RECEIVED
FEC MAIL ROOM
2000 JUL 22 A 10:00

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 June 1, 2000 through June 30, 2000.

Yours truly,

Robert C. Tarnok
Treasurer
(212) 578-7180

July 18, 2000

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 (8000940885 (0697) Printed in U.S.A.

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

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2000 JUL 22 A 10:00

USE FEC MAILING LABEL OR TYPE OR PRINT

C00040923 12067e P 250
ROBERT C TARNOK
METROPOLITAN LIFE INSURANCE CO
MPAMY (METLIFE) EMPLOYEES' POL
ONE MADISON AVENUE
NEW YORK NY 10010

orted

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 [X] July 20 [ ] November 20
[ ] April 20 [ ] August 20 [ ] December 20
[ ] May 20 [ ] September 20 [ ] January 31

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

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

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 6/1/00 through 6/30/00		
6. (a) Cash on Hand January 1, 2000		$ 215,679.82
(b) Cash on Hand at Beginning of Reporting Period	$ 210,244.54	
(c) Total Receipts (from Line 18)	$ 40,085.99	$ 288,550.06
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 250,330.53	$ 504,229.88
7. Total Disbursements (from Line 30)	$ 65,223.70	$ 319,123.05
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 185,106.83	$ 185,106.83
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
7/18/00

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)

FE6AN135

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: 6/1/00 TO: 6/30/00

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	$ 35,354.78	$ 215,916.52	11.
ii. Unitemized	4,089.68	68,935.43	11
iii. Total (add i and ii) ➤	39,444.46	284,851.95	11
b. Political Party Committees	0	0	11
c. Other Political Committees (such as PACs)	0	0	11.
d. Total Contributions (add a iii, b and c) ➤	39,444.46	284,851.95	11
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	1,000.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	641.53	2,698.11	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) ➤	40,085.99	288,550.06	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	40,085.99	288,550.06	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0	0	21(
ii. Non-Federal Share	0	0	21(
b. Other Federal Operating Expenditures	0	258.00	21(
c. Total Operating Expenditures (add a i, a ii, and b) ➤	0	258.00	21(
22. Transfers to Affiliated/Other Party Committees	0	0	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	65,223.70	313,965.05	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	4,900.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	65,223.70	319,123.05	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	65,223.70	319,123.05	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	39,444.46	284,851.95	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	39,444.46	284,851.95	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0	258.00	35
36. Offsets to Operating Expenditures (from line 15)	0	0	35
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0	258.00	37

FE6AN004

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 / OF 45 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 Richard M. Blackwell 267 Holly Hill Mountainside, NJ 07092	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 1,499.94	
B. Full Name, Mailing Address and ZIP Code Daniel J. Cavanagh 420 East 23rd St. New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 300.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive Vice President Aggregate Year-to-Date >	$ 1,950.00	
C. Full Name, Mailing Address and ZIP Code Gerald Clark 253 Woodland Road Madison, NJ 07940	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 384.62
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice Chairman of the Board Aggregate Year-to-Date >	$ 2,500.03	
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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 260.10
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 1,690.65	
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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 384.62
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive Vice President Aggregate Year-to-Date >	$ 2,500.03	
F. Full Name, Mailing Address and ZIP Code Michael R. Irvine 3 Jenifer Lane Cos Cob, CT 06807	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 250.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,625.00	
G. Full Name, Mailing Address and ZIP Code Joseph W. Jordan 440 East 23rd Street New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 1,499.94	
SUBTOTAL of Receipts This Page (optional)			$2,040.86
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 45 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 Nicholas D. Latrenta 344 St. Nicholas Ave. Hillsdale, NJ 07642	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 240.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 1,560.00	
B. Full Name, Mailing Address and ZIP Code Leland C. Launer 24 Snow's Hill Lane Dover, MA 02030	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 240.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 1,560.00	
C. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 300.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive Vice President Aggregate Year-to-Date >	$ 1,950.00	
D. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 1,499.94	
E. Full Name, Mailing Address and ZIP Code William D. Livesey P.O. Box 2048 St. James, NY 11780	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 1,499.94	
F. Full Name, Mailing Address and ZIP Code John S. Lombardo 105 Mollie Drive Cranston, RI 02921	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.78
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive – CFM Aggregate Year-to-Date >	$ 1,500.07	
G. Full Name, Mailing Address and ZIP Code Lauren Mascitelli 225 W. 83rd St. New York, NY 10024	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 1,499.94	
SUBTOTAL of Receipts This Page (optional)			$1,703.06
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 3 / OF 45 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 Stewart G. Nagler 14 Myrtle Drive Great Neck, NY 11021	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 384.62
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice Chairman of the Board Aggregate Year-to-Date >	$ 2,500.03	
B. Full Name, Mailing Address and ZIP Code Catherine A. Rein 21 East 22nd St., Apt. 8B New York, NY 10010	Name of Employer MetLife Auto & Home	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 303.06
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: President & CEO Aggregate Year-to-Date >	$ 2,393.06	
C. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 1,499.94	
D. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 1,499.94	
E. Full Name, Mailing Address and ZIP Code Richard R. Tarrr 417 Oakshire Pl Alamo, CA 94507	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 250.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 1,625.00	
F. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Sr. Executive Vice President Aggregate Year-to-Date >	$ 1,499.94	
G. Full Name, Mailing Address and ZIP Code Lisa M. Weber 196 Anderson Ave. Closter, NJ 07624	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive Vice President Aggregate Year-to-Date >	$ 1,499.94	
			$1,860.72
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 4 / OF 45 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 Judy E. Weiss 48 Vandervoort Court Rockville Centre, NY 11570	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 270.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive Vice President & Chief Actuary Aggregate Year-to-Date >	$ 1,755.00	
B. Full Name, Mailing Address and ZIP Code William J. Wheeler 147 Brite Avenue Scarsdale, NY 10583	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President & Treasurer Aggregate Year-to-Date >	$ 1,499.94	
C. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 240.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 1,560.00	
D. Full Name, Mailing Address and ZIP Code Christopher M. Abelt 200 East 84th St., No. 1 New York, NY 10028	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 846.12	
E. Full Name, Mailing Address and ZIP Code Roy C. Alberioli 47 Spring Ridge Drive Berkeley Heights, NJ 07922	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Assoc. Gen. Counsel Aggregate Year-to-Date >	$ 1,248.00	
F. Full Name, Mailing Address and ZIP Code Gerald L. Anderdonk 17 Emerson Place Harrison, NY 10528	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,249.95	
G. Full Name, Mailing Address and ZIP Code William D. Anderson 56 Birch Run Avenue Denville, NJ 07834	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 154.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,001.00	
SUBTOTAL of Receipts This Page (optional)			$1,279.06
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 5 / OF 45 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 Frederick E. Arnhold 190 Sage Run Trail Duluth, GA 30097	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 200.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,300.00	
B. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,249.95	
C. Full Name, Mailing Address and ZIP Code George Bell 50 Dale Drive Summit, NJ 07901	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 180.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,170.00	
D. Full Name, Mailing Address and ZIP Code Gregory S. Benash 913 Lakewood Drive Barrington, IL 60010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Sr. Actuary Aggregate Year-to-Date >	$ 1,249.95	
E. Full Name, Mailing Address and ZIP Code Susan H. Berger 433 East 56th St. New York, NY 10022	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,249.95	
F. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 154.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,001.00	
G. Full Name, Mailing Address and ZIP Code Nicholas L. Brocker 185 Sherwood Farm Road Fairfield, CT 06430	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 160.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Regional Vice President Aggregate Year-to-Date >	$ 1,040.00	
			$1,270.90
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 6 / OF 45 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 Herbert H. Brown 64 Adams St. Garden City, NY 11530	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,249.95	
B. Full Name, Mailing Address and ZIP Code Alexander D. Brunini 96 South Terrace Short Hills, NJ 07078	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 100.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 1,200.00	
C. Full Name, Mailing Address and ZIP Code Debra J. Capolarello 79 Village Road Manhasset, NY 11030	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,249.95	
D. Full Name, Mailing Address and ZIP Code Ramon Casanova 274 First Ave., Apt. 6D New York, NY 10009	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 120.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 780.00	
E. Full Name, Mailing Address and ZIP Code Frank Cassandra 16 Ferndale Court Staten Island, NY 10314	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 153.84
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 999.96	
F. Full Name, Mailing Address and ZIP Code Steven T. Cates 2574 North Rock Creek Rd. Waco, TX 76708	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,249.95	
G. Full Name, Mailing Address and ZIP Code Sheldon L. Cohen 6 Lori Court Woodbury, NY 11797	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 153.84
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 999.96	
SUBTOTAL of Receipts This Page (optional)			$1,104.58
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 7 / OF 45 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 Richard S. Collins 72 West Brother Drive Greenwich, CT 06830	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 133.26
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 866.19	
B. Full Name, Mailing Address and ZIP Code James W. Cash 18 Woodland Road Pittstown, NJ 08867	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 153.84
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 999.96	
C. Full Name, Mailing Address and ZIP Code John P. Dabek 8 Alexandria Drive Sewell, NJ 08080	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 769.20	
D. Full Name, Mailing Address and ZIP Code Richard H. Dalllak 54 Whippoorwill Road Armonk, NY 10504	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 1,249.95	
E. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive - IA Org. Aggregate Year-to-Date >	$ 1,249.95	
F. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice-President Aggregate Year-to-Date >	$ 1,249.95	
G. Full Name, Mailing Address and ZIP Code Frank A. Derito 25 Cushing Drive Danbury, CT 06811	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 160.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,040.00	
SUBTOTAL of Receipts This Page (optional)			$1,024.00
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 8 / OF 45 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 Joseph L. Dunn 26 Dobbs Terrace Scarsdale, NY 10583	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Sr. Actuary Aggregate Year-to-Date >	$ 1,249.95	
B. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 1,249.95	
C. Full Name, Mailing Address and ZIP Code Michael Ehrenweig 43 Lent Drive Plainview, NY 11803	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,249.95	
D. Full Name, Mailing Address and ZIP Code Margaret C. Fechtmann 420 East 23rd St. New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 215.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 1,315.38	
E. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,249.95	
F. Full Name, Mailing Address and ZIP Code William P. Gandella 95 Tomahawk St. Yorktown Heights, NY 10598	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Associate General Counsel Aggregate Year-to-Date >	$ 1,249.95	
G. Full Name, Mailing Address and ZIP Code James V. Gennis 20 Orchard Drive Randolph, NJ 07869	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,249.95	
SUBTOTAL of Receipts This Page (optional)			$1,369.18
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 9 / OF 45 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 Jose R. Gostal-Garcia 46 Bruce Park Drive Greenwich, CT 06830	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,249.95	
B. Full Name, Mailing Address and ZIP Code Craig J. Guilfie 10 Rambling Drive Scotch Plains, NJ 07076	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 153.84
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 999.96	
C. Full Name, Mailing Address and ZIP Code Henry J. Hamilton 33 Euclid Avenue Maplewood, NJ 07040	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,248.00	
D. Full Name, Mailing Address and ZIP Code Donald J. Harman 420 East 23rd St. New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 194.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Associate Gen. Counsel Aggregate Year-to-Date >	$ 1,261.00	
E. Full Name, Mailing Address and ZIP Code Robert W. Harvey 4 Intrepid Lane Jamestown, RI 02835	Name of Employer MetLife Auto & Home	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive – Financial Aggregate Year-to-Date >	$ 1,249.95	
F. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,249.95	
G. Full Name, Mailing Address and ZIP Code James N. Heston 33 Woodlake Drive Piscataway, NJ 08854	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 220.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 1,320.00	
SUBTOTAL of Receipts This Page (optional)			$1,336.74
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 10 / OF 45 FOR LINE NUMBER 11ai

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

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

A. Full Name, Mailing Address and ZIP Code Dawn M. Hynes 29 Linwood Place Massapequa, NY 11762	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 153.84
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 999.96	
B. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 154.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Associate General Counsel Aggregate Year-to-Date >	$ 1,001.00	
C. Full Name, Mailing Address and ZIP Code John T. Jordano 37 St. Nickolas Way Basking Ridge, NJ 07920	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 153.84
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 999.96	
D. Full Name, Mailing Address and ZIP Code Marcella Kelly 2 Devonshire Ct. Morris Township, NJ 07960	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,249.95	
E. Full Name, Mailing Address and ZIP Code James D. Kennedy 511 Beech Street New Hyde Park, NY 11040	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 153.84
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 999.96	
F. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 114.92
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 961.04	
G. Full Name, Mailing Address and ZIP Code James M. Lenaghan 315 Tuttle Avenue Spring Lake, NJ 07762	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 194.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Associate General Counsel Aggregate Year-to-Date >	$ 1,261.00	
SUBTOTAL of Receipts This Page (optional)			$1,116.74
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 11 / OF 45 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 Levine 54 Walworth Avenue Scarsdale, NY 10583	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 1,249.95	
B. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 154.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 1,001.00	
C. Full Name, Mailing Address and ZIP Code Eugene Marks 305 N. Cedar Road Fairfield, CT 06430	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 200.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 1,300.00	
D. Full Name, Mailing Address and ZIP Code Christine N. Markussen 17 Indian Head Road Morris Township, NJ 07960	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,249.95	
E. Full Name, Mailing Address and ZIP Code Richard J. Mellon 541 East 20th St. New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 150.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 975.00	
F. Full Name, Mailing Address and ZIP Code Steven D. Meyers 1 Stonehenge Morristown, NJ 07960	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 138.46
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Sr. Actuary Aggregate Year-to-Date >	$ 899.99	
G. Full Name, Mailing Address and ZIP Code Charles H. Miller 61 Nicole Drive Denville, NJ 07834	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 153.84
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 999.96	
SUBTOTAL of Receipts This Page (optional)			$1,180.90
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 12 / OF 45 FOR LINE NUMBER 11ai

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

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

A. Full Name, Mailing Address and ZIP Code William D. Moore 4 River Farms Drive West Warwick, RI 02893	Name of Employer MetLife Auto & Home	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 194.00
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Executive – PCS Org.		
	Aggregate Year-to-Date >	$ 1,261.00	
B. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 153.84
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President		
	Aggregate Year-to-Date >	$ 999.96	
C. Full Name, Mailing Address and ZIP Code John W. Mulhall 73 Clover Avenue Floral Park, NY 11001	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President		
	Aggregate Year-to-Date >	$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code William J. Mullaney 14 Roe Elsen Road Randolph, NJ 07869	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 200.00
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President		
	Aggregate Year-to-Date >	$ 1,300.00	
E. Full Name, Mailing Address and ZIP Code Robert M. Mason 14 Oakcrest Ct. Holmdel, NJ 07733	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 153.84
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President & Sr. Actuary		
	Aggregate Year-to-Date >	$ 999.96	
F. Full Name, Mailing Address and ZIP Code Antonia C. Nabholz 121 Stadley Rough Road Danbury, CT 06811	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 153.84
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President		
	Aggregate Year-to-Date >	$ 999.96	
G. Full Name, Mailing Address and ZIP Code Christopher F. Nicholas 961 Bayridge Parkway Brooklyn, NY 11228	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Associate General Counsel		
	Aggregate Year-to-Date >	$ 1,249.95	
			$1,047.82
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 45 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 Gaetan Nicolas 237 Moody St. Waltham, MA 02453	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 1,249.95	
B. Full Name, Mailing Address and ZIP Code Renee B. Pazan 82 Thurston Terrace Glen Rock, NJ 07452	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 200.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,250.00	
C. Full Name, Mailing Address and ZIP Code James R. Petrosini 23 Appletree Road Flemington, NJ 08822	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 153.84
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 999.96	
D. Full Name, Mailing Address and ZIP Code Gail A. Praslick 7 Thimbleford Lane Middletown, NJ 07748	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 200.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,300.00	
E. Full Name, Mailing Address and ZIP Code James E. Quinlan 26512 Emerald Dove Dr. Valencia, CA 91355	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Regional Vice President Aggregate Year-to-Date >	$ 769.20	
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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,249.95	
G. Full Name, Mailing Address and ZIP Code Louis J. Ragosa 10 Jason Court Dix Hills, NY 11746	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,249.95	

SUBTOTAL of Receipts This Page (optional)	$1,130.74
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 14 / OF 45 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 Douglas A. Rayvid 36 East Hartshorn Drive Short Hills, NJ 07078	Name of Employer MetLife Auto & Home	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 749.97	
B. Full Name, Mailing Address and ZIP Code Joseph A. Reali 10 Dorce Road Morganville, NJ 07751	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 200.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President & Tax Director Aggregate Year-to-Date >	$ 1,300.00	
C. Full Name, Mailing Address and ZIP Code Ann M. Reed 16 W. 16th St., Apt. 8MN New York, NY 10011	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 153.84
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 999.96	
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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive – Ret & Comm. Aggregate Year-to-Date >	$ 462.00	
E. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 200.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,300.00	
F. Full Name, Mailing Address and ZIP Code Mark H. Ryan 4 Charles Everett Way Hingham, MA 02043	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 153.84
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 999.96	
G. Full Name, Mailing Address and ZIP Code Alexander G. Scheidlin 125 E. 72nd St. New York, NY 10021	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Sr. Actuary Aggregate Year-to-Date >	$ 1,249.95	
			$1,015.36
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 15 / OF 45 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
Myron O. Schlinger 141-06 71st Ave. Kew Garden Hills, NY 11367	Metropolitan Life Insurance Company	06/00 Monthly Payroll Deductions	$ 115.38
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 749.97	
B. 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	06/00 Monthly Payroll Deductions	$ 192.30
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,249.95	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Donn G. Sharer 20 Saddlebrook Road Robbinsville, NJ 08691	Metropolitan Life Insurance Company	06/00 Monthly Payroll Deductions	$ 153.84
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 999.96	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Richard Small 65 Cavalier Dr. E. Greenwich, RI 02818	MetLife Auto & Home	06/00 Monthly Payroll Deductions	$ 153.84
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 999.96	
E. 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	06/00 Monthly Payroll Deductions	$ 192.00
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,248.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Donald P. Smith 53 Stony Brook Road Montville, NJ 07045	Metropolitan Life Insurance Company	06/00 Monthly Payroll Deductions	$ 153.84
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 999.96	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Steven L. Smith 508 Saddlebred Lane Marietta, GA 30067	Metropolitan Life Insurance Company	06/00 Monthly Payroll Deductions	$ 153.84
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 999.96	
SUBTOTAL of Receipts This Page (optional)			$1,115.04
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 16 / OF 45 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 Ian L. Solomon 3 Ellis Court Rye, NY 10580	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 160.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 1,040.00	
B. Full Name, Mailing Address and ZIP Code Stan R. St. John 7 Peter Cooper Road New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,249.95	
C. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,249.95	
D. Full Name, Mailing Address and ZIP Code Eric T. Steigerwalt 31 Viscount Street Chatham, NJ 07928	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 153.84
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 999.96	
E. Full Name, Mailing Address and ZIP Code Presley E. Surratt 311 East Chestnut Avenue Metuchen, NJ 08840	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 1,249.95	
F. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 200.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 1,300.00	
G. Full Name, Mailing Address and ZIP Code Joseph Trovato 3 Hyatt Lane Somers, NY 10589	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 153.84
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Associate General Counsel Aggregate Year-to-Date >	$ 999.96	
SUBTOTAL of Receipts This Page (optional)			$1,244.58
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 17 / OF 45 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 Edward E. Veazey 5 Cartier Court East Greenwich, RI 02818	Name of Employer MetLife Auto & Home	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive – Strat Plan	Aggregate Year-to-Date > $ 576.90	
B. Full Name, Mailing Address and ZIP Code Lawrence A. Vranka 5 Scour Drive Port Washington, NY 11050	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 194.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President	Aggregate Year-to-Date > $ 1,261.00	
C. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 154.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive – HO Direct	Aggregate Year-to-Date > $ 1,001.00	
D. Full Name, Mailing Address and ZIP Code Brian K. Walters 46 Peter Street Holliston, MA 01746	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President	Aggregate Year-to-Date > $ 615.36	
E. Full Name, Mailing Address and ZIP Code Richard T. Wong 6363 Christie Avenue Emeryville, CA 94608	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President	Aggregate Year-to-Date > $ 1,249.95	
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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 200.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Gen. Auditor	Aggregate Year-to-Date > $ 1,300.00	
G. Full Name, Mailing Address and ZIP Code Andrew D. White 137 Tulip Street Summit, NJ 07901	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 153.84
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Director	Aggregate Year-to-Date > $ 999.96	
SUBTOTAL of Receipts This Page (optional)			$894.14
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 18 / OF 45 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 Carol A. Wolfe 25 West 90th St. New York, NY 10024	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 200.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,300.00	
B. Full Name, Mailing Address and ZIP Code Steven R. Worley 10016 Burgundy Waco, TX 76712	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 153.84
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 999.96	
C. Full Name, Mailing Address and ZIP Code Marian J. Zeldin 23 Solomon Drive Bridgewater, NJ 08807	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 1,249.95	
D. Full Name, Mailing Address and ZIP Code Margery Britain 370 First Street, Apt. 10F New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 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 >	$ $1,000.00	
E. Full Name, Mailing Address and ZIP Code Kenneth Kollar 12805 Russell St. Overland Park, KS 66209	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 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 >	$ $1,000.00	
F. Full Name, Mailing Address and ZIP Code Anthony E. Amodeo 122 Huntington Road Pt. Washington, NY 11050	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 100.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Sr. Actuary Aggregate Year-to-Date >	$ 650.00	
G. Full Name, Mailing Address and ZIP Code Richard F. Anderson 5 Norwood Court Morristown, NJ 07960	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 100.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 650.00	
SUBTOTAL of Receipts This Page (optional)			$746.14
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 19 / OF 45 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 Patrice S. Andrews 77 Maple Street Ramsey, NJ 07446	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 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 >	$ 390.00	
B. Full Name, Mailing Address and ZIP Code Virgelan E. Aquino 100 Manhattan Avenue Union City, NJ 07087	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant Vice President Aggregate Year-to-Date >	$ 499.98	
C. Full Name, Mailing Address and ZIP Code Lawrence E. Blakeman 23 Jeremy Drive New Fairfield, CT 06812	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 100.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 650.00	
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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 499.98	
E. Full Name, Mailing Address and ZIP Code Felipe Bonero 39 Hampton Corner Rd. Ringoes, NJ 08551	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 78.18
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 508.17	
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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 80.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 520.00	
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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Managing Director Aggregate Year-to-Date >	$ 499.98	
SUBTOTAL of Receipts This Page (optional)			$548.94
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 20 / OF 45 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 Susan Schmidt Bunstein 8 Bay Ave. Larchmont, NY 10538	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant Vice President Aggregate Year-to-Date >	$ 499.98	
B. Full Name, Mailing Address and ZIP Code Katie Heather Carey 7308 Brookville Road Chevy Chase, MD 20815	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 499.98	
C. Full Name, Mailing Address and ZIP Code Kevin R. Cavanagh 12 Holly Court Blauvelt, NY 10913	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 88.46
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant Vice President Aggregate Year-to-Date >	$ 574.99	
D. Full Name, Mailing Address and ZIP Code Christopher Cawley 20 Spencer's Grant Drive East Greenwich, RI 02818	Name of Employer MetLife Auto & Home	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 80.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive – Claims Aggregate Year-to-Date >	$ 520.00	
E. Full Name, Mailing Address and ZIP Code Michael K. Cazayoux 127 Hardscrabble Road Bernardsville, NJ 07924	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Director – Public Markets Aggregate Year-to-Date >	$ 499.98	
F. Full Name, Mailing Address and ZIP Code Tai C. Chang 510 E. 23rd St., Apt. 5B New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 59.24
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 385.06	
G. Full Name, Mailing Address and ZIP Code Stephen D. Clark 920 Laurel Oaks Court Alpharetta, GA 30004	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 499.98	
SUBTOTAL of Receipts This Page (optional)			$535.38
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 45 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 L. Conkley 3200 Palisades Court Marietta, GA 30067	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant Vice President Aggregate Year-to-Date >	$ 499.98	
B. Full Name, Mailing Address and ZIP Code William M. Coggan 75 Linden Lane West Greenwich, RI 02817	Name of Employer MetLife Auto & Home	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive – IA UW & S Aggregate Year-to-Date >	$ 499.98	
C. Full Name, Mailing Address and ZIP Code Sharon K. Condello 7771 S. Memorial Drive Tulsa, OK 74133	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 499.98	
D. Full Name, Mailing Address and ZIP Code Thomas E. Considine 1084 Hawthorne Parkway Spring Lake Heights, NJ 07762	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 26.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 412.00	
E. Full Name, Mailing Address and ZIP Code Patricia T. Cousey 9 Cleveland Road Summit, NJ 07901	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 80.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 520.00	
F. Full Name, Mailing Address and ZIP Code Carlos J. Cremer 10075 High Falls Pointe Alpharetta, GA 30022	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 61.54
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 400.01	
G. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 499.98	
SUBTOTAL of Receipts This Page (optional)			$475.22
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 22 / OF 45 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 David E. Deceliis 47 Garden Grove Rd. Manchester, CT 06040	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 499.98	
B. Full Name, Mailing Address and ZIP Code Donald K. Devine 274 Dover Circle Inverness, IL 60067	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 80.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 520.00	
C. Full Name, Mailing Address and ZIP Code Wendell P. Dickerson 8 McQueen St. Katonah, NY 10536	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 499.98	
D. Full Name, Mailing Address and ZIP Code Barbara M. Duffy 123a Laurettn Lane Johnstown, PA 15904	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 73.20
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 479.05	
E. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 100.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Associate Tax Counsel Aggregate Year-to-Date >	$ 650.00	
F. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 100.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 650.00	
G. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 70.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 455.00	
SUBTOTAL of Receipts This Page (optional)			$577.54
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 45 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 Barbara A. Garnett 16 Forest Drive Morris Twp., NJ 07960	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 499.98	
B. Full Name, Mailing Address and ZIP Code Elizabeth A. Geddes 32 Dogwood Lane Londonville, NY 12211	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 499.98	
C. Full Name, Mailing Address and ZIP Code James A. Grancese 2521 Watrous Avenue Tampa, FL 33629	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 499.98	
D. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 84.08
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. General Counsel Aggregate Year-to-Date >	$ 527.12	
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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 88.46
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 574.99	
F. Full Name, Mailing Address and ZIP Code Donald J. Healy 115 Lawndale Ave. Elmhurst, IL 60126	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 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 >	$ 390.00	
G. Full Name, Mailing Address and ZIP Code Ann M. Henstrand 543 East 18th St. Brooklyn, NY 11226	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 80.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 520.00	
SUBTOTAL of Receipts This Page (optional)			$543.30
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 24 / OF 45 FOR LINE NUMBER 11ai

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

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

A. Full Name, Mailing Address and ZIP Code Robert M. Hersh 92 Club Drive Roslyn Heights, NY 11577	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 63.84
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Associate General Counsel Aggregate Year-to-Date >	$ 412.46	
B. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 80.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Deputy Controller Aggregate Year-to-Date >	$ 520.00	
C. Full Name, Mailing Address and ZIP Code Justin N. Homburg 3483 W. Bradford Dr. Bloomfield, MI 48301	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 77.88
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 506.22	
D. Full Name, Mailing Address and ZIP Code Russel P. Iucolano 9 Falling Creek Court Silver Spring, MD 20904	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 61.16
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 397.54	
E. Full Name, Mailing Address and ZIP Code Lynn C. Jones 2742 Newport Dr. Naperville, IL 60565	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 499.98	
F. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 100.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 650.00	
G. Full Name, Mailing Address and ZIP Code Barbara W. Klever 3425 Summerhill Dr. Woodridge, IL 60517	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President & Actuary Aggregate Year-to-Date >	$ 384.60	
SUBTOTAL of Receipts This Page (optional)			$459.80
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 45 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 Deborah R. Knuthelm 813 Ent Park Greenwich, CT 06831	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 75.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 487.50	
B. Full Name, Mailing Address and ZIP Code Michael J. Kreeger 108 Pomeroy Rd. Madison, NJ 07940	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 100.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Managing Director Aggregate Year-to-Date >	$ 650.00	
C. Full Name, Mailing Address and ZIP Code James A. Kuchta 25 Mapes Ave. Nutley, NJ 07110	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 70.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 455.00	
D. Full Name, Mailing Address and ZIP Code Howard G. Kurpit 2 Peter Cooper Road, #8H New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 100.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Sr. Actuary Aggregate Year-to-Date >	$ 650.00	
E. Full Name, Mailing Address and ZIP Code Thomas P. Laino 233 Vincent Dr. East Meadow, NY 11554	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 499.98	
F. Full Name, Mailing Address and ZIP Code Robert M. Lnuper 482 Wamborsee Circle Oswego, IL 60543	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 499.98	
G. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 499.98	
SUBTOTAL of Receipts This Page (optional)			$575.76
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 26 / OF 45 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 Mark D. Lonergan 234 Bungalow Terr. Millington, NJ 07946	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 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 Robert R. Lynch 531 East 20th St. New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 80.00
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 520.00	
C. Full Name, Mailing Address and ZIP Code Christine Madigan 3631 Everett Street NW Washington, DC 20008	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 499.98	
D. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Asst. General Counsel Aggregate Year-to-Date >	$ 499.98	
E. Full Name, Mailing Address and ZIP Code Allan M. Marcus 70 Deborn Drive Plainview, NY 11803	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Asst. General Counsel Aggregate Year-to-Date >	$ 499.98	
F. Full Name, Mailing Address and ZIP Code Clifford E. Marston 993 McKays Court Brentwood, TN 37027	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 499.98	
G. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 80.00
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Executive Aggregate Year-to-Date >	$ 520.00	
SUBTOTAL of Receipts This Page (optional)			$467.68
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 27 / OF 45 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 Paul H. Michael 5900 Edgewood Drive McKinney, TX 75070	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 80.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Regional Vice President Aggregate Year-to-Date >	$ 520.00	
B. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 108.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 600.00	
C. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 499.98	
D. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 499.98	
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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 499.98	
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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 60.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 360.00	
G. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 72.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Sr. Actuary Aggregate Year-to-Date >	$ 469.95	
			$543.06
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 45 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 Georgette A. Piligian 25 Lucleda Drive Babylon, NY 11702	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 78.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 507.00	
B. Full Name, Mailing Address and ZIP Code Juan F. Punchim P.O. Box 1544 New York, NY 10159	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 100.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 650.00	
C. Full Name, Mailing Address and ZIP Code Andrew D. Rallis 1 Quail Mews North Brunswick, NJ 08902	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 57.70
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 375.05	
D. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 499.98	
E. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 499.98	
F. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 499.98	
G. Full Name, Mailing Address and ZIP Code Jonathan L. Rosenthal 210 Woods End Drive Basking Ridge, NJ 07920	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 98.08
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Managing Director Aggregate Year-to-Date >	$ 637.52	
SUBTOTAL of Receipts This Page (optional)			$564.54
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 45 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 Joyce M. Ruddock 4 Split Rock Road Newtown, CT 06470	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 499.98	
B. Full Name, Mailing Address and ZIP Code Dion P. Ramsey 52 Briarwood Drive East Berkeley Heights, NJ 07922	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 499.98	
C. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 80.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 520.00	
D. Full Name, Mailing Address and ZIP Code Craig Samples 4 Clearview Drive Long Valley, NJ 07853	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 499.98	
E. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 100.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 650.00	
F. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Regional Vice-President Aggregate Year-to-Date >	$ 499.98	
G. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 60.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 390.00	
			$547.68
SUBTOTAL of Receipts This Page (optional)			$
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 30 / OF 45 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 Ira H. Shuman 435 Albemarle Road Cedarhurst, NY 11516	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 80.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Associate General Counsel Aggregate Year-to-Date >	$ 520.00	
B. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 499.98	
C. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 92.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 599.95	
D. Full Name, Mailing Address and ZIP Code Jeffrey K. Smith 2020 Nancy Blvd. Merrick, NY 11566	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 69.24
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 450.06	
E. Full Name, Mailing Address and ZIP Code J. Gilbert Stallings 344 Prospect Avenue, Apt. 8A Hackensack, NJ 07601	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 80.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. General Counsel Aggregate Year-to-Date >	$ 520.00	
F. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 499.98	
G. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 80.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 520.00	
SUBTOTAL of Receipts This Page (optional)			$555.38
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 45 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 E. Symington 43 Pippins Way Morristown, NJ 07960	Metropolitan Life Insurance Company	06/00 Monthly Payroll Deductions	$ 60.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Managing Director		
	Aggregate Year-to-Date >	$ 390.00	
B. 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	06/00 Monthly Payroll Deductions	$ 70.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President		
	Aggregate Year-to-Date >	$ 455.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Michael F. Hertz 10 Wood Place New Rochelle, NY 10801	MetLife Auto & Home	06/00 Monthly Payroll Deductions	$ 76.92
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President		
	Aggregate Year-to-Date >	$ 499.98	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
John P. Toohey 360 First Avenue New York, NY 10010	Metropolitan Life Insurance Company	06/00 Monthly Payroll Deductions	$ 72.12
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Director – GAPM-P Mgt.		
	Aggregate Year-to-Date >	$ 468.78	
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 Avenue Scarsdale, NY 10583	Metropolitan Life Insurance Company	06/00 Monthly Payroll Deductions	$ 76.92
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President & Actuary		
	Aggregate Year-to-Date >	$ 499.98	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Sharon E. Waters 15 Suffolk Lane Princeton Junction, NJ 08550	Metropolitan Life Insurance Company	06/00 Monthly Payroll Deductions	$ 78.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President		
	Aggregate Year-to-Date >	$ 507.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Michael J. Young 5150 Route 34 Oswego, IL 60543	Metropolitan Life Insurance Company	06/00 Monthly Payroll Deductions	$ 80.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President		
	Aggregate Year-to-Date >	$ 524.94	
SUBTOTAL of Receipts This Page (optional)			$514.72
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 32 / OF 45 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 Peter P. Yu 390 1st Avenue New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 499.98	
B. Full Name, Mailing Address and ZIP Code Robert Zandoll 2917 Gerber Pl. Bronx, NY 10465	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 80.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 520.00	
C. Full Name, Mailing Address and ZIP Code Michael Zarcone 17 Tamarack Drive Delmar, NY 12054	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 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 >	$ 2,500.00	
D. Full Name, Mailing Address and ZIP Code Michael Gatti 77 Clive Street Metuchen, NJ 08840	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 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	
E. Full Name, Mailing Address and ZIP Code Kernan King 171 Marlborough St. Boston, MA 02116	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 (Lump Sum)
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive Vice President Aggregate Year-to-Date >	$ 5,000.00	
F. Full Name, Mailing Address and ZIP Code Michael Vietri 4143 Kingshill Circle Naperville, IL 60564	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 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 >	$ 2,000.00	
G. 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) 06/00 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 >	$ 3,000.00	
SUBTOTAL of Receipts This Page (optional)			$156.92
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 33 / OF 45 FOR LINE NUMBER 11ai

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

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

A. Full Name, Mailing Address and ZIP Code Robert Zilg 601 East 20th St., #11H New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 (Lump Sum)
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 300.00	
B. Full Name, Mailing Address and ZIP Code Alexander B. Alperin 305 Woodbridge Way Simpsonville, SC 29681	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 46.16
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant Vice President Aggregate Year-to-Date >	$ 298.12	
C. Full Name, Mailing Address and ZIP Code Nancy H. Badeer 20 Redwood Drive Plainview, NY 11803	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 48.08
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant General Counsel Aggregate Year-to-Date >	$ 312.52	
D. Full Name, Mailing Address and ZIP Code Peter T. Barcia 114 Potens Ridge New Canaan, CT 06840	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 46.92
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant Vice President Aggregate Year-to-Date >	$ 304.98	
E. Full Name, Mailing Address and ZIP Code Gary A. Beller 125 East 72nd St. New York, NY 10021	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 384.62
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Sr. Executive Vice President & Gen. Counsel Aggregate Year-to-Date >	$ 1,153.86	
F. Full Name, Mailing Address and ZIP Code William P. Bilgelow 22 High Ridge Place Easton, CT 06612	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 52.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 329.60	
G. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 53.46
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 347.49	
SUBTOTAL of Receipts This Page (optional)			$631.54
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 45 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 Anthony R. Buonaguro 17 Bakley Terrace West Orange, NJ 07052	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 50.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 325.00	
B. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 50.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 325.00	
C. Full Name, Mailing Address and ZIP Code Martin Deede 45 Smallpox Trail West Kingston, RI 02892	Name of Employer MetLife Auto & Home	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 55.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive – Pricing Aggregate Year-to-Date >	$ 354.37	
D. Full Name, Mailing Address and ZIP Code Joseph Gissi 10 Cromwell Drive Morristown, NJ 07960	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 48.08
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant Vice President Aggregate Year-to-Date >	$ 312.52	
E. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 50.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Associate General Counsel Aggregate Year-to-Date >	$ 325.00	
F. Full Name, Mailing Address and ZIP Code Nancy J. Haley 72 Banksville Road Armonk, NY 10504	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 53.46
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 344.03	
G. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 692.28	
			$538.06
SUBTOTAL of Receipts This Page (optional)			$
TOTAL This Period (last page this line number only)			

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Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 35 / OF 45 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 Lorraine J. Knapp 288 Wales Avenue River Edge, NJ 07661	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 50.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 325.00	
B. Full Name, Mailing Address and ZIP Code Thomas E. Lenihan 81 Miller Road Morristown, NJ 07960	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 46.14
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Managing Director Aggregate Year-to-Date >	$ 299.91	
C. Full Name, Mailing Address and ZIP Code Robert I. Levin 164 South Highwood Ave. Glen Rock, NJ 07452	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 50.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 325.00	
D. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 50.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant General Counsel Aggregate Year-to-Date >	$ 325.00	
E. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 56.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 364.00	
F. Full Name, Mailing Address and ZIP Code Janet M. Morgan #8 Pequa Lane Commack, NY 11725	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 50.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant Vice President Aggregate Year-to-Date >	$ 325.00	
G. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 53.84
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Director Aggregate Year-to-Date >	$ 349.96	
			$355.98
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 36 / OF 45 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 Anthony J. Nugent 2515 Brickfield Court Thousand Oaks, CA 91362	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 50.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Regional Vice President Aggregate Year-to-Date >	$ 325.00	
B. Full Name, Mailing Address and ZIP Code Susan L. Ross 203 Madison St. #2B Hoboken, NJ 07030	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 50.96
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant General Counsel Aggregate Year-to-Date >	$ 331.24	
C. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 50.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant Vice President Aggregate Year-to-Date >	$ 325.00	
D. Full Name, Mailing Address and ZIP Code Robert E. Sollmann 351 Ned Hill Road Wilton, CT 06897	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 46.14
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 299.91	
E. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 46.14
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 299.91	
F. Full Name, Mailing Address and ZIP Code Nan D. Tecotzky 280 First Avenue, Apt. 7D New York, NY 10009	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 53.50
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 335.50	
G. Full Name, Mailing Address and ZIP Code Mary J. Veilkommer 2985 Koepke Road Northbrook, IL 60062	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 50.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 325.00	
SUBTOTAL of Receipts This Page (optional)			$346.74
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

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

A. Full Name, Mailing Address and ZIP Code Gregory J. Yoder 334 Madison Avenue Convent Station, NJ 07961	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 50.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Managing Director Aggregate Year-to-Date >	$ 325.00	
B. Full Name, Mailing Address and ZIP Code Anthony Troni 120 Lloyd Road Bernardsville, NJ 07924	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 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	
C. Full Name, Mailing Address and ZIP Code Robert Benmosche 4 Wesley Chapel Rd. Wesley Hills, NY 10901	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 (Lump Sum)
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Chairman of the Board & CEO Aggregate Year-to-Date >	$ 5,000.00	
D. 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) 06/00 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 Brian Collins 16 Moonlight Lane Saugerties, NY 12477	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 (Lump Sum)
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Systems Consultant Aggregate Year-to-Date >	$ 50.00	
F. Full Name, Mailing Address and ZIP Code Oliver Reeves 744 Gilbert Highway Fairfield, CT 06430	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 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 >	$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code Mark Alexander 25 Rockledge Avenue White Plains, NY 10965	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 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	
			$50.00
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 38 / OP 45 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 Gloria Euben 15 W. 72nd St. New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 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 >	$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code Dennis Travis 1324 Monongahela Blvd. White Oak, PA 15131	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 (Lump Sum)
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Fin. Plan. Aggregate Year-to-Date >	$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code Barbara Horne 56 Peachtree Road Basking Ridge, NJ 07920	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 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 >	$ 2,000.00	
D. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 (Lump Sum)
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 300.00	
E. Full Name, Mailing Address and ZIP Code Robert C. Henrikson 153 Sunset Hill Rd. New Canaan, CT 06840	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 (Lump Sum)
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: President – Institutional Aggregate Year-to-Date >	$ 5,000.00	
F. Full Name, Mailing Address and ZIP Code Harry Kamen 910 Park Avenue New York, NY 10021	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 (Lump Sum)
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Former President Aggregate Year-to-Date >	$ 3,000.00	
G. Full Name, Mailing Address and ZIP Code Rosalie M. Mastropolo 196 Nannyhagen Rd. Thornwood, NY 10594	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 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)			$

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Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 39 / OF 45 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 Rogers 440 E. 23rd St., #8C New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 (Lump Sum)
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Director Aggregate Year-to-Date >	$ 200.00	
B. Full Name, Mailing Address and ZIP Code Robert Trost P.O. Box 111 Auburn, IL 62615	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 (Lump Sum)
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Agriculture Inv. Consultant Aggregate Year-to-Date >	$ 50.00	
C. Full Name, Mailing Address and ZIP Code James R. Ancharski 607 Raymond Street Westfield, NJ 07090	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 40.00
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Assistant Vice President Aggregate Year-to-Date >	$ 260.00	
D. Full Name, Mailing Address and ZIP Code Stuart L. Ashton 34 Trevor Place London, England, SW71L	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 50.00
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Director Aggregate Year-to-Date >	$ 300.00	
E. Full Name, Mailing Address and ZIP Code John K. Brains 23 Melissa Drive North Haledon, NJ 07508	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 40.00
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 260.00	
F. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 44.42
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Assistant Vice President Aggregate Year-to-Date >	$ 288.73	
G. Full Name, Mailing Address and ZIP Code Joseph D. Cook 20 Trombiant Court Lutherville, MD 21093	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 38.46
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 249.99	
SUBTOTAL of Receipts This Page (optional)			$212.88
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 Lawrence S. Craven 425 Blachtree Lane Northvale, NJ 07647	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 40.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant Vice President Aggregate Year-to-Date >	$ 260.00	
B. Full Name, Mailing Address and ZIP Code Edward A. Dietrich 14 Roden Way Closter, NJ 07624	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 40.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 260.00	
C. Full Name, Mailing Address and ZIP Code Francis M. Doenantoono 7 St. Ann's Terrace London, NW86PG	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 40.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Managing Director Aggregate Year-to-Date >	$ 260.00	
D. Full Name, Mailing Address and ZIP Code Kimberly A. Fabian 536 Harlowe Lane Naperville, IL 50565	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 40.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 260.00	
E. Full Name, Mailing Address and ZIP Code Peter J. Flanagan 520 E. 20th St., Apt. 6H New York, NY 10009	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 44.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Counsel Aggregate Year-to-Date >	$ 287.95	
F. Full Name, Mailing Address and ZIP Code Jonathan S. Gimon 370 First Avenue New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 38.46
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Director Aggregate Year-to-Date >	$ 241.94	
G. Full Name, Mailing Address and ZIP Code Michael F. Harwood 50 Crescent Place Short Hills, NJ 07078	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 40.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 260.00	
SUBTOTAL of Receipts This Page (optional)			$282.76
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 41 / OF 45 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 D. Hunt 5407 Avenue Simone Lutz, FL 33549	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 40.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 260.00	
B. Full Name, Mailing Address and ZIP Code William D. Kerrigan 239 Kockemba Drive River Vale, NJ 07675	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 43.84
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Sr. Actuary Aggregate Year-to-Date >	$ 284.96	
C. Full Name, Mailing Address and ZIP Code Karen L. Lundberg 54 Trellis Drive West Warwick, RI 02893	Name of Employer MetLife Auto & Home	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 40.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive – UW Aggregate Year-to-Date >	$ 260.00	
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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 40.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive – Sales Support Aggregate Year-to-Date >	$ 260.00	
E. Full Name, Mailing Address and ZIP Code Joel M. Martin 16204 Villarreal De Avila Tampa, FL 33613	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 37.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 242.45	
F. Full Name, Mailing Address and ZIP Code Linda A. Mantos-Lind 15806 Muirfield Drive Odessa, FL 33556	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 40.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asalatant Vice President Aggregate Year-to-Date >	$ 260.00	
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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 40.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant Vice President Aggregate Year-to-Date >	$ 260.00	
			$281.14
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 42 / OF 45 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 R. Merck 9410 Nesbit Lakes Drive Alpharetta, GA 30022	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 40.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 260.00	
B. Full Name, Mailing Address and ZIP Code Thomas F. Molesky 360 First Avenue New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 40.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Manager-Travel Svs. Aggregate Year-to-Date >	$ 260.00	
C. Full Name, Mailing Address and ZIP Code Joseph M. Mruczek 4 Peter Cooper Road New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 40.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant Vice President Aggregate Year-to-Date >	$ 260.00	
D. Full Name, Mailing Address and ZIP Code Jeffrey B. Norris 110 Highfield Road Wilton, CT 06897	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 40.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 260.00	
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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 38.46
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant Vice President Aggregate Year-to-Date >	$ 249.22	
F. Full Name, Mailing Address and ZIP Code Edward T. Reynolds 8 Adams Farm Road Katonah, NY 10536	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 461.52	
G. Full Name, Mailing Address and ZIP Code Cynthia W. Schnadeke 2419 Adams Drive Lisle, IL 60532	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 41.52
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant Vice President Aggregate Year-to-Date >	$ 269.88	
			$470.74
SUBTOTAL of Receipts This Page (optional)			$
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 43 / OF 45 FOR LINE NUMBER 11ai

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

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

A. Full Name, Mailing Address and ZIP Code Kathleen J. Schoos 54 Traymore St. Cranston, RI 02920	Name of Employer MetLife Auto & Home	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 40.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant Vice President Aggregate Year-to-Date >	$ 260.00	
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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 40.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant General Counsel Aggregate Year-to-Date >	$ 260.00	
C. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 43.84
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant Vice President Aggregate Year-to-Date >	$ 284.96	
D. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 40.60
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 263.90	
E. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 40.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 260.00	
F. Full Name, Mailing Address and ZIP Code John E. Ward 37 Crescent Road Madison, NJ 07940	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 40.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Director Aggregate Year-to-Date >	$ 260.00	
G. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 40.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 260.00	
SUBTOTAL of Receipts This Page (optional)			$284.44
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 44 / OF 45 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 Mark H. Willumann 460 Guildhall Grove Alpharetta, GA 30022	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 38.46
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 249.99	
B. Full Name, Mailing Address and ZIP Code Robert Manzulli 15 W. 72nd St. New York, NY 10023	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 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 >	$ 2,500.00	
C. Full Name, Mailing Address and ZIP Code William B. Dunner 94 Mercer Street New York, NY 10012	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 33.24
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 207.36	
D. Full Name, Mailing Address and ZIP Code J. Edmond Diver 14 Colby Farm Road Chester, NJ 07930	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 35.58
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Director Aggregate Year-to-Date >	$ 231.27	
E. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 31.74
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 206.31	
F. Full Name, Mailing Address and ZIP Code Helayne F. Klier 526 East 20th St. New York, NY 10009	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 50.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 250.00	
G. 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) 06/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 34.62
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Regional Vice President Aggregate Year-to-Date >	$ 220.71	
SUBTOTAL of Receipts This Page (optional)			$223.64
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 45 / OF 45 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
Jerry D. Michel 5454 N. Fresno #201 Fresno, CA 93710	Metropolitan Life Insurance Company	06/00 Monthly Payroll Deductions	$ 32.70
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Manager		
	Aggregate Year-to-Date >	$ 212.55	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Nicole R. Nason 850 N. Randolph Street #6 Arlington, VA 22203	Metropolitan Life Insurance Company	06/00 Monthly Payroll Deductions	$ 31.54
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Gov't. Relations Counsel		
	Aggregate Year-to-Date >	$ 205.01	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Elliot Reiter 9 Bard Place Old Bridge, NJ 08857	Metropolitan Life Insurance Company	06/00 Monthly Payroll Deductions	$ 33.84
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President		
	Aggregate Year-to-Date >	$ 219.96	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Robert T. Riggio 25 Linberger Drive Bridgewater, NJ 08807	Metropolitan Life Insurance Company	06/00 Monthly Payroll Deductions	$ 32.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President		
	Aggregate Year-to-Date >	$ 203.79	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Thomas Lenihan 81 Miller Road Morristown, NJ 07960	Metropolitan Life Insurance Company	06/00 Monthly Payroll Deductions	$ 1,000.00 (Lump Sum)
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Director		
	Aggregate Year-to-Date >	$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Michael Callahan 20 Polhemus Place Brooklyn, NY 11215	Metropolitan Life Insurance Company	06/00 Monthly Payroll Deductions	$ 1,000.00 (Lump Sum)
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President		
	Aggregate Year-to-Date >	$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
	Metropolitan Life Insurance Company	06/00 Monthly Payroll Deductions	$
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation:		
	Aggregate Year-to-Date >	$	

SUBTOTAL of Receipts This Page (optional)	$2,130.38
TOTAL This Period (last page this line number only)	$ 35,354.78

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE / OF 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 Splendid Fare Catering 1310 Braddock Place Alexandria, VA 22314	Purpose of Disbursement Ben Cardin-D-MD3 U.S. Representative Disbursement For ☐Primary ☒General ☐Other (specify)	Date (month, day, year) 2/11/00 6/30/00	Amount of each Disbursement This Period $ 225.61 MEMO (Orig reported in Feb $ 225.61 MEMO (REDESIGNATED)
B. Full Name, Mailing Address and ZIP Code PIA National 400 North Washington Street Alexandria, VA 22314	Purpose of Disbursement Disbursement For ☐Primary ☐General ☐Other (specify)	Date (month, day, year) 6/01/00	Amount of each Disbursement This Period $ 150.00
C. Full Name, Mailing Address and ZIP Code Committee to Re-elect Ed Towns 438 Lewis Avenue Brooklyn, NY 11233	Purpose of Disbursement Ed Towns-D-NY10 U.S. Representative Disbursement For ☒Primary ☐General ☐Other (specify)	Date (month, day, year) 6/20/00	Amount of each Disbursement This Period $ 1,000.00
D. Full Name, Mailing Address and ZIP Code Friends of Sherrod Brown P.O. Box 2884 Washington, DC 20013	Purpose of Disbursement Sherrod Brown-D-OH13 U.S. Representative Disbursement For ☐Primary ☒General ☐Other (specify)	Date (month, day, year) 6/20/00	Amount of each Disbursement This Period $ 1,000.00
E. Full Name, Mailing Address and ZIP Code Pomeroy for Congress P.O. Box 746 Bismark, ND 58502	Purpose of Disbursement Earl Pomeroy-D-ND U.S. Representative Disbursement For ☐Primary ☒General ☐Other (specify)	Date (month, day, year) 6/20/00	Amount of each Disbursement This Period $ 4,500.00
F. Full Name, Mailing Address and ZIP Code Grucci for Congress 1212 New York Avenue, NW Suite 350 Washington, DC 20005	Purpose of Disbursement Felix Grucci-R-NY1 U.S. Representative Disbursement For ☒Primary ☐General ☐Other (specify)	Date (month, day, year) 6/20/00	Amount of each Disbursement This Period $ 2,000.00
G. Full Name, Mailing Address and ZIP Code Tiberi 2000 211 South Fifth Street Columbus, OH 43215	Purpose of Disbursement Pat Tiberi-R-OH12 U.S. Representative Disbursement For ☐Primary ☒General ☐Other (specify)	Date (month, day, year) 6/20/00	Amount of each Disbursement This Period $ 1,000.00
H. Full Name, Mailing Address and ZIP Code Sublette for Congress P.O. Box 2776 Arlington, VA 22202	Purpose of Disbursement Bill Sublette-R-FL8 U.S. Representative Disbursement For ☒Primary ☐General ☐Other (specify)	Date (month, day, year) 6/20/00	Amount of each Disbursement This Period $ 500.00
I. Full Name, Mailing Address and ZIP Code Friends of Jane Harman Attn: Kristal Jones P.O. Box 96 Torrance, CA 90507	Purpose of Disbursement Jane Harman-D-CA36 U.S. Representative Disbursement For ☐Primary ☒General ☐Other (specify)	Date (month, day, year) 6/20/00	Amount of each Disbursement This Period $ 1,000.00
			$11,150.00
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 2 / 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 Steve Israel for Congress Committee 15 Ormond Street Dix Hills, NY 11746	Purpose of Disbursement Steve Israel-D-NY2 U.S. Representative Disbursement For [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 6/20/00	Amount of each Disbursement This Period $ 2,000.00
B. Full Name, Mailing Address and ZIP Code Flaherty for Congress P.O. Box 453 Neenah, WI 54957	Purpose of Disbursement Dan Flaherty-D-WI6 U.S. Representative Disbursement For [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 6/20/00	Amount of each Disbursement This Period $ 1,000.00
C. Full Name, Mailing Address and ZIP Code Lauren Beth Gash for Congress 38 Ivy Street, SE Washington, DC 20003	Purpose of Disbursement Lauren Beth Gash-D-IL10 U.S. Representative Disbursement For [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year) 6/20/00	Amount of each Disbursement This Period $ 1,000.00
D. Full Name, Mailing Address and ZIP Code DIPAC 555 13th Street, NW Suite 600 East Washington, DC 20004-1109	Purpose of Disbursement Disbursement For [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 6/20/00	Amount of each Disbursement This Period $ 5,000.00
E. Full Name, Mailing Address and ZIP Code Keep Our Majority PAC 2016 Mt. Vernon Avenue Alexandria, VA 22301	Purpose of Disbursement Disbursement For [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 6/20/00	Amount of each Disbursement This Period $ 5,000.00
F. Full Name, Mailing Address and ZIP Code Friends of Conrad Burns P.O. Box 1532 Billings, MT 59103	Purpose of Disbursement Conrad Burns-R-MT U.S. Senate Disbursement For [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year) 6/20/00	Amount of each Disbursement This Period $ 1,000.00
G. Full Name, Mailing Address and ZIP Code Lincoln Chafee for U.S. Senate 1800 Post Road Warwick, RI 02886	Purpose of Disbursement Lincoln Chafee-R-RI U.S. Senate Disbursement For [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 6/20/00	Amount of each Disbursement This Period $ 250.00
H. 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 [X] General [ ] Other (specify)	Date (month, day, year) 6/20/00	Amount of each Disbursement This Period $ 1,000.00
I. Full Name, Mailing Address and ZIP Code McCrery for Congress P.O. Box 4650 Shreveport, LA 71134-0650	Purpose of Disbursement Jim McCrery-R-LA4 U.S. Representative Disbursement For [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 6/20/00	Amount of each Disbursement This Period $ 1,000.00
			$17,250.00
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 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 Friends of Scott McInnis P.O. Box 3157 Grand Junction, CO 81502	Purpose of Disbursement Scott McInnis-R-CO3 U.S. Representative Disbursement For [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 6/20/00	Amount of each Disbursement This Period $ 1,000.00
B. Full Name, Mailing Address and ZIP Code Hulshof for Congress P.O. Box 16021 Alexandria, VA 22302	Purpose of Disbursement Kenny Hulshof-R-MO9 U.S. Representative Disbursement For [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year) 6/20/00	Amount of each Disbursement This Period $ 1,000.00
C. Full Name, Mailing Address and ZIP Code Rangel for Congress P.O. Box 5577 Manhattanville Station New York, NY 10027	Purpose of Disbursement Charlie Rangel-D-NY15 U.S. Representative Disbursement For [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year) 6/20/00	Amount of each Disbursement This Period $ 1,823.70
D. Full Name, Mailing Address and ZIP Code Matsui for Congress Committee 729 15th Street, NW 3rd Floor Washington, DC 20005	Purpose of Disbursement Bob Matsui-D-CA5 U.S. Representative Disbursement For [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year) 6/20/00	Amount of each Disbursement This Period $ 1,000.00
E. Full Name, Mailing Address and ZIP Code Sue Kelly for Congress P.O. Box 16021 Alexandria, VA 22302	Purpose of Disbursement Sue Kelly-R-NY19 U.S. Representative Disbursement For [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 6/20/00	Amount of each Disbursement This Period $ 1,000.00
F. Full Name, Mailing Address and ZIP Code Manzullo for Congress P.O. Box 7783 Rockford, IL 61126	Purpose of Disbursement Don Manzullo-R-IL16 U.S. Representative Disbursement For [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year) 6/20/00	Amount of each Disbursement This Period $ 2,500.00
G. Full Name, Mailing Address and ZIP Code Darlene Hooley for Congress 38 Ivy Street, SE Washington, DC 20003	Purpose of Disbursement Darlene Hooley-D-OR5 U.S. Representative Disbursement For [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year) 6/20/00	Amount of each Disbursement This Period $ 500.00
H. Full Name, Mailing Address and ZIP Code Oxley for Congress O Street, NW Washington, DC 20005	Purpose of Disbursement Mike Oxley-R-OH4 U.S. Representative Disbursement For [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year) 6/20/00	Amount of each Disbursement This Period $ 3,500.00
I. Full Name, Mailing Address and ZIP Code Steve Largent for Congress 2424 East 21st Street Suite B-100 Tulsa, OK 74114	Purpose of Disbursement Steve Largent-R-OK5 U.S. Representative Disbursement For [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 6/20/00	Amount of each Disbursement This Period $ 1,000.00
			$13,323.70
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 4 / 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 Upton for All of Us 4451 Brookfield Corporate Drive Suite 200 Chantilly, VA 20151	Purpose of Disbursement Fred Upton-R-MI6 U.S. Representative Disbursement For ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6/20/00	Amount of each Disbursement This Period $ 500.00
B. Full Name, Mailing Address and ZIP Code Fossella for Congress 2016 Mt. Vernon Avenue 3rd Floor Alexandria, VA 22301	Purpose of Disbursement Vito Fossella-R-NY13 U.S. Representative Disbursement For ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6/20/00	Amount of each Disbursement This Period $ 1,000.00
C. Full Name, Mailing Address and ZIP Code Hyde for Congress Committee P.O. Box 332 Des Plaines, IL 60016	Purpose of Disbursement Henry Hyde-R-IL6 U.S. Representative Disbursement For ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year) 6/20/00	Amount of each Disbursement This Period $ 1,000.00
D. Full Name, Mailing Address and ZIP Code Barr for Congress Committee P.O. Box 4323 Marietta, GA 30061	Purpose of Disbursement Bob Barr-R-GA7 U.S. Representative Disbursement For ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6/20/00	Amount of each Disbursement This Period $ 500.00
E. Full Name, Mailing Address and ZIP Code Committee to Elect Lindsey Graham 900 2nd Street, SE Suite 114 Washington, DC 20002	Purpose of Disbursement Lindsey Graham-R-SC3 U.S. Representative Disbursement For ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year) 6/20/00	Amount of each Disbursement This Period $ 1,000.00
F. Full Name, Mailing Address and ZIP Code Friends of Connie Morella 7101 Wisconsin Avenue Suite 102 Bethesda, MD 20814	Purpose of Disbursement Connie Morella-R-MD8 U.S. Representative Disbursement For ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year) 6/20/00	Amount of each Disbursement This Period $ 1,000.00
G. Full Name, Mailing Address and ZIP Code Friends of John Boehner 7908 Cincinnati-Dayton Road West Chester, OH 45069	Purpose of Disbursement John Boehner-R-OH8 U.S. Representative Disbursement For ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year) 6/20/00	Amount of each Disbursement This Period $ 1,000.00
H. Full Name, Mailing Address and ZIP Code Knollenberg for Congress 27867 Orchard Lake Road Farmington Hills, MI 48334	Purpose of Disbursement Joe Knollenberg-R-MI11 U.S. Representative Disbursement For ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6/20/00	Amount of each Disbursement This Period $ 1,000.00
I. Full Name, Mailing Address and ZIP Code Hoyer for Congress 7905 Malcolm Road Suite 102 Clinton, MD 20735	Purpose of Disbursement Steny Hoyer-D-MD5 U.S. Representative Disbursement For ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year) 6/20/00	Amount of each Disbursement This Period $ 1,000.00
			$ 8,000.00
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 5 / 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 Murtha for Congress Committee 5910 Gloster Road Bethesda, MD 20816	Purpose of Disbursement John Murtha-D-PA12 U.S. Representative Disbursement For ☐Primary ☒General ☐Other (specify)	Date (month, day, year) 6/20/00	Amount of each Disbursement This Period $ 2,000.00
B. Full Name, Mailing Address and ZIP Code Condit for Congress 1116-G Cedar Creek Drive P.O. Box 1710 Modesto, CA 95353	Purpose of Disbursement Gary Condit-D-CA18 U.S. Representative Disbursement For ☐Primary ☒General ☐Other (specify)	Date (month, day, year) 6/20/00	Amount of each Disbursement This Period $ 2,000.00
C. Full Name, Mailing Address and ZIP Code National Republican Senatorial Committee 425 2nd Street, NE Washington, DC 20002	Purpose of Disbursement Disbursement For ☐Primary ☐General ☐Other (specify)	Date (month, day, year) 6/20/00	Amount of each Disbursement This Period $ 5,000.00
D. Full Name, Mailing Address and ZIP Code Voinovich for Senate Committee 865 Mason Alley Columbus, OH 43206	Purpose of Disbursement George Voinovich-R-OH U.S. Senate Disbursement For ☒Primary ☐General ☐Other (specify)	Date (month, day, year) 6/20/00	Amount of each Disbursement This Period $ 1,000.00
E. Full Name, Mailing Address and ZIP Code Reynolds for Congress P.O. Box 479 Victor, NY 14564	Purpose of Disbursement Tim Reynolds-R-NY27 U.S. Representative Disbursement For ☒Primary ☐General ☐Other (specify)	Date (month, day, year) 6/20/00	Amount of each Disbursement This Period $ 1,000.00
F. Full Name, Mailing Address and ZIP Code Fletcher for Congress P.O. Box 4703 Lexington, KY 40544	Purpose of Disbursement Ernie Fletcher-R-KY6 U.S. Representative Disbursement For ☐Primary ☒General ☐Other (specify)	Date (month, day, year) 6/20/00	Amount of each Disbursement This Period $ 1,000.00
G. Full Name, Mailing Address and ZIP Code Friends of Saxton P.O. Box 795 Mt. Holly, NJ 08060	Purpose of Disbursement Jim Saxton-R-NJ3 U.S. Representative Disbursement For ☐Primary ☒General ☐Other (specify)	Date (month, day, year) 6/20/00	Amount of each Disbursement This Period $ 500.00
H. Full Name, Mailing Address and ZIP Code Chet Edwards for Congress Committee P.O. Box 75214 Washington, DC 20013	Purpose of Disbursement Chet Edwards-D-TX11 U.S. Representative Disbursement For ☐Primary ☒General ☐Other (specify)	Date (month, day, year) 6/20/00	Amount of each Disbursement This Period $ 2,000.00
I. Full Name, Mailing Address and ZIP Code John Spratt for Congress P.O. Box 2884 Washington, DC 20013	Purpose of Disbursement John Spratt-D-SC5 U.S. Representative Disbursement For ☐Primary ☒General ☐Other (specify)	Date (month, day, year) 6/20/00	Amount of each Disbursement This Period $ 1,000.00
SUBTOTAL of Disbursements This Page (optional)			$15,500.00
TOTAL This Period (last page this line number only)			$65,223.70

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

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☐	Received from the Senate Office of Public Records	Date of Receipt
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☐	Electronic Filing	

BF
PREPARER

7/22/00
DATE PREPARED

(6/2000)