >	$ 600.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Thomas L. Coakley 3200 Palisades Ct. Marietta, GA 30067	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President		
	Aggregate Year-to-Date >	$ 576.90	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Sharon R. Centrello 7771 S. Memorial Dr. Tulsa, OK 74133	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President		
	Aggregate Year-to-Date >	$ 576.90	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Joseph D. Cook 20 Tremblant Court Lutherville, MD 21093	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 59.71
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President		
	Aggregate Year-to-Date >	$ 386.70	
SUBTOTAL of Receipts This Page (optional)			$298.16
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 35 / OF 59 FOR LINE NUMBER 11ai

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

A. Full Name, Mailing Address and ZIP Code James W. Cush 18 Woodland Rd. Pittstown, NJ 08867	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President	Aggregate Year-to-Date > $ 999.96	
B. Full Name, Mailing Address and ZIP Code David E. Deceilles 47 Garden Grove Rd. Manchester, CT 06040	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President	Aggregate Year-to-Date > $ 576.90	
C. Full Name, Mailing Address and ZIP Code Frank A. Devito 25 Cushing Drive Danbury, CT 06811	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 240.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President	Aggregate Year-to-Date > $ 960.00	
D. Full Name, Mailing Address and ZIP Code J. Edmond Diver 489 Thayer Pond Road Wilton, CT 06897	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 53.37
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Director	Aggregate Year-to-Date > $ 391.38	
E. Full Name, Mailing Address and ZIP Code Elizabeth A. Geddes 32 Dogwood Lane Loudonville, NY 12211	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President	Aggregate Year-to-Date > $ 611.90	
F. Full Name, Mailing Address and ZIP Code Jonathan S. Gilman 370 First Avenue New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 54.24
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Dir. Leasing Reg. Compliance	Aggregate Year-to-Date > $ 397.76	
G. Full Name, Mailing Address and ZIP Code Donald J. Hartman 420 East 23rd St. New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 291.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Assoc. Gen. Counsel	Aggregate Year-to-Date > $ 1164.00	
SUBTOTAL of Receipts This Page (optional)			$1160.13
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 36 / OF 59 FOR LINE NUMBER 11ai

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Charles G. Hertz 173 Weed Avenue Stamford, CT 06902	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 34.62
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Chief Medical Aggregate Year-to-Date >	$ 363.51	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Justin N. Homburg 3481 W. Bradford Dr. Bloomfield, MI 48301	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 116.82
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 610.09	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Lorraine I. Knapp 288 Wales Ave. River Edge, NJ 07661	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 75.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 460.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
James M. Lanaghan 315 Turtle Avenue Spring Lake, NJ 07762	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 291.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assoc. General Counsel Aggregate Year-to-Date >	$ 1233.20	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Mark D. Lanergan 234 Bungalow Terr. Millington, NJ 07946	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 150.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 733.07	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Joel M. Marlin 16204 Villarreal De Avila Tampa, FL 33613	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 52.50
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 385.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Clifford E. Marston 9459 Thornlake Drive Brentwood, TN 37027	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 576.90	
SUBTOTAL of Receipts This Page (optional)			$835.32
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 37 / OF 59 FOR LINE NUMBER 11ai

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

A. Full Name, Mailing Address and ZIP Code James A. McDermott 1764 Ashbourne Dr. Yardley, PA 19067	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 50.49
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Regional Vice President Aggregate Year-to-Date >	$ 370.26	
B. Full Name, Mailing Address and ZIP Code Richard J. Mellon 14 Barnsdale Road Madison, NJ 07940	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 225.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 975.00	
C. Full Name, Mailing Address and ZIP Code Paul H. Michael 5900 Edgewood Dr. McKinney, TX 75070	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 120.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Regional Vice President Aggregate Year-to-Date >	$ 520.00	
D. Full Name, Mailing Address and ZIP Code Maria R. Morris 726 Standish Avenue Westfield, NJ 07090	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 999.96	
E. Full Name, Mailing Address and ZIP Code Daniel A. O'Neill 4429 W. 130th St. Leawood, KS 66209	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 593.00	
F. Full Name, Mailing Address and ZIP Code Thomas W. Parente 4 Terrill Dr. Califon, NJ 07830	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 90.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 540.00	
G. Full Name, Mailing Address and ZIP Code Elliot Reiter 9 Third Place Old Bridge, NJ 08857	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 50.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 362.23	
SUBTOTAL of Receipts This Page (optional)			$882.39
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 38 / OF 59 FOR LINE NUMBER 11ai

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Jonathan L. Rosenthal 210 Woods End Drive Basking Ridge, NJ 07920	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 147.12
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Managing Director	Aggregate Year-to-Date > $ 692.30	
B. Full Name, Mailing Address and ZIP Code Joyce M. Ruddock 4 Split Rock Road Newtown, CT 06470	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President	Aggregate Year-to-Date > $ 615.36	
C. Full Name, Mailing Address and ZIP Code Michael H. Schwartz 36 Yarmouth Drive New Providence, NJ 07974	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 90.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President	Aggregate Year-to-Date > $ 480.00	
D. Full Name, Mailing Address and ZIP Code Harriette Silverberg 322 West 72nd St. New York, NY 10023	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President	Aggregate Year-to-Date > $ 576.82	
E. Full Name, Mailing Address and ZIP Code Stephen G. Singer 30370 Tanglewood Farmington Hills, MI 48331	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 138.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary	Aggregate Year-to-Date > $ 692.25	
F. Full Name, Mailing Address and ZIP Code James G. Sinif 80 Cherry Lane Basking Ridge, NJ 07920	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President	Aggregate Year-to-Date > $ 350.00	
G. Full Name, Mailing Address and ZIP Code Donald P. Smith 33 Stony Brook Road Montville, NJ 07045	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President	Aggregate Year-to-Date > $ 999.96	
SUBTOTAL of Receipts This Page (optional)			$837.09
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 39 / OF 59 FOR LINE NUMBER 11ai

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
J. Gilbert Stallings 344 Prospect Ave., Apt. 8A Hackensack, NJ 07601	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 120.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President	Aggregate Year-to-Date >	$ 600.00

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Eric T. Steigerwalt 31 Vincent St. Chatham, NJ 07928	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President	Aggregate Year-to-Date >	$ 999.96

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Wilhelmenia J. Taylor 505 Quincy St. Brooklyn, NY 11221	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 105.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President	Aggregate Year-to-Date >	$ 525.00

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Brian K. Walters 46 Peter Street Holliston, MA 01746	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President	Aggregate Year-to-Date >	$ 923.04

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Selina Wang 54 Walworth Ave. Scarsdale, NY 10583	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President & Actuary	Aggregate Year-to-Date >	$ 576.90

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	10/99 Monthly Payroll Deductions	$ 51.93
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President	Aggregate Year-to-Date >	$ 380.82

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Robert Zanolni 2917 Garber Pl. Bronx, NY 10465	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 120.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President	Aggregate Year-to-Date >	$ 635.00

SUBTOTAL of Receipts This Page (optional)	973.83
TOTAL This Period (last page this line number only)	$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 40 / OF 59 FOR LINE NUMBER 11ai

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

A. Full Name, Mailing Address and ZIP Code Alan Mendell 830 Rathbun Ave. Staten Island, NY 10309	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President		
	Aggregate Year-to-Date >	$ 250.00	
B. Full Name, Mailing Address and ZIP Code William Lafferty 14391 Club Circle Alpharetta, GA 30004	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President		
	Aggregate Year-to-Date >	$ 200.00	
C. Full Name, Mailing Address and ZIP Code Mark Alpert 10 Highland Ridge Road Manalapan, NJ 07726	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 41.34
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. General Counsel		
	Aggregate Year-to-Date >	$ 303.16	
D. Full Name, Mailing Address and ZIP Code Virgelan E. Aquino 100 Manhattan Ave. Union City, NJ 07087	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President		
	Aggregate Year-to-Date >	$ 499.98	
E. Full Name, Mailing Address and ZIP Code Theddeus O. Burr 450 E. 20th St., Apt. 4C New York, NY 10009	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 40.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President		
	Aggregate Year-to-Date >	$ 296.12	
F. Full Name, Mailing Address and ZIP Code Patricia T. Causey 9 Cleveland Road Summit, NJ 07901	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 120.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President		
	Aggregate Year-to-Date >	$ 560.00	
G. Full Name, Mailing Address and ZIP Code William B. Danner 94 Mercer St. New York, NY 10012	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 46.14
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President		
	Aggregate Year-to-Date >	$ 338.36	
SUBTOTAL of Receipts This Page (optional)			$363.24
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 41 / OF 59 FOR LINE NUMBER 11ai

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

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

A. Full Name, Mailing Address and ZIP Code Wendell F. Dickerson 8 Mc Queen St. Katonah, NY 10536	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 538.44	
B. Full Name, Mailing Address and ZIP Code Francis M. Dannatuono 7 St. Ann's Terrace London, Nw8 6pg	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 60.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Managing Director Aggregate Year-to-Date >	$ 348.44	
C. Full Name, Mailing Address and ZIP Code Susan M. Ende 107 Riviera Drive South Massapequa, NY 11758	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 45.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 310.00	
D. Full Name, Mailing Address and ZIP Code David J. Fier 49-28 Annandale Lane Little Neck, NY 11363	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 320.70	
E. Full Name, Mailing Address and ZIP Code George Foulke 11 Fieldstone Court East Hanover, NJ 07936	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 150.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 600.00	
F. Full Name, Mailing Address and ZIP Code James A. Grancse 2521 Watrous Ave. Tampa , Fl. 33629	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 499.98	
G. Full Name, Mailing Address and ZIP Code Nancy J. Hamburg Bodeer 20 Redwood Dr. Plainview, NY 11803	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 72.12
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. General Counsel Aggregate Year-to-Date >	$ 409.57	
SUBTOTAL of Receipts This Page (optional)			$557.88
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 42 / OF 59 FOR LINE NUMBER 11ai

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

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

A. Full Name, Mailing Address and ZIP Code Lynn C. Jones 1719 Harris Lane Naperville, IL 60565	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 538.44	
B. Full Name, Mailing Address and ZIP Code John T. Jordano 37 St. Nicholas Way Basking Ridge, NJ 07920	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 846.12	
C. Full Name, Mailing Address and ZIP Code James D. Kennedy 511 Beesh St. New Hyde Park, NY 11040	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 769.20	
D. Full Name, Mailing Address and ZIP Code Philip J. Lehpamer 1681 11th Ave. Brooklyn, NY 11218	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 45.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 320.72	
E. Full Name, Mailing Address and ZIP Code Louis Linder 21 Pine Road Briarcliff Manor, NY 10510	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 499.98	
F. Full Name, Mailing Address and ZIP Code Christine Mulligan 3631 Everett St., NW Washington, DC 20008	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 538.44	
G. Full Name, Mailing Address and ZIP Code Joseph L. Massimo 4610 Juniper Dr. Palm Harbor, FL 34685	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 45.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 330.00	
SUBTOTAL of Receipts This Page (optional)			3897.66
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 43 / OF 59 FOR LINE NUMBER 11ai

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Linda A. Mattos-Lind 15806 Muirfield Drive Odessa, FL 33556	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 60.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President		
	Aggregate Year-to-Date >	$ 380.00	
B. Full Name, Mailing Address and ZIP Code James E McIntosh 12608 E. 37th St. Independence, MO 64055	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 120.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive – PCS West		
	Aggregate Year-to-Date >	$ 560.00	
C. Full Name, Mailing Address and ZIP Code Robert R. Merck 9410 Nesbit Lakes Drive Alpharetta , GA 30022	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 60.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President		
	Aggregate Year-to-Date >	$ 364.61	
D. Full Name, Mailing Address and ZIP Code Jerry D. Michel 5454 N. Fresno #201 Fresno, CA 93710	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 49.05
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Manager		
	Aggregate Year-to-Date >	$ 339.68	
E. Full Name, Mailing Address and ZIP Code Robert W. Morgan 15 Parrott St. Cold Spring, NY 10516	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 150.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President		
	Aggregate Year-to-Date >	$ 555.32	
F. Full Name, Mailing Address and ZIP Code Anne T. Mosley 109 Brookline Ct. Franklin, TN 37069	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President		
	Aggregate Year-to-Date >	$ 538.44	
G. Full Name, Mailing Address and ZIP Code Jeffrey H. Norris 110 Highfield Road Wilton , CT 06897	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 60.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President		
	Aggregate Year-to-Date >	$ 348.44	
SUBTOTAL of Receipts This Page (optional)			$614.43
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 44 / OF 59 FOR LINE NUMBER 11ai

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

A. Full Name, Mailing Address and ZIP Code Joseph P. O'Brien 41 Winding Road Rockville Centre, NY 11570	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 42.69
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 310.79	
B. Full Name, Mailing Address and ZIP Code Theresa G. Rice-Robinson 14 Waterman Farm Road Cumberland, RI 02864	Name of Employer MetLife Auto & Home	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 500.04	
C. Full Name, Mailing Address and ZIP Code Anthony L. Rogers 1005 Wilde Ruin Court Roswell, GA 30075	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 26.92
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Regional Vice President Aggregate Year-to-Date >	$ 282.68	
D. Full Name, Mailing Address and ZIP Code Michael A. Schlegel 6108 Abbotsford Drive Dublin, OH 43017	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Regional Vice President Aggregate Year-to-Date >	$ 499.98	
E. Full Name, Mailing Address and ZIP Code Marc B. Sternberger 49 Forest Way Clifton , NJ 07013	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 499.98	
F. Full Name, Mailing Address and ZIP Code William G. Takacs 68 Eyre Court London, Nw8 9tu	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 40.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Director Aggregate Year-to-Date >	$ 296.12	
G. Full Name, Mailing Address and ZIP Code Michael F. Tietz 10 Wood Place New Rochelle, NY 10801	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 499.98	
SUBTOTAL of Receipts This Page (optional)			$571.51
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 45 / OF 59 FOR LINE NUMBER 11ai

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

A. Full Name, Mailing Address and ZIP Code Ralph A. Vasquez 57 Leo Ave., R D #1 Stanhope, NJ 07874	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 46.14
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 338.36	
B. Full Name, Mailing Address and ZIP Code Sharon E. Waters 9 Tennyson Dr. Plainsboro, NJ 08536	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 117.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 546.00	
C. Full Name, Mailing Address and ZIP Code Jane C. Weinberg 6 Marigold Court Princeton, NJ 08540	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 60.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Associate General Counsel Aggregate Year-to-Date >	$ 350.00	
D. Full Name, Mailing Address and ZIP Code Robert A. Zuccher 103 Central Avenue East Morris Plains, NJ 07950	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 40.95
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Contract Analyst Team Leader Aggregate Year-to-Date >	$ 297.78	
E. Full Name, Mailing Address and ZIP Code Janalee Reineke Lyth 875 Market Way Clarkston, GA 30021	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Business Procedure Consultant Aggregate Year-to-Date >	$ 12.00	
F. Full Name, Mailing Address and ZIP Code Robert G. Dressner One Madison Avenue New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Associate General Counsel Aggregate Year-to-Date >	$ 100.00	
G. Full Name, Mailing Address and ZIP Code Robert J. Rogers 440 East 23rd St., Apt. 8C New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 Lump Sum
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Nat'l. Sales Director Aggregate Year-to-Date >	$ 200.00	
SUBTOTAL of Receipts This Page (optional)			$264.09
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 46 / OF 59 FOR LINE NUMBER 11ai

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Robert W. Trost 6 Edgewood Drive Auburn, IL 62615	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 0 Lump Sum
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Agricultural Inv. Consultant	Aggregate Year-to-Date >	$ 40.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
James R. Ancharski 607 Raymond St. Westfield, NJ 07090	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 60.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President	Aggregate Year-to-Date >	$ 347.66
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Frank Cassandra 16 Ferndale Court Staten Island, NY 10314	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President and Actuary	Aggregate Year-to-Date >	$ 692.28
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Michael K. Cassavoux 127 Hardscrabble Rd. Bernardsville, NJ 07924	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Director– Public Markets	Aggregate Year-to-Date >	$ 423.06
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Tai C. Chung 510 E. 23rd St. #5B New York, NY 10010	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 85.95
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President	Aggregate Year-to-Date >	$ 372.45
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Stephen D. Clark 411 Pembrooke Circle Alpharetta, GA 30004	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President	Aggregate Year-to-Date >	$ 461.52
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Christopher M. Clarke 81-31 Haskin St. Jamaica Estates, NY 11432	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 37.50
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President	Aggregate Year-to-Date >	$ 274.04
SUBTOTAL of Receipts This Page (optional)			$644.97
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 47 / OF 59 FOR LINE NUMBER 11ai

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

A. Full Name, Mailing Address and ZIP Code William M. Coggan 504 Hunters Creek Court Allen, TX 75013	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive— IA UW Aggregate Year-to-Date >	$ 461.52	
B. Full Name, Mailing Address and ZIP Code Martin Deede 45 Smallpox Trail West Kingston, RI 02892	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 75.57
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive— Pricing Aggregate Year-to-Date >	$ 371.14	
C. Full Name, Mailing Address and ZIP Code James P. Denman 4492 Balmoral Rd. Kennesaw, GA 30144	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 36.78
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant Vice President Aggregate Year-to-Date >	$ 269.72	
D. Full Name, Mailing Address and ZIP Code Edward A. Dietrich 14 Roden Way Chester, NJ 07624	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 60.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 316.10	
E. Full Name, Mailing Address and ZIP Code Joseph Giasi 10 Cromwell Drive Morristown, NJ 07960	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 72.12
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant Vice President Aggregate Year-to-Date >	$ 326.96	
F. Full Name, Mailing Address and ZIP Code Mark Inhaber 86 19 Palo Alto St. Hollliswood, NY 11423	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 36.06
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant Vice President Aggregate Year-to-Date >	$ 264.44	
G. Full Name, Mailing Address and ZIP Code David F. Johnston 6 Heritage Drive East Greenwich, RI 02818	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 36.06
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive – PCS East Aggregate Year-to-Date >	$ 264.44	
SUBTOTAL of Receipts This Page (optional)			$431.97
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 48 / OF 59 FOR LINE NUMBER 11ai

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

A. Full Name, Mailing Address and ZIP Code George J. Kalb 44 Shawnee Path Millington, NJ 07946	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 41.82
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 283.04	
B. Full Name, Mailing Address and ZIP Code Miriam Krol 235 E. 87th St., Apt. 2E New York, NY 10128	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 38.94
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 285.56	
C. Full Name, Mailing Address and ZIP Code Max B. Kunin 25 Glengary Rd. Croton-on-Hudson, NY 10520	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 36.75
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Counsel Aggregate Year-to-Date >	$ 269.50	
D. Full Name, Mailing Address and ZIP Code Karen L. Lundberg 54 Trellis Drive West Warwick, RI 02893	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 60.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive – UW Aggregate Year-to-Date >	$ 307.00	
E. Full Name, Mailing Address and ZIP Code Raymond T. Mak 28 Oak Lane Roslyn Hts., NY 11577	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant General Counsel Aggregate Year-to-Date >	$ 423.06	
F. Full Name, Mailing Address and ZIP Code Allan M. Marcus 70 Debora Drive Plainview, NY 11803	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant General Counsel Aggregate Year-to-Date >	$ 461.52	
G. Full Name, Mailing Address and ZIP Code Joseph M. Mruszek 4 Peter Cooper Rd. New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 60.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant Vice President Aggregate Year-to-Date >	$ 316.10	
			$408.27
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 49 / OF 59 FOR LINE NUMBER 11ai

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

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

A. Full Name, Mailing Address and ZIP Code Patricia M. Nemeth 541 E. 20th St. New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant Vice President Aggregate Year-to-Date >	$ 461.52	
B. Full Name, Mailing Address and ZIP Code Anthony J. Nugent 2515 Brickfield Court Thousand Oaks, CA 91360	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 75.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Regional Vice President Aggregate Year-to-Date >	$ 375.00	
C. Full Name, Mailing Address and ZIP Code James E. Quintin 26512 Emerald Dove Dr. Valencia, CA 91355	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Regional Vice President Aggregate Year-to-Date >	$ 692.28	
D. Full Name, Mailing Address and ZIP Code Peter J. Renna 1300 Hickory Drive Basking Ridge, NJ 07920	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 39.24
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 278.22	
E. Full Name, Mailing Address and ZIP Code John J. Riley 19 Murray Drive Neshanic Station, NJ 08853	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 39.96
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 290.91	
F. Full Name, Mailing Address and ZIP Code Michael F. Rogalski 19 Southhall Court Wayne, NJ 07470	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 43.26
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: VP & Actuary – SBRAct&Fin Aggregate Year-to-Date >	$ 291.65	
G. Full Name, Mailing Address and ZIP Code Dinn P. Ramsey 52 Briarwood Drive East Berkeley Heights, NJ 07922	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant Vice President Aggregate Year-to-Date >	$ 461.52	
SUBTOTAL of Receipts This Page (optional)			$658.98
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 50 / OF 59 FOR LINE NUMBER 11ai

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Kathleen J. Schoos 54 Tryamore St. Cranston, RI 02920	Metropolitan Life Insurance Company	10/99 Monthly Payroll Deductions	$ 60.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant Vice President	Aggregate Year-to-Date > $ 333.80	
B. Full Name, Mailing Address and ZIP Code Steven P. Seltzer 3 Nancy Court Manhasset, NY 11030	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 60.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant General Counsel	Aggregate Year-to-Date > $ 320.00	
C. Full Name, Mailing Address and ZIP Code Diana M. Szuszhak 1 Ridge Drive East Berkeley Heights, NJ 07922	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 37.80
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant General Counsel	Aggregate Year-to-Date > $ 277.20	
D. Full Name, Mailing Address and ZIP Code Randall A. Strum 117 Chatham St. Chatham, NY 07928	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 40.68
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President	Aggregate Year-to-Date > $ 283.64	
E. Full Name, Mailing Address and ZIP Code Robert C. Tarnok 70-34 71 Place Glendale, NY 11385	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 40.11
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President	Aggregate Year-to-Date > $ 286.60	
F. Full Name, Mailing Address and ZIP Code Andrew S. Vursky 111 Sherwood Road Ridgewood, NJ 07450	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 38.79
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant Tax Counsel	Aggregate Year-to-Date > $ 269.07	
G. Full Name, Mailing Address and ZIP Code Gregory J. Yodet 334 Madison Avenue Convent Station, NJ 07961	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 75.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Managing Director	Aggregate Year-to-Date > $ 350.00	
SUBTOTAL of Receipts This Page (optional)			$352.08
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 51 / OF 59 FOR LINE NUMBER 11ai

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

A. Full Name, Mailing Address and ZIP Code Michael P. Harwood 50 Crescent Pl. Short Hills, NJ 07078	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 60.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 320.00	
B. Full Name, Mailing Address and ZIP Code Alexander H. Alperin 305 Woodbridge Way Simpsonville, SC 29681	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 66.36
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 276.52	
C. Full Name, Mailing Address and ZIP Code Robert R. Baldwin 14 Roosevelt Road Maplewood, NJ 07040	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 34.59
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Associate Tax Counsel Aggregate Year-to-Date >	$ 253.66	
D. Full Name, Mailing Address and ZIP Code William F. Bixler 15 Tamarshrook Road Chester, NJ 07930	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 33.75
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Director Aggregate Year-to-Date >	$ 247.50	
E. Full Name, Mailing Address and ZIP Code Johnny D. Campbell 28 Hillview Ave. Miamisburg, OH 45342	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 35.88
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Operations Mgr. Reg Facil. Aggregate Year-to-Date >	$ 256.36	
F. Full Name, Mailing Address and ZIP Code Nancy J. Campbell 46-11 193rd St. Flushing, NY 11358	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 34.59
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Director – Sales Aggregate Year-to-Date >	$ 253.66	
G. Full Name, Mailing Address and ZIP Code John F. Chatfield 457 Shelbourne Terrace Ridgewood, NJ 07450	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 34.59
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 253.66	
SUBTOTAL of Receipts This Page (optional)			$299.76
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 52 / OF 59 FOR LINE NUMBER 11ai

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

A. Full Name, Mailing Address and ZIP Code Sharon Cockey 127 Undercliff Road Montclair, NJ 07042	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 34.59
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Gov't Relations Counsel Aggregate Year-to-Date >	$ 253.66	
B. Full Name, Mailing Address and ZIP Code Donald A. Davis 6 Harriett Lane Wesley Hills, NY 10977	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 346.14	
C. Full Name, Mailing Address and ZIP Code Donald E. Devine 274 Dover Circle Inverness, IL 60067	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 120.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 360.00	
D. Full Name, Mailing Address and ZIP Code Jay S. Dworkin 42 Snowdrop Drive New City, NY 10956	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 34.59
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 253.66	
E. Full Name, Mailing Address and ZIP Code Kimberly A. Fabian 536 Harlowe Lane Naperville, IL 60565	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 60.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 300.00	
F. Full Name, Mailing Address and ZIP Code Robert J. Fratangelo 7 Burr Farms Road Westport, CT 06880	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 105.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 350.00	
G. Full Name, Mailing Address and ZIP Code Barbara A. Glanstein 16 Forest Drive Morris Twp., NJ 07960	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 384.60	
SUBTOTAL of Receipts This Page (optional)			$584.94
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 55 / OF 59 FOR LINE NUMBER 11ai

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

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

A. Full Name, Mailing Address and ZIP Code Avi Grossman 77-25 167th St. Flushing, NY 11366	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 45.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 253.80	
B. Full Name, Mailing Address and ZIP Code Sarah A. Kelly 11 Beechwood Lane Westport, CT 06880	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 34.59
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 253.66	
C. Full Name, Mailing Address and ZIP Code Robert J. Levin 164 South Highwood Avenue Glen Rock, NJ 07452	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 75.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 325.00	
D. Full Name, Mailing Address and ZIP Code Robert F. Lundgren 77 Holly Hill Lane Saunderstown, RI 02874	Name of Employer MetLife Auto & Home	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 60.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive – Spec Mkts. Aggregate Year-to-Date >	$ 300.00	
E. Full Name, Mailing Address and ZIP Code Thomas R. Lunsburg 20 Bordeaux Court Danville, CA 94506	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 75.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. General Counsel Aggregate Year-to-Date >	$ 300.00	
F. Full Name, Mailing Address and ZIP Code Joanne M. Lyons 59 Elm Place New Canaan, CT 06840	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 114.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 342.00	
G. Full Name, Mailing Address and ZIP Code Paul J. McNulty 405 Brookview Lane Clarks Summit, PA 18411	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 60.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 280.00	
SUBTOTAL of Receipts This Page (optional)			$463.59
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 54 / OF 59 FOR LINE NUMBER 11ai

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

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

A. Full Name, Mailing Address and ZIP Code Sandra A. Metzer 1711 Springwater Ln. Highlands Ranch, CO 80126	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 32.97
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Director-Administration	Aggregate Year-to-Date > $ 235.48	
B. Full Name, Mailing Address and ZIP Code Kevin S. Radgate One Wyndmoor Drive Convent Station, NJ 07961	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 45.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President	Aggregate Year-to-Date > $ 270.00	
C. Full Name, Mailing Address and ZIP Code Craig Samples 4 Clenview Drive Long Valley, NJ 07853	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President	Aggregate Year-to-Date > $ 346.14	
D. Full Name, Mailing Address and ZIP Code Kevin M Thorwarth 5105 Kenwood Court Palm Harbor, FL 34685	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 31.74
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President	Aggregate Year-to-Date > $ 232.76	
E. Full Name, Mailing Address and ZIP Code Mary J. Vollkommer 2985 Kaspke Rd. Northbrook, IL 60062	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 75.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary	Aggregate Year-to-Date > $ 319.24	
F. Full Name, Mailing Address and ZIP Code James A. Wivlott 49 Alexandria Road Morris Townships, NJ 07960	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 34.59
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Director	Aggregate Year-to-Date > $ 253.66	
G. Full Name, Mailing Address and ZIP Code Michael J. Young 5150 Route 34 Oswego, IL 60543	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 116.82
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President	Aggregate Year-to-Date > $ 389.40	
SUBTOTAL of Receipts This Page (optional)			$451.50
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 55 / OF 59 FOR LINE NUMBER 11ai

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

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

A. Full Name, Mailing Address and ZIP Code Charles J. Aaron 5 Western Drive Colts Neck, NJ 07722	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 27.69
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 203.06	
B. Full Name, Mailing Address and ZIP Code Stuart L. Ashton 24 Meadowbrook Rd. Short Hills, NJ 07078	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 75.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Director Aggregate Year-to-Date >	$ 250.00	
C. Full Name, Mailing Address and ZIP Code John K. Bruins 23 Melissa Drive North Haledon, NJ 07508	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 60.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 240.00	
D. Full Name, Mailing Address and ZIP Code Susan Schmidt Buraiolo 8 Bay Ave. Larchmont, NY 10538	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 307.68	
E. Full Name, Mailing Address and ZIP Code Edward Cavanagh 65 Durham Rd. Bronxville, NY 10708	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 30.69
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Contract Designer Aggregate Year-to-Date >	$ 222.96	
F. Full Name, Mailing Address and ZIP Code Lucia A. Chez 105 Linda Lane Edison, NJ 08820	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 27.69
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Staff Director Aggregate Year-to-Date >	$ 203.06	
G. Full Name, Mailing Address and ZIP Code James B. Digney 20 Poplar Plain Road Westport, CT 06880	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 27.69
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 203.06	
SUBTOTAL of Receipts This Page (optional)			$364.14
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 56 / OF 59 FOR LINE NUMBER 11ai

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

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

A. Full Name, Mailing Address and ZIP Code Anthony C. Ginetto 138 Eylandt St. Staten Island, NY 10312	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 75.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Associate General Counsel Aggregate Year-to-Date >	$ 225.00	
B. Full Name, Mailing Address and ZIP Code Barry E. Glasgow 159-34 Riverside Drive W New York, NY 10032	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 28.47
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Information Systems Specialist Aggregate Year-to-Date >	$ 206.53	
C. Full Name, Mailing Address and ZIP Code Lon C. Haines 146 Borton Landing Road Moorestown, NJ 08057	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 27.69
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 203.06	
D. Full Name, Mailing Address and ZIP Code Samuel A. Hoffman 30 West 63rd St. New York, NY 10023	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 42.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 224.00	
E. Full Name, Mailing Address and ZIP Code David L. Holton 178 Glenarden Drive Fairfield , CT 06430	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 31.14
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Managing Consultant Aggregate Year-to-Date >	$ 228.36	
F. Full Name, Mailing Address and ZIP Code John E. Jensen 9506 West 104 Terrace Overland Park, KS 66212	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 33.52
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Counsel Aggregate Year-to-Date >	$ 229.87	
G. Full Name, Mailing Address and ZIP Code Ann L. Kallus 147-12 70 Road Flushing, NY 11367	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 36.36
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 218.68	
SUBTOTAL of Receipts This Page (optional)			$273.18
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 57 / OF 59 FOR LINE NUMBER 11ai

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

A. Full Name, Mailing Address and ZIP Code Lowell H. Lamb 1075 Park Avenue New York, NY 10128	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 27.69
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President & Actuary Aggregate Year-to-Date >	$ 203.06	
B. Full Name, Mailing Address and ZIP Code James N. Latshaw 123 Jersey Road Greenville, SC 29609	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 27.69
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Director Aggregate Year-to-Date >	$ 203.06	
C. Full Name, Mailing Address and ZIP Code Alan E. Lazaresco 3 Peter Cooper Road, Apt. 2B New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 27.69
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Assoc. Gen. Counsel Aggregate Year-to-Date >	$ 203.06	
D. Full Name, Mailing Address and ZIP Code Hugh G. McCrory 200 Somerset Avenue Fairfield, CT 06430	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 45.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. General Counsel Aggregate Year-to-Date >	$ 225.00	
E. Full Name, Mailing Address and ZIP Code Arlette M. Mooney 5 Virginia Street Valley Cottage, NY 10989	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 30.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Director Aggregate Year-to-Date >	$ 216.70	
F. Full Name, Mailing Address and ZIP Code Dale F. Muntz 112 Creekside Road Greer, SC 29650	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 27.69
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Director Aggregate Year-to-Date >	$ 203.06	
G. Full Name, Mailing Address and ZIP Code Jan F. Novak 763 Comanche Ln. Franklin Lakes, NJ 07417	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 30.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 220.00	
SUBTOTAL of Receipts This Page (optional)			$216.21
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 58 / OF 59 FOR LINE NUMBER 11ai

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

A. Full Name, Mailing Address and ZIP Code Francisco A. Ortiz 141 Lakeview Ave. Hartsdale, NY 10530	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 27.69
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 203.06	
B. Full Name, Mailing Address and ZIP Code Amy K. Posner 518 East Walnut Long Beach, NY 11561	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 43.26
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Associate General Counsel Aggregate Year-to-Date >	$ 226.42	
C. Full Name, Mailing Address and ZIP Code Edmund G. Rakowski 78 Oak Ridge Lane Albertson, NY 11507	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 45.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 241.10	
D. Full Name, Mailing Address and ZIP Code Robert T. Riggin 25 Limberger Drive Bridgewater , NJ 08807	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 46.14
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 229.26	
E. Full Name, Mailing Address and ZIP Code Peter D. Taylor 16204 Hoylake Drive Odessa, FL 33556	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 27.69
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Manager Aggregate Year-to-Date >	$ 203.06	
F. Full Name, Mailing Address and ZIP Code Michael J. Viggiano 1613 Fairfield Road Yardley, PA 19067	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 60.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 260.00	
G. Full Name, Mailing Address and ZIP Code John K. Wood 37 Crescent Road Madison, NJ 07940	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 60.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Director Aggregate Year-to-Date >	$ 220.00	
SUBTOTAL of Receipts This Page (optional)			$309.78
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 59 / OF 59 FOR LINE NUMBER 11ai

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

A. Full Name, Mailing Address and ZIP Code John J. Welch 5312 Ambrose Court Tampa, FL 33647	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 27.69
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Director Aggregate Year-to-Date >	$ 203.06	
B. Full Name, Mailing Address and ZIP Code Mark H. Wilsmann 460 Guildhall Grove Alpharetta, GA 30022	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $ 57.69
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 249.99	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Aggregate Year-to-Date >	$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Aggregate Year-to-Date >	$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Aggregate Year-to-Date >	$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Aggregate Year-to-Date >	$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) 10/99 Monthly Payroll Deductions	Amount of each Receipt this period $
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Aggregate Year-to-Date >	$	
SUBTOTAL of Receipts This Page (optional)			$85.38
TOTAL This Period (last page this line number only)			$ 54161.63

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 / 5
	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 Majority Leader's Fund Attn: Pat Shortidge 209 Pennsylvania Avenue, SE Washington, DC 20003	Purpose of Disbursement Disbursement For ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/13/99	Amount of each Disbursement This Period $ 2,500.00
B. Full Name, Mailing Address and ZIP Code Republican National Committee/Republican Eagles 310 First Street, SE Washington, DC 20003	Purpose of Disbursement Disbursement For ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/13/99	Amount of each Disbursement This Period $ 10,000.00
C. Full Name, Mailing Address and ZIP Code Ashcroft for Senate 507 Capitol Court, NE Suite 100 Washington, DC 20002	Purpose of Disbursement John Ashcroft-R-MO U.S. Senate Disbursement For ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/25/99	Amount of each Disbursement This Period $ 1,000.00
D. Full Name, Mailing Address and ZIP Code Abraham Senate 2000 900 Second Street, NE Suite 114 Washington, DC 20002	Purpose of Disbursement Spence Abraham-R-PA U.S. Senate Disbursement For ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/25/99	Amount of each Disbursement This Period $ 1,000.00
E. Full Name, Mailing Address and ZIP Code Jeffords for Vermont 507 Capitol Court, NE Suite 100 Washington, DC 20002	Purpose of Disbursement Jim Jeffords-R-VT U.S. Senate Disbursement For ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/25/99	Amount of each Disbursement This Period $ 1,000.00
F. Full Name, Mailing Address and ZIP Code DeWine for U.S. Senate 319 ½ A Street, NE Washington, DC 20002	Purpose of Disbursement Mike DeWine-R-OH U.S. Senate Disbursement For ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/25/99	Amount of each Disbursement This Period $ 1,000.00
G. Full Name, Mailing Address and ZIP Code Friends of Craig Thomas P.O. Box 25026 Washington, DC 20007	Purpose of Disbursement Craig Thomas-R-WY U.S. Senate Disbursement For ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/25/99	Amount of each Disbursement This Period $ 1,000.00
H. Full Name, Mailing Address and ZIP Code Friends of Schumer C/o Lee Smith, The MONY Group 1740 Broadway New York, NY 10019	Purpose of Disbursement Chuck Schumer-D-NY U.S. Senate Disbursement For ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/25/99	Amount of each Disbursement This Period $ 1,000.00
I. Full Name, Mailing Address and ZIP Code A Lot of People Who Support Jeff Bingaman 236 Massachusetts Avenue, NE Suite 202 Washington, DC 20002	Purpose of Disbursement Jeff Bingaman-D-NM U.S. Senate Disbursement For ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/25/99	Amount of each Disbursement This Period $ 1,000.00
			$ 19,500.00
SUBTOTAL of Disbursements This Page (optional)			
TOTAL This Period (last page this line number only)			

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE / OF 2 / 5
	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 McCollum for U.S. Senate Attn: Anne Ekin 1212 New York Avenue, NW Suite 350 Washington, DC 20005	Purpose of Disbursement Bill McCollum-R-FL U.S. Senate Disbursement For ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/25/99	Amount of each Disbursement This Period $ 1,000.00
B. Full Name, Mailing Address and ZIP Code Ensign for Senate P.O. Box 26568 Las Vegas, NV 89126	Purpose of Disbursement John Ensign-R-NV U.S. Senate Disbursement For ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/25/99	Amount of each Disbursement This Period $ 1,000.00
C. Full Name, Mailing Address and ZIP Code Citizens for Ron Klink P.O. Box 75214 Washington, DC 20013-5214	Purpose of Disbursement Ron Klink-D-PA U.S. Senate Disbursement For ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/25/99	Amount of each Disbursement This Period $ 1,000.00
D. Full Name, Mailing Address and ZIP Code Stabenow for Senate 436 New Jersey Avenue, SE Washington, DC 20003	Purpose of Disbursement Debbie Stabenow-D-WI U.S. Senate Disbursement For ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/25/99	Amount of each Disbursement This Period $ 500.00
E. Full Name, Mailing Address and ZIP Code Judy Biggert for Congress P.O. Box 16021 Alexandria, VA 22302	Purpose of Disbursement Judy Biggert-R-IL13 U.S. Representative Disbursement For ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/25/99	Amount of each Disbursement This Period $ 500.00
F. Full Name, Mailing Address and ZIP Code The Maloney Committee 24 East 93rd Street Suite 4B New York, NY 10128	Purpose of Disbursement Carolyn Maloney-R-NY14 U.S. Representative Disbursement For ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/25/99	Amount of each Disbursement This Period $ 1,000.00
G. Full Name, Mailing Address and ZIP Code Bob Ney for Congress P.O. Box 490 St. Clairsville, OH 43950	Purpose of Disbursement Bob Ney-R-OH18 U.S. Representative Disbursement For ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/25/99	Amount of each Disbursement This Period $ 1,000.00
H. Full Name, Mailing Address and ZIP Code Friends of Jim Maloney 20 East Main Street Waterbury, CT 06702	Purpose of Disbursement Jim Maloney-D-CT5 U.S. Representative Disbursement For ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/25/99	Amount of each Disbursement This Period $ 500.00
I. Full Name, Mailing Address and ZIP Code Tom Davis for Congress Committee P.O. Box 483 Dunn Loring, VA 22027	Purpose of Disbursement Tom Davis-R-VA11 U.S. Representative Disbursement For ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/25/99	Amount of each Disbursement This Period $ 1,000.00
SUBTOTAL of Disbursements This Page (optional)			$ 7,500.00
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 3 / OF 5
	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
Fossella for Congress C/o Epiphany Productions 2016 Mount Vernon Avenue Arlington, VA 22301	Vito Fossella, R-NY13 U.S. Representative Disbursement For ☒ Primary ☐ General ☐ Other (specify)	10/25/99	$ 1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement This Period
Boucher for Congress P.O. Box 2000 Abingdon, VA 24212	Rick Boucher-D-VA9 U.S. Representative Disbursement For ☒ Primary ☐ General ☐ Other (specify)	10/25/99	$ 500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement This Period
Karen McCarthy for Congress P.O. Box 2884 Washington, DC 20013	Karen McCarthy-D-MO5 U.S. Representative Disbursement For ☒ Primary ☐ General ☐ Other (specify)	10/25/99	$ 500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement This Period
Hulshof for Congress P.O. Box 16021 Alexandria, VA 22302	Kenny Hulshof-R-MO9 U.S. Representative Disbursement For ☒ Primary ☐ General ☐ Other (specify)	10/25/99	$ 500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement This Period
Jim Ramstad Volunteer Committee 8100 Pennsylvania Avenue South, #104 Bloomington, MN 55431	Jim Ramstad-R-MN3 U.S. Representative Disbursement For ☒ Primary ☐ General ☐ Other (specify)	10/25/99	$ 500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement This Period
Jerry Weller for Congress 4451 Brookfield Corporate Drive Suite 200 Chantilly, VA 20151	Jerry Weller-R-IL11 U.S. Representative Disbursement For ☒ Primary ☐ General ☐ Other (specify)	10/25/99	$ 500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement This Period
Friends of Scott McInnis 1212 North Vernon Street Arlington, VA 22201	Scott McInnis-R-CO3 U.S. Representative Disbursement For ☒ Primary ☐ General ☐ Other (specify)	10/25/99	$ 500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement This Period
People for English P.O. Box 10274 Alexandria, VA 22310	Phil English-R-PA21 U.S. Representative Disbursement For ☒ Primary ☐ General ☐ Other (specify)	10/25/99	$ 500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement This Period
Friends of Sam Johnson P.O. Box 860096 Plano, TX 75086-0096	Sam Johnson-R-TX3 U.S. Representative Disbursement For ☒ Primary ☐ General ☐ Other (specify)	10/25/99	$ 500.00
SUBTOTAL of Disbursements This Page (optional)			$ 5,000.00
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 / OF 4 / 5
	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
Matsui for Congress 555 Capitol Mall Suite 1425 Sacramento, CA 95814	Bob Matsui-D-CA5 U.S. Representative Disbursement For ☒ Primary ☐ General ☐ Other (specify)	10/25/99	$ 1,000.00
B. Full Name, Mailing Address and ZIP Code Ben Cardin for Congress Committee 38 Ivy Street, SE Washington, DC 20003	Purpose of Disbursement Ben Cardin-D-MD3 U.S. Representative Disbursement For ☒ Primary ☐ General ☐ Other (specify)	10/25/99	$ 4,000.00
C. Full Name, Mailing Address and ZIP Code Friends of Carolyn McCarthy 38 Ivy Street, SE Washington, DC 20003	Purpose of Disbursement Carolyn McCarthy-D-NY4 U.S. Representative Disbursement For ☒ Primary ☐ General ☐ Other (specify)	10/25/99	$ 500.00
D. Full Name, Mailing Address and ZIP Code Sensenbrenner Committee P.O. Box 575 Brookfield, WI 53008	Purpose of Disbursement James Sensenbrenner-R-WI9 U.S. Representative Disbursement For ☒ Primary ☐ General ☐ Other (specify)	10/25/99	$ 500.00
E. Full Name, Mailing Address and ZIP Code Friends of Sherwood Boehlert 1212 North Vernon Street Arlington, VA 22201	Purpose of Disbursement Sherwood Boehlert-R-NY23 U.S. Representative Disbursement For ☒ Primary ☐ General ☐ Other (specify)	10/25/99	$ 1,000.00
F. Full Name, Mailing Address and ZIP Code Citizens for Tom Petri P.O. Box 270 Fond du Lac, WI 54935	Purpose of Disbursement Tom Petri-R-WI6 U.S. Representative Disbursement For ☒ Primary ☐ General ☐ Other (specify)	10/25/99	$ 500.00
G. Full Name, Mailing Address and ZIP Code Ellen Tauscher for Congress 503 Capitol Court, NE Suite 100 Washington, DC 20002	Purpose of Disbursement Ellen Tauscher-D-CA10 U.S. Representative Disbursement For ☒ Primary ☐ General ☐ Other (specify)	10/25/99	$ 500.00
H. Full Name, Mailing Address and ZIP Code Friends of Patrick Kennedy 430 South Capitol Street Washington, DC 20003	Purpose of Disbursement Patrick Kennedy-D-RI1 U.S. Representative Disbursement For ☒ Primary ☐ General ☐ Other (specify)	10/25/99	$ 125.00
I. Full Name, Mailing Address and ZIP Code LUPAC C/o Texas Association of Life and Health Insurers 720 Brazos Street, #202 Austin, TX 78701	Purpose of Disbursement Disbursement For ☒ Primary ☐ General ☐ Other (specify)	10/25/99	$ 1,500.00
SUBTOTAL of Disbursements This Page (optional)			$ 9,625.00
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 / OF 5 / 5
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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 PIPAC C/o Insurance Federation of Pennsylvania 1600 Market Street, Suite 1520 Philadelphia, PA 19103	Purpose of Disbursement Disbursement For ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/25/99	Amount of each Disbursement This Period $ 2,500.00
B. Full Name, Mailing Address and ZIP Code Mac Collins for Congress P.O. Box 35 Jonesboro, GA 30237	Purpose of Disbursement Mac Collins-R-GA3 U.S. Representative Disbursement For ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/25/99	Amount of each Disbursement This Period $ 1,000.00
C. Full Name, Mailing Address and ZIP Code Cannon for Congress 257 East 200 South, #950 Salt Lake City, UT 84111	Purpose of Disbursement Chris Cannon-R-UT3 U.S. Representative Disbursement For ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/25/99	Amount of each Disbursement This Period $ 1,000.00
D. Full Name, Mailing Address and ZIP Code Larson for Congress 6282 Occoquan Forest Drive Manassas, VA 20112	Purpose of Disbursement John Larson-D-CT1 U.S. Representative Disbursement For ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/25/99	Amount of each Disbursement This Period $ 500.00
E. Full Name, Mailing Address and ZIP Code The Capitol Hill Club Attn: Linda Mintz 300 First Street, SE Washinton, DC 20003	Purpose of Disbursement Disbursement For ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/25/99	Amount of each Disbursement This Period $ 1,000.00
F. Full Name, Mailing Address and ZIP Code The Wisconsin Leadership PAC 888 16th Street, NW 8th Floor Washington, DC 20006	Purpose of Disbursement Disbursement For ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/25/99	Amount of each Disbursement This Period $ 1,000.00
G. Full Name, Mailing Address and ZIP Code New York Republican State Committee C/o Cathy Blimey 355 Lexington Avenue, Suite 1001 New York, NY 10016	Purpose of Disbursement Disbursement For ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/25/99	Amount of each Disbursement This Period $ 500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of each Disbursement This Period $
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of each Disbursement This Period $
SUBTOTAL of Disbursements This Page (optional)			$ 7,500.00
TOTAL This Period (last page this line number only)			$ 49,125.00

SCHEDULE B — ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE / OF 1 / 1
	FOR LINE NUMBER 29

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

NAME OF COMMITTEE (in Full)

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of each Disbursement This Period $
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of each Disbursement This Period $
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of each Disbursement This Period $
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of each Disbursement This Period
SUBTOTAL of Disbursements This Page (optional)			$ 0
TOTAL This Period (last page this line number only)			$ 0

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
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☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

JA — PREPARER

11-15-99 — DATE PREPARED

(4/98)