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 March 1, 2000 through March 31, 2000.

Yours truly,

Robert C. Tamok
Treasurer
(212) 578-7180

April 17, 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

10062-FUNDS 1800040085 (0897) Printed in U.S.A.

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

C00040923 120675 P 250
ROBERT C TARNOK
METROPOLITAN LIFE INSURANCE CO
MPANY (METLIFE) EMPLOYEES' POL
ONE MADISON AVENUE
NEW YORK NY 10010

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
2000 MAY -1 P 2:29

2. FEC IDENTIFICATION NUMBER
C00040923

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

4. TYPE OF REPORT

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

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☒ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

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

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

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 3/1/00 through 3/31/00		
6. (a) Cash on Hand January 1, 19 2000		$ 215,679.82
(b) Cash on Hand at Beginning of Reporting Period	$ 250,419.60	
(c) Total Receipts (from Line 19)	$ 70,880.34	$ 149,095.73
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 321,299.94	$ 364,775.55
7. Total Disbursements (from Line 30)	$ 90,773.74	$ 134,249.35
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 230,526.20	$ 230,526.20
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
4/17/00

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 9/99)

FE6AN135

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 3/1/91)

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

REPORT COVERING PERIOD FROM 3/1/00 TO: 3/31/00

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	$ 59,590.34	$ 91,535.38	11(a
ii. Unitemized	9,937.56	55,465.25	11(a
iii. Total (add i and ii) ➤	69,527.90	147,000.63	11(a
b. Political Party Committees	0	0	11(b
c. Other Political Committees (such as PACs)	0	0	11(c
d. Total Contributions (add a iii, b and c) ➤	69,527.90	147,000.63	11(d
12. Transfers From Affiliated/Other Party Committees	0	0	12
13. All Loans Received	0	0	13
14. Loan Repayments Received	0	0	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	1,000.00	1,000.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	352.44	1,095.10	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) ➤	70,880.34	149,095.73	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	70,880.34	149,095.73	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0	0	21(a
ii. Non-Federal Share	0	0	21(a
b. Other Federal Operating Expenditures	258.00	258.00	21(b
c. Total Operating Expenditures (add a i, a ii, and b) ➤	258.00	258.00	21(c
22. Transfers to Affiliated/Other Party Committees	0	0	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	90,515.74	132,741.35	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	1,250.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	90,773.74	134,249.35	30
31 Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	90,773.74	134,249.35	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	69,527.90	147,000.63	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	69,527.90	147,000.63	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	258.00	258.00	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	258.00	258.00	37

FE6AN084

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 / OF 33 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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 346.14
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 807.66	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 450.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive Vice President Aggregate Year-to-Date >	$ 1,050.00	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 576.93
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice Chairman of the Board Aggregate Year-to-Date >	$ 1,346.17	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 390.15
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 910.35	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 576.93
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive Vice President Aggregate Year-to-Date >	$ 1,346.17	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 375.00
Receipt For ☐Primary ☒General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 875.00	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 346.14
Receipt For ☐Primary ☒General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 807.66	
SUBTOTAL of Receipts This Page (optional)			$3,061.29
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 33 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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 360.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 840.00	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 360.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 840.00	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 450.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive Vice President Aggregate Year-to-Date >	$ 1,050.00	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 346.14
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 807.66	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 346.14
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 807.66	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 346.17
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive – CIM Aggregate Year-to-Date >	$ 807.73	
G. Full Name, Mailing Address and ZIP Code Lauren Maiciulli 225 W. 83rd St. New York, NY 10024	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 346.14
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 807.66	
SUBTOTAL of Receipts This Page (optional)			$2,354.59
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 3 / OF 33 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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 576.93
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice Chairman of the Board		
	Aggregate Year-to-Date >	$ 1,346.17	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 570.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: President & CEO		
	Aggregate Year-to-Date >	$ 1,330.00	
C. Full Name, Mailing Address and ZIP Code Vincent F. Keusing 804 Hermitage Court Alexandria, VA 22302	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 346.14
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President		
	Aggregate Year-to-Date >	$ 807.66	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 346.14
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President		
	Aggregate Year-to-Date >	$ 807.66	
E. Full Name, Mailing Address and ZIP Code Richard R. Tartre 417 Oakshire Pl Alamo, CA 94507	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 375.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President		
	Aggregate Year-to-Date >	$ 875.00	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 346.14
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Sr. Executive Vice President		
	Aggregate Year-to-Date >	$ 807.66	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 346.14
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive Vice President		
	Aggregate Year-to-Date >	$ 807.66	
SUBTOTAL of Receipts This Page (optional)			$2,906.49
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 4 / OF 33 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 Vanderveer Court Rockville Centre, NY 11570	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 405.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive Vice President & Chief Actuary Aggregate Year-to-Date >	$ 945.00	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 346.14
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President & Treasurer Aggregate Year-to-Date >	$ 807.66	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 360.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 840.00	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 538.44	
E. Full Name, Mailing Address and ZIP Code Roy C. Albertalli 47 Spring Ridge Drive Berkeley Heights, NJ 07922	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Assoc. Gen. Counsel Aggregate Year-to-Date >	$ 672.00	
F. Full Name, Mailing Address and ZIP Code Gerald L. Ammorsana 17 Emerson Place Harrison, NY 10528	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 673.05	
G. Full Name, Mailing Address and ZIP Code William D. Anderson 56 Birch Run Avenue Deerville, NJ 07834	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 231.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 539.00	
SUBTOTAL of Receipts This Page (optional)			$2,149.35
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 5 / OF 33 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. Arnholt 190 Sage Run Trail Duluth, GA 30097	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 300.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 700.00	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 673.05	
C. Full Name, Mailing Address and ZIP Code George Ball 50 Dale Drive Summit, NJ 07901	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 270.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 630.00	
D. Full Name, Mailing Address and ZIP Code Gregory S. Benesh 913 Lakewood Drive Barrington, IL 60010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Sr. Actuary Aggregate Year-to-Date >	$ 673.05	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 673.05	
F. Full Name, Mailing Address and ZIP Code Steven J. Brault 332 East 84th St. New York, NY 10028	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 231.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 539.00	
G. Full Name, Mailing Address and ZIP Code Nicholas L. Brescher 185 Sherwood Farm Road Fairfield, CT 06430	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 240.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Regional Vice President Aggregate Year-to-Date >	$ 560.00	
SUBTOTAL of Receipts This Page (optional)			$1,906.35
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 6 / OF 33 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 B. Brown 64 Adams St. Garden City, NY 11530	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 673.05	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 300.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 700.00	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 673.05	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 180.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 420.00	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 538.44	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 673.05	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 538.44	
SUBTOTAL of Receipts This Page (optional)			$1,806.87
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 33 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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 199.89
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 466.41	
B. Full Name, Mailing Address and ZIP Code James W. Cush 18 Woodland Road Princeton, NJ 08867	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 538.44	
C. Full Name, Mailing Address and ZIP Code John F. Dabek 8 Alexandria Drive Sewell, NJ 08080	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 538.44	
D. Full Name, Mailing Address and ZIP Code Richard H. Drillak 54 Whippoorwill Road Armonk, NY 10504	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 673.05	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive – IA Org. Aggregate Year-to-Date >	$ 673.05	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice-President Aggregate Year-to-Date >	$ 673.05	
G. Full Name, Mailing Address and ZIP Code Frank A. Devito 25 Cushing Drive Danbury, CT 06811	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 240.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 560.00	
SUBTOTAL of Receipts This Page (optional)			$1,766.76
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 8 / OF 33 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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Sr. Actuary Aggregate Year-to-Date >	$ 673.05	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 673.05	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 673.05	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 300.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 700.00	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 673.05	
F. Full Name, Mailing Address and ZIP Code William P. Gardella 95 Tomahawk St. Yorktown Heights, NY 10598	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Associate General Counsel Aggregate Year-to-Date >	$ 673.05	
G. Full Name, Mailing Address and ZIP Code James V. Gemas 20 Orchard Drive Randolph, NJ 07869	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 673.05	
SUBTOTAL of Receipts This Page (optional)			$2,030.70
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 33 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. Gestal-Garcia 46 Bruce Park Drive Greenwich, CT 06830	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 673.05	
B. Full Name, Mailing Address and ZIP Code Craig J. Guiffre 10 Rambling Drive Scotch Plains, NJ 07076	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 538.44	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 672.00	
D. Full Name, Mailing Address and ZIP Code Donald J. Herman 420 East 23rd St. New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 291.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Associate Gen. Counsel Aggregate Year-to-Date >	$ 679.00	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive – Financial Aggregate Year-to-Date >	$ 673.05	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 673.05	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 300.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 700.00	
SUBTOTAL of Receipts This Page (optional)			$1,975.11
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 33 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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 538.44	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 231.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Associate General Counsel Aggregate Year-to-Date >	$ 539.00	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 538.44	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 673.05	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 538.44	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 538.44	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 291.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Associate General Counsel Aggregate Year-to-Date >	$ 679.00	
SUBTOTAL of Receipts This Page (optional)			$1,733.49
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 11 / OF 33 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 Leviloe 54 Walworth Avenue Scarsdale, NY 10583	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 673.05	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 231.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 539.00	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 300.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 700.00	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 673.05	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 225.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 525.00	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 207.69
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Sr. Actuary Aggregate Year-to-Date >	$ 484.61	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 538.44	
SUBTOTAL of Receipts This Page (optional)			$1,771.35
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 12 / OF 33 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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 291.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive – PCS Org. Aggregate Year-to-Date >	$ 679.00	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 538.44	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 300.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 700.00	
D. Full Name, Mailing Address and ZIP Code William J. Mullaney 14 Roc Elan Road Randolph, NJ 07869	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 300.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 700.00	
E. Full Name, Mailing Address and ZIP Code Robert M. Musen 14 Oakcrest Ct. Holmdel, NJ 07733	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Sr. Actuary Aggregate Year-to-Date >	$ 538.44	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 538.44	
G. Full Name, Mailing Address and ZIP Code Christopher P. Nicholas 964 Bayridge Parkway Brooklyn, NY 11228	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Associate General Counsel Aggregate Year-to-Date >	$ 673.05	
SUBTOTAL of Receipts This Page (optional)			$1,971.73
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 33 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 Gaetan Nicolas 237 Moody St. Waltham, MA 02453	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 673.05	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 300.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 650.00	
C. Full Name, Mailing Address and ZIP Code James R. Petroskl 23 Appletree Road Flemington, NJ 08822	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 538.44	
D. Full Name, Mailing Address and ZIP Code Gail A. Praslick 7 Trimblefford Lane Middletown, NJ 07748	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 300.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 700.00	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Regional Vice President Aggregate Year-to-Date >	$ 538.44	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 673.05	
G. Full Name, Mailing Address and ZIP Code Louis J. Ragusa 10 Jason Court Dix Hills, NY 11746	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 673.05	
SUBTOTAL of Receipts This Page (optional)			$1,926.87
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 33 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
Douglas A. Rayvid 36 East Hartshorn Drive Short Hills, NJ 07078	MetLife Auto & Home	03/00 Monthly Payroll Deductions	$ 175.07
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President		
	Aggregate Year-to-Date >	$ 403.83	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Joseph A. Reall 10 Doree Road Morganville, NJ 07751	Metropolitan Life Insurance Company	03/00 Monthly Payroll Deductions	$ 300.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President & Tax Director		
	Aggregate Year-to-Date >	$ 700.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Ann M. Reed 16 W. 16th St., Apt. 8MN New York, NY 10011	Metropolitan Life Insurance Company	03/00 Monthly Payroll Deductions	$ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President		
	Aggregate Year-to-Date >	$ 538.44	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Margaret Ann Rody 10 Cindy Ann Dr. E. Greenwich, RI 02818	MetLife Auto & Home	03/00 Monthly Payroll Deductions	$ 154.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive – Ret & Comm.		
	Aggregate Year-to-Date >	$ 462.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Neil A. Rosaway 3 Olden Drive Flemington, NJ 08822	Metropolitan Life Insurance Company	03/00 Monthly Payroll Deductions	$ 300.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President		
	Aggregate Year-to-Date >	$ 700.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Mark H. Ryan 4 Charles Everett Way Bingham, MA 02043	Metropolitan Life Insurance Company	03/00 Monthly Payroll Deductions	$ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President		
	Aggregate Year-to-Date >	$ 538.44	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Alexander G. Sutcliffe 125 E. 72nd St. New York, NY 10021	Metropolitan Life Insurance Company	03/00 Monthly Payroll Deductions	$ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Sr. Actuary		
	Aggregate Year-to-Date >	$ 673.05	

SUBTOTAL of Receipts This Page (optional)	$1,677.04
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 15 / OF 33 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 Myron O. Schlanger 141-06 71st Ave. Kew Gardens Hills, NY 11367	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 173.07
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 403.83	
B. Full Name, Mailing Address and ZIP Code Peter M. Schwarz 8 Meadowlark Court Oakland, NJ 07436	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 673.05	
C. Full Name, Mailing Address and ZIP Code Dunn C. Shantz 20 Saddlebrook Road Robbinsville, NJ 08691	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 538.44	
D. Full Name, Mailing Address and ZIP Code Richard Small 65 Cavalier Dr. E. Greenwich, RI 02818	Name of Employer MetLife Auto & Home	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 538.44	
E. Full Name, Mailing Address and ZIP Code Darrell J. Smith 14415 Quivira Olathe, KS 66062	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 672.00	
F. Full Name, Mailing Address and ZIP Code Donald P. Smith 53 Stony Brook Road Montville, NJ 07045	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 538.44	
G. Full Name, Mailing Address and ZIP Code Steven L. Smith 308 Saddlebred Lane Marietta, GA 30067	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 538.44	
SUBTOTAL of Receipts This Page (optional)			$1,672.56
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 16 / OF 33 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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 240.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 560.00	
B. Full Name, Mailing Address and ZIP Code Sam R. St. John 7 Peter Cooper Road New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 673.05	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 673.05	
D. Full Name, Mailing Address and ZIP Code Eric T. Steigerwalt 31 Vincent Street Chatham, NJ 07928	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 538.44	
E. Full Name, Mailing Address and ZIP Code Presley E. Sumrall 311 East Chestnut Avenue Metuchen, NJ 08840	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 673.05	
F. Full Name, Mailing Address and ZIP Code Stanley J. Tabb 37 Washington Drive Cranbury, NJ 08512	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 300.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 700.00	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Associate General Counsel Aggregate Year-to-Date >	$ 538.44	
SUBTOTAL of Receipts This Page (optional)			$1,866.87
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 33 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. Veasey 5 Cartier Court East Greenwich, RI 02818	Name of Employer MetLife Auto & Home	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.30
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 Senor Drive Port Washington, NY 11050	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 291.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President		
	Aggregate Year-to-Date >	$ 679.00	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 231.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive – HO Direct		
	Aggregate Year-to-Date >	$ 539.00	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President		
	Aggregate Year-to-Date >	$ 538.44	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President		
	Aggregate Year-to-Date >	$ 673.05	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 300.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Gen. Auditor		
	Aggregate Year-to-Date >	$ 700.00	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Director		
	Aggregate Year-to-Date >	$ 538.44	
SUBTOTAL of Receipts This Page (optional)			$1,764.27
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 33 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 Carol A. Wolfe 25 West 90th St. New York, NY 10024	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 300.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 700.00	
B. Full Name, Mailing Address and ZIP Code Steven R. Worley 10016 Burgandy Waco, TX 76712	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 538.44	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 673.05	
D. Full Name, Mailing Address and ZIP Code Margery Brimain 370 First Street, Apt. 10F New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 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) 03/00 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. Antodeo 122 Huntington Road Ft. Washington, NY 11050	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 150.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Sr. Actuary Aggregate Year-to-Date >	$ 350.00	
G. Full Name, Mailing Address and ZIP Code Richard J. Anderson 5 Norwood Court Morristown, NJ 07960	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 150.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 350.00	
SUBTOTAL of Receipts This Page (optional)			$1,119.21
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 19 / OF 33 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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 90.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Associate General Counsel Aggregate Year-to-Date >	$ 210.00	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant Vice President Aggregate Year-to-Date >	$ 269.22	
C. Full Name, Mailing Address and ZIP Code Lawrence R. Blakeman 23 Jeremy Drive New Fairfield, CT 06812	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 150.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 350.00	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 269.22	
E. Full Name, Mailing Address and ZIP Code Felipe Botero 39 Hampton Corner Rd. Ringoes, NJ 08551	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 117.27
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 273.63	
F. Full Name, Mailing Address and ZIP Code Sheldon Brooks 20 Houlderwood Dr. Livingston, NJ 07039	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 120.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 280.00	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Managing Director Aggregate Year-to-Date >	$ 269.22	
SUBTOTAL of Receipts This Page (optional)			$823.41
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 33 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 Borstein 8 Bay Ave. Larchmont, NY 10538	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant Vice President Aggregate Year-to-Date >	$ 269.22	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 269.22	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 132.69
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant Vice President Aggregate Year-to-Date >	$ 309.61	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 120.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive – Claims Aggregate Year-to-Date >	$ 280.00	
E. Full Name, Mailing Address and ZIP Code Michael K. Cacapoux 127 Hardscrabble Road Bernardsville, NJ 07924	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Director – Public Markets Aggregate Year-to-Date >	$ 269.22	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 88.86
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 207.34	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 269.22	
SUBTOTAL of Receipts This Page (optional)			$803.07
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 33 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 Thomas L. Coakley 3208 Palisades Court Marietta, GA 30067	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant Vice President Aggregate Year-to-Date >	$ 269.22	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive – IA UW & S Aggregate Year-to-Date >	$ 269.22	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 155.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 269.22	
D. Full Name, Mailing Address and ZIP Code Thomas B. Considine 1084 Hawthorne Parkway Spring Lake Heights, NJ 07762	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 120.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 280.00	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 120.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 280.00	
F. Full Name, Mailing Address and ZIP Code Carlos J. Cremmer 10075 High Falls Pointe Alpharetta, GA 30022	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 92.31
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 215.39	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 269.22	
SUBTOTAL of Receipts This Page (optional)			$833.83
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 22 / OF 33 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. Decelles 47 Garden Grove Rd. Manchester, CT 06040	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 269.22	
B. Full Name, Mailing Address and ZIP Code Donald K. Davies 274 Dover Circle Inverness, IL 60067	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 120.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 280.00	
C. Full Name, Mailing Address and ZIP Code Wendell F. Dickerson 8 McQueen St. Katonah, NY 10536	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 269.22	
D. Full Name, Mailing Address and ZIP Code Barbara M. Duffy 123a Lauretta Lane Johnstown, PA 15904	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 110.55
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 257.95	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 150.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Associate Tax Counsel Aggregate Year-to-Date >	$ 350.00	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 150.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 350.00	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 105.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 245.00	
SUBTOTAL of Receipts This Page (optional)			$866.31
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 23 / OF 33 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
Barbara A. Gennetti 16 Forest Drive Morris Twp., NJ 07960	Metropolitan Life Insurance Company	03/00 Monthly Payroll Deductions	$ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President		
	Aggregate Year-to-Date >	$ 269.22	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Elizabeth A. Goddes 32 Dogwood Lane Loudonville, NY 12211	Metropolitan Life Insurance Company	03/00 Monthly Payroll Deductions	$ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President		
	Aggregate Year-to-Date >	$ 269.22	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
James A. Graneste 2521 Watrous Avenue Tampa, FL 33629	Metropolitan Life Insurance Company	03/00 Monthly Payroll Deductions	$ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President		
	Aggregate Year-to-Date >	$ 269.22	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Nancy J. Hammer 527 Daisy Nash Drive Lilburn, GA 30047	Metropolitan Life Insurance Company	03/00 Monthly Payroll Deductions	$ 120.30
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. General Counsel		
	Aggregate Year-to-Date >	$ 280.70	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Mark J. Hammersmith 246 Pine Hill Road New Fairfield, CT 06812	Metropolitan Life Insurance Company	03/00 Monthly Payroll Deductions	$ 132.69
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President		
	Aggregate Year-to-Date >	$ 309.61	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Donald J. Healy 115 Lawndale Ave. Elmhurst, IL 60126	Metropolitan Life Insurance Company	03/00 Monthly Payroll Deductions	$ 90.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Associate General Counsel		
	Aggregate Year-to-Date >	$ 210.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Ann M. Henstrand 543 East 18th St. Brooklyn, NY 11226	Metropolitan Life Insurance Company	03/00 Monthly Payroll Deductions	$ 120.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President		
	Aggregate Year-to-Date >	$ 280.00	
SUBTOTAL of Receipts This Page (optional)			$809.13
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 24 / OF 33 FOR LINE NUMBER 11ai

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Robert M. Hersh 92 Club Drive Roslyn Heights, NY 11577	Metropolitan Life Insurance Company	03/00 Monthly Payroll Deductions	$ 95.76
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Associate General Counsel Aggregate Year-to-Date >	$ 220.94	
B. Full Name, Mailing Address and ZIP Code Thomas G. Hogan 6 Dekoff Drive Hamilton Square, NJ 08690	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 120.00
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President & Deputy Controller Aggregate Year-to-Date >	$ 280.00	
C. Full Name, Mailing Address and ZIP Code Justin N. Hornburg 3483 W. Bradford Dr. Bloomfield, MI 48301	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 116.82
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 272.58	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 91.74
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 214.06	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 269.22	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 150.00
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 350.00	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Asst. Vice President & Actuary Aggregate Year-to-Date >	$ 269.22	
SUBTOTAL of Receipts This Page (optional)			$805.08
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 25 / OF 33 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. Kreutheim #13 Etil Park Greenwich, CT 06831	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 112.50
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 262.50	
B. Full Name, Mailing Address and ZIP Code Michael F. Kroeger 108 Pomeroy Rd. Madison, NJ 07940	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 150.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Managing Director Aggregate Year-to-Date >	$ 350.00	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 105.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 245.00	
D. Full Name, Mailing Address and ZIP Code Howard G. Kurpit 2 Peter Cooper Road, 8811 New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 150.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Sr. Actuary Aggregate Year-to-Date >	$ 350.00	
E. Full Name, Mailing Address and ZIP Code Thomas P. Laine 233 Vincent Dr. East Meadow, NY 11554	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 269.22	
F. Full Name, Mailing Address and ZIP Code Robert M. Lauper 482 Waubansee Circle Oswego, IL 60543	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 269.22	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 269.22	
SUBTOTAL of Receipts This Page (optional)			$863.64
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 26 / OF 33 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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 150.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 120.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 280.00	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 269.22	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. General Counsel Aggregate Year-to-Date >	$ 269.22	
E. Full Name, Mailing Address and ZIP Code Allan M. Marcus 70 Debora Drive Plainview, NY 11803	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. General Counsel Aggregate Year-to-Date >	$ 269.22	
F. Full Name, Mailing Address and ZIP Code Clifford E. Marston 933 McKays Court Brentwood, TN 37027	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☒Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 269.22	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 120.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive Aggregate Year-to-Date >	$ 280.00	
SUBTOTAL of Receipts This Page (optional)			$851.52
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 33 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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 120.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Regional Vice President		
	Aggregate Year-to-Date >	$ 280.40	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 150.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President		
	Aggregate Year-to-Date >	$ 300.00	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President		
	Aggregate Year-to-Date >	$ 269.22	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President		
	Aggregate Year-to-Date >	$ 269.22	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President		
	Aggregate Year-to-Date >	$ 269.22	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 90.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President		
	Aggregate Year-to-Date >	$ 210.00	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 108.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Sr. Actuary		
	Aggregate Year-to-Date >	$ 253.05	
SUBTOTAL of Receipts This Page (optional)			$814.59
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 28 / OF 33 FOR LINE NUMBER 11a

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 Georgette A. Piligian 25 Lucinda Drive Babylon, NY 11702	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 117.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 273.00	
B. Full Name, Mailing Address and ZIP Code Juan F. Pumilia P.O. Box 1544 New York, NY 10159	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 150.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 350.00	
C. Full Name, Mailing Address and ZIP Code Andrew D. Ralli's 1 Quail Mews North Brunswick, NJ 08902	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 86.55
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 201.95	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 269.22	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 269.22	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 269.22	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 147.12
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Managing Director Aggregate Year-to-Date >	$ 343.28	
SUBTOTAL of Receipts This Page (optional)			$846.81
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 33 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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 269.22	
B. Full Name, Mailing Address and ZIP Code Dino P. Ramsey 52 Briarwood Drive East Berkeley Heights, NJ 07922	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 269.22	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 120.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 280.40	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 269.22	
E. Full Name, Mailing Address and ZIP Code George A. Snyzrese 4 Peter Cooper Road New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 150.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 350.00	
F. Full Name, Mailing Address and ZIP Code Michael A. Schlegal 6108 Abbotsford Drive Dublin, OH 43017	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Regional Vice-President Aggregate Year-to-Date >	$ 269.22	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 90.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 210.00	
SUBTOTAL of Receipts This Page (optional)			$821.52
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 33 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 Ira H. Shuman 435 Albemarle Road Cedarhurst, NY 11516	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 120.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Associate General Counsel Aggregate Year-to-Date >	$ 240.00	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 269.22	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 138.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 323.05	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 103.86
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 242.34	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 120.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. General Counsel Aggregate Year-to-Date >	$ 280.00	
F. Full Name, Mailing Address and ZIP Code Mary B. Sternberger 49 Forest Way Clifton, NJ 07013	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 269.22	
G. Full Name, Mailing Address and ZIP Code Rose A. Swiabet 1938 Choctaw Circle, NW London, OH 43140	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 120.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 280.00	
SUBTOTAL of Receipts This Page (optional)			$833.07
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 33 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	03/00 Monthly Payroll Deductions	$ 90.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Managing Director		
	Aggregate Year-to-Date >	$ 210.00	
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	03/00 Monthly Payroll Deductions	$ 105.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President		
	Aggregate Year-to-Date >	$ 245.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Michael F. Tietz 10 Wood Place New Rochelle, NY 10801	MetLife Auto & Home	03/00 Monthly Payroll Deductions	$ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President		
	Aggregate Year-to-Date >	$ 269.22	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
John F. Toohey 360 First Avenue New York, NY 10010	Metropolitan Life Insurance Company	03/00 Monthly Payroll Deductions	$ 108.18
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Director – GAPM-P Mgr.		
	Aggregate Year-to-Date >	$ 252.42	
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	03/00 Monthly Payroll Deductions	$ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President & Actuary		
	Aggregate Year-to-Date >	$ 269.22	
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	03/00 Monthly Payroll Deductions	$ 117.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President		
	Aggregate Year-to-Date >	$ 273.00	
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	03/00 Monthly Payroll Deductions	$ 121.14
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President		
	Aggregate Year-to-Date >	$ 282.66	
SUBTOTAL of Receipts This Page (optional)			$772.08
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 32 / OF 33 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 Peter P. Yu 390 1st Avenue New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 269.22	
B. Full Name, Mailing Address and ZIP Code Robert Zandell 2917 Gurber Pl. Bronx, NY 10465	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 120.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 280.00	
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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 2,500.00 (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 Carol 77 Clive Street Metuchen, NJ 08840	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 250.00 (Lump Sum)
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice Presidents Aggregate Year-to-Date >	$ 250.00	
E. Full Name, Mailing Address and ZIP Code Kerman King 171 Marlborough St. Boston, MA 02116	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 5,000.00 (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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 2,000.00 (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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 3,000.00 (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)			$12,985.38
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 33 / OF 33 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) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 340.01 (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	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Aggregate Year-to-Date >	$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Aggregate Year-to-Date >	$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Aggregate Year-to-Date >	$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Aggregate Year-to-Date >	$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Aggregate Year-to-Date >	$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 03/00 Monthly Payroll Deductions	Amount of each Receipt this period $
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Aggregate Year-to-Date >	$	
SUBTOTAL of Receipts This Page (optional)			$300.00
TOTAL This Period (last page this line number only)			$ 59,590.34

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 / OF 1 FOR LINE NUMBER 16

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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 The Capitol Hill Club Attn: Linda Mintz 300 First Street SE Washington, DC 2003	Name of Employer	Date (month, day, year) 3/31/00	Amount of each Receipt this period REFUND – Oct. 1999 $ 2,000.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Aggregate Year-to-Date >		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Aggregate Year-to-Date >		
C. Full Name, Mailing Address and ZIP Code	Name of Employer 9/98 Monthly Payroll Deduction	Date (month, day, year)	Amount of each Receipt this period $
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Aggregate Year-to-Date >	$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer 9/98 Monthly Payroll Deduction	Date (month, day, year)	Amount of each Receipt this period $
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Aggregate Year-to-Date >	$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer 9/98 Monthly Payroll Deduction	Date (month, day, year)	Amount of each Receipt this period $
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Aggregate Year-to-Date >	$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer 9/98 Monthly Payroll Deduction	Date (month, day, year)	Amount of each Receipt this period $
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Aggregate Year-to-Date >	$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer 9/98 Monthly Payroll Deduction	Date (month, day, year)	Amount of each Receipt this period $
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Aggregate Year-to-Date >	$	
SUBTOTAL of Receipts This Page (optional)			$ 2,000.00
TOTAL This Period (last page this line number only)			$ 2,000.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE / OF 1 / 1 FOR LINE NUMBER 21B

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 Internal Revenue Service Holtsville, N.Y. 00501	Purpose of Disbursement 1999 Federal Income Taxes Disbursement For ☐Primary ☐General ☐Other (specify)	Date (month, day, year) 3/16/00	Amount of each Disbursement This Period $ 258.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For ☐Primary ☐General ☐Other (specify)	Date (month, day, year)	Amount of each Disbursement This Period $
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For ☐Primary ☐General ☐Other (specify)	Date (month, day, year)	Amount of each Disbursement This Period $
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For ☐Primary ☐General ☐Other (specify)	Date (month, day, year)	Amount of each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For ☐Primary ☐General ☐Other (specify)	Date (month, day, year)	Amount of each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For ☐Primary ☐General ☐Other (specify)	Date (month, day, year)	Amount of each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For ☐Primary ☐General ☐Other (specify)	Date (month, day, year)	Amount of each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For ☐Primary ☐General ☐Other (specify)	Date (month, day, year)	Amount of each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For ☐Primary ☐General ☐Other (specify)	Date (month, day, year)	Amount of each Disbursement This Period
SUBTOTAL of Disbursements This Page (optional)			$ 258.00
TOTAL This Period (last page this line number only)			$ 258.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 / OF 7
	FOR LINE NUMBER 23

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 Martin Frost Campaign Committee 4 E Street SE Washington, DC 20003	Purpose of Disbursement Martin Frost - D-TX24 U.S. Representative Disbursement For ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 3/14/00	Amount of each Disbursement This Period $(1,000.00) Lost Check
B. Full Name, Mailing Address and ZIP Code Martin Frost Campaign Committee 4 E Street SE Washington, DC 20003	Purpose of Disbursement Martin Frost - D-TX24 U.S. Representative Disbursement For ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 3/14/00	Amount of each Disbursement This Period $ 2,000.00
C. Full Name, Mailing Address and ZIP Code Tom DeLay Congressional Committee 10707 Corporate Drive Suite 130 Stafford, TX 77477	Purpose of Disbursement Tom DeLay - R-TX22 U.S. Representative Disbursement For ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 3/14/00	Amount of each Disbursement This Period $ 1,000.00
D. Full Name, Mailing Address and ZIP Code Glorious Food Attn: Jay Jolly 504 West 74th Street New York, NY 10021	Purpose of Disbursement Charles Schumer - D-NY U.S. Senate Disbursement For ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 3/14/00	Amount of each Disbursement This Period $ 2,015.74 (In Kind)
E. Full Name, Mailing Address and ZIP Code DCCC Federal Account Attn: Erin Graefe 430 South Capitol Street SE Washington, DC 20003	Purpose of Disbursement Disbursement For ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 3/14/00	Amount of each Disbursement This Period $15,000.00
F. Full Name, Mailing Address and ZIP Code A Lot of People Supporting Tom Daschle 1225 I Street NW Suite 350 Washington, DC 20005	Purpose of Disbursement Tom Daschle – D-SD U.S. Senate Disbursement For ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 3/24/00	Amount of each Disbursement This Period $ 1,000.00
G. Full Name, Mailing Address and ZIP Code Hatch Election Committee P.O. Box 1480 Washington, DC 20013-1480	Purpose of Disbursement Orrin Hatch – R-UT U.S. Senate Disbursement For ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 3/24/00	Amount of each Disbursement This Period $ 2,000.00
H. Full Name, Mailing Address and ZIP Code McCollum for US Senate 1212 New York Avenue NW Suite 350 Washington, DC 20005	Purpose of Disbursement Bill McCollum – R-FL U.S. Senate Disbursement For ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 3/24/00	Amount of each Disbursement This Period $ 3,000.00
I. Full Name, Mailing Address and ZIP Code Friends of Senator Murkowski P.O. Box 7024 Arlington, VA 22207	Purpose of Disbursement Frank Murkowski – R-AK U.S. Senate Disbursement For ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 3/24/00	Amount of each Disbursement This Period $ 1,000.00
SUBTOTAL of Disbursements This Page (optional)			$26,015.74
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 7 OF 27
	FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement This Period
The Reed Committee 8529 West Oak Place Vienna, VA 22182	Jack Reed – D-RI U.S. Senate Disbursement For ☒ Primary ☐ General ☐ Other (specify)	3/24/00	$ 1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement This Period
Santorum 2000 128 North Columbus Street Alexandria, VA 22314	Rick Santorum – R-PA U.S. Senate Disbursement For ☒ Primary ☐ General ☐ Other (specify)	3/24/00	$ 1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement This Period
Dick Armey Campaign Committee 4551 Brookfield Corporate Drive Suite 200 Chantilly, VA 20151	Dick Armey – R-TX26 U.S. Representative Disbursement For ☐ Primary ☒ General ☐ Other (specify)	3/24/00	$ 1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement This Period
Judy Biggert for Congress P.O. Box 16021 Alexandria, VA 22302	Judy Biggert – R-IL13 U.S. Representative Disbursement For ☐ Primary ☒ General ☐ Other (specify)	3/24/00	$ 500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement This Period
Friends of Roy Blunt P.O. Box 278 Stafford, MO 65757	Roy Blunt – R-MO7 U.S. Representative Disbursement For ☒ Primary ☐ General ☐ Other (specify)	3/24/00	$ 2,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement This Period
Bonoir for Congress P.O. Box 75216 Washington, DC 20013-5214	Dave Bonoir – D-MI10 U.S. Representative Disbursement For ☒ Primary ☐ General ☐ Other (specify)	3/24/00	$ 1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement This Period
Ed Bryant for Congress P.O. Box 2776 Arlington, VA 22202	Ed Bryant – R-TN7 U.S. Representative Disbursement For ☒ Primary ☐ General ☐ Other (specify)	3/24/00	$ 1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement This Period
Dave Camp for Congress P.O. Box 423 Midland, MI 48640	Dave Camp – R-MI4 U.S. Representative Disbursement For ☒ Primary ☐ General ☐ Other (specify)	3/24/00	$ 1,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement This Period
Phil Crane for Congress P.O. Box 2776 Arlington, VA 22202	Phil Crane – R-IL8 U.S. Representative Disbursement For ☐ Primary ☒ General ☐ Other (specify)	3/24/00	$ 3,000.00
SUBTOTAL of Disbursements This Page (optional)			$11,500.00
TOTAL This Period (last page this line number only)			

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 7 OF 3 / 7
	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 Jim Davis for Congress P.O. Box 2884 Washington, DC 20013	Purpose of Disbursement Jim Davis – D-FL11 U.S. Representative Disbursement For ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 3/24/00	Amount of each Disbursement This Period $ 1,000.00
B. Full Name, Mailing Address and ZIP Code Friends of Jennifer Dunn P.O. Box 70513 Washington, DC 20024	Purpose of Disbursement Jennifer Dunn – R-WA8 U.S. Representative Disbursement For ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 3/24/00	Amount of each Disbursement This Period $ 2,000.00
C. Full Name, Mailing Address and ZIP Code People for English P.O. Box 1940 Erie, PA 16507	Purpose of Disbursement Phil English – R-PA21 U.S. Representative Disbursement For ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 3/24/00	Amount of each Disbursement This Period $ 1,500.00
D. Full Name, Mailing Address and ZIP Code Harold Ford, Jr. 2000 729 15th Street NW 3rd Floor Washington, DC 20005	Purpose of Disbursement Harold Ford, Jr. – D-TN9 U.S. Representative Disbursement For ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 3/24/00	Amount of each Disbursement This Period $ 500.00
E. Full Name, Mailing Address and ZIP Code Congressman Bart Gordon Committee P.O. Box 2008 Murfreesboro, TN 37133	Purpose of Disbursement Bart Gordon – D-TN6 U.S. Representative Disbursement For ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 3/24/00	Amount of each Disbursement This Period $ 1,000.00
F. 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 ☐ General ☐ Other (specify)	Date (month, day, year) 3/24/00	Amount of each Disbursement This Period $ 1,000.00
G. Full Name, Mailing Address and ZIP Code Asa Hutchinson for Congress P.O. Box 2776 Arlington, VA 22202	Purpose of Disbursement Asa Hutchinson – R-AR3 U.S. Representative Disbursement For ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 3/24/00	Amount of each Disbursement This Period $ 1,000.00
H. Full Name, Mailing Address and ZIP Code Pennsylvanians for Kanjorski P.O. Box 2884 Washington, DC 20013	Purpose of Disbursement Paul Kanjorski – D-PA11 U.S. Representative Disbursement For ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 3/24/00	Amount of each Disbursement This Period $ 1,000.00
I. Full Name, Mailing Address and ZIP Code Friends of Patrick Kennedy 2000 P.O. Box 77047 Washington, DC 20013	Purpose of Disbursement Patrick Kennedy - D-RI1 U.S. Representative Disbursement For ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 3/24/00	Amount of each Disbursement This Period $ 1,500.00
SUBTOTAL of Disbursements This Page (optional)			$10,500.00
TOTAL This Period (last page this line number only)			

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 7 OF 4 / 7 FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement This Period
Sue Kelly for Congress P.O. Box 16021 Alexandria, VA 22302	Sue Kelly – R-NY19 U.S. Representative Disbursement For ☒ Primary ☐ General ☐ Other (specify)	3/24/00	$ 500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement This Period
Knollenberg for Congress Committee 4010 Franconia Road Alexandria, VA 22310	Joe Knollenberg – R-MI11 U.S. Representative Disbursement For ☒ Primary ☐ General ☐ Other (specify)	3/24/00	$ 500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement This Period
Levin for Congress 436 New Jersey Avenue SE Washington, DC 20003	Sandy Levin – D-MI12 U.S. Representative Disbursement For ☒ Primary ☐ General ☐ Other (specify)	3/24/00	$ 2,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement This Period
Ron Lewis for Congress P.O. Box 307 Elizabethtown, KY 42702	Ron Lewis R-KY2 U.S. Representative Disbursement For ☒ Primary ☐ General ☐ Other (specify)	3/24/00	$ 2,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement This Period
Luther for Congress Volunteer Committee 1399 Geneva Avenue N Suite 202 Oakdale, MN 55128	Bill Luther – D-MN6 U.S. Representative Disbursement For ☒ Primary ☐ General ☐ Other (specify)	3/24/00	$ 500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement This Period
The Maloney Committee 24 East 93rd Street Suite 4R New York, NY 10128	Carolyn Maloney – D-NY14 U.S. Representative Disbursement For ☒ Primary ☐ General ☐ Other (specify)	3/24/00	$ 1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement This Period
Friends of Carolyn McCarthy 38 Ivy Street SE Washington, DC 20003	Carolyn McCarthy – D-NY4 U.S. Representative Disbursement For ☒ Primary ☐ General ☐ Other (specify)	3/24/00	$ 500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement This Period
Karen McCarthy for Congress P.O. Box 2884 Washington, DC 20013	Karen McCarthy – D-MO5 U.S. Representative Disbursement For ☒ Primary ☐ General ☐ Other (specify)	3/24/00	$ 500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement This Period
McNulty for Congress P.O. Box 75214 Washington, DC 20013-5214	Mike McNulty – D-NY21 U.S. Representative Disbursement For ☒ Primary ☐ General ☐ Other (specify)	3/24/00	$ 1,500.00
SUBTOTAL of Disbursements This Page (optional)			$ 9,000.00
TOTAL This Period (last page this line number only)			

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE / OF 5 / 7
	FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement This Period
Mike McNulty for Congress P.O. Box 75214 Washington, DC 20013-5214	Mike McNulty – D-NY21 U.S. Representative Disbursement For ☐Primary ☒General ☐Other (specify)	3/24/00	$ 500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement This Period
Friends of Connie Morella 7101 Wisconsin Avenue Suite 102 Bethesda, MD 20814	Connie Morella – R-MD8 U.S. Representative Disbursement For ☐Primary ☒General ☐Other (specify)	3/24/00	$ 2,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement This Period
Pickering for Congress 605 Upland Place Alexandria, VA 22301	Chip Pickering – R-MS3 U.S. Representative Disbursement For ☐Primary ☒General ☐Other (specify)	3/24/00	$ 500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement This Period
Pryce for Congress 1200 Trinity Drive Alexandria, VA 22314	Deborah Pryce – R-OH15 U.S. Representative Disbursement For ☐Primary ☒General ☐Other (specify)	3/24/00	$ 1,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement This Period
Jim Ramstad Volunteer Committee 8100 Pennsylvania Avenue South #104 Bloomington, MN 55431	Jim Ramstad – R-MN3 U.S. Representative Disbursement For ☒Primary ☐General ☐Other (specify)	3/24/00	$ 1,500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement This Period
Reynolds for Congress P.O. Box 479 Victor, NY 14564	Tom Reynolds – R-NY27 U.S. Representative Disbursement For ☒Primary ☐General ☐Other (specify)	3/24/00	$ 1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement This Period
Joe Scarborough for Congress P.O. Box 13012 Pensacola, FL 32591	Joe Scarborough – R-FL1 U.S. Representative Disbursement For ☒Primary ☐General ☐Other (specify)	3/24/00	$ 2,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement This Period
Shadegg for Congress 2016 Mt. Vernon Avenue 3rd Floor Alexandria, VA 22301	John Shadegg – R-AZ4 U.S. Representative Disbursement For ☒Primary ☐General ☐Other (specify)	3/24/00	$ 1,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement This Period
Friends of Clay Shaw P.O. Box 2188 Fort Lauderdale, FL 33303-2188	Clay Shaw – R-FL22 U.S. Representative Disbursement For ☒Primary ☐General ☐Other (specify)	3/24/00	$ 1,000.00
SUBTOTAL of Disbursements This Page (optional)			$10,500.00
TOTAL This Period (last page this line number only)			

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 6 / OF 7
	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 Volunteers for Shimkus P.O. Box 5458 Springfield, IL 62705-5458	Purpose of Disbursement John Shimkus – R-IL20 U.S. Representative Disbursement For ☐Primary ☒General ☐Other (specify)	Date (month, day, year) 3/24/00	Amount of each Disbursement This Period $ 500.00
B. Full Name, Mailing Address and ZIP Code Sweeney for Congress P.O. Box 4698 Saratoga Springs, NY 12866	Purpose of Disbursement John Sweeney – R-NY22 U.S. Representative Disbursement For ☒Primary ☐General ☐Other (specify)	Date (month, day, year) 3/24/00	Amount of each Disbursement This Period $ 1,000.00
C. Full Name, Mailing Address and ZIP Code Friends of John Tanner P.O. Box 3301 Alexandria, VA 22302	Purpose of Disbursement John Tanner - D-TN8 U.S. Representative Disbursement For ☒Primary ☐General ☐Other (specify)	Date (month, day, year) 3/24/00	Amount of each Disbursement This Period $ 2,000.00
D. Full Name, Mailing Address and ZIP Code Wes Watkins for Congress P.O. Box WW Stillwater, OK 74076	Purpose of Disbursement Wes Watkins – R-OK3 U.S. Representative Disbursement For ☒Primary ☐General ☐Other (specify)	Date (month, day, year) 3/24/00	Amount of each Disbursement This Period $ 2,000.00
E. Full Name, Mailing Address and ZIP Code Friends of J.C. Watts Jr. 2000 4451 Brookfield Corporate Drive Suite 200 Chantilly, VA 20151	Purpose of Disbursement J.C. Watts Jr. - R-OK4 U.S. Representative Disbursement For ☒Primary ☐General ☐Other (specify)	Date (month, day, year) 3/24/00	Amount of each Disbursement This Period $ 1,000.00
F. Full Name, Mailing Address and ZIP Code New Democrat Network 501 Capitol Court NE Suite 200 Washington, DC 20002	Purpose of Disbursement Disbursement For ☒Primary ☐General ☐Other (specify)	Date (month, day, year) 3/24/00	Amount of each Disbursement This Period $ 1,000.00
G. Full Name, Mailing Address and ZIP Code Jeffords for Vermont 507 Capitol Court NE Suite 100 Washington, DC 20002	Purpose of Disbursement Jim Jeffords – R-VT U.S. Senate Disbursement For ☒Primary ☐General ☐Other (specify)	Date (month, day, year) 3/24/00	Amount of each Disbursement This Period $ 2,000.00
H. Full Name, Mailing Address and ZIP Code Enzi for Senate 2310 Fort Scott Drive Arlington, VA 22202	Purpose of Disbursement Mike Enzi – R-WY U.S. Senate Disbursement For ☒Primary ☐General ☐Other (specify)	Date (month, day, year) 3/24/00	Amount of each Disbursement This Period $ 1,000.00
I. Full Name, Mailing Address and ZIP Code Nelson 2000 301 4th Street NE Suite 201 Washington, DC 20002	Purpose of Disbursement Ben Nelson – D-NE U.S. Senate Disbursement For ☒Primary ☐General ☐Other (specify)	Date (month, day, year) 3/24/00	Amount of each Disbursement This Period $ 5,000.00
SUBTOTAL of Disbursements This Page (optional)			$15,500.00
TOTAL This Period (last page this line number only)			

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 7 / OF 7
	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 Barrett for Congress P.O. Box 2884 Washington, DC 20013	Purpose of Disbursement Tom Barrett – D-WI5 U.S. Representative Disbursement For [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 3/24/00	Amount of each Disbursement This Period $ 500.00
B. Full Name, Mailing Address and ZIP Code Casey for Congress Committee P.O. Box 1494 Scranton, PA 18501	Purpose of Disbursement Pat Casey – D-PA10 U.S. Representative Disbursement For [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 3/24/00	Amount of each Disbursement This Period $ 1,000.00
C. Full Name, Mailing Address and ZIP Code Crowley for Congress 6282 Occoquan Forest Drive Manassas, VA 20112	Purpose of Disbursement Joe Crowley – D-NY7 U.S. Representative Disbursement For [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 3/24/00	Amount of each Disbursement This Period $ 500.00
D. Full Name, Mailing Address and ZIP Code Gekas for Congress Committee 4451 Brookfield Corporate Drive Suite 200 Chantilly, VA 20151	Purpose of Disbursement George Gekas – R-PA17 U.S. Representative Disbursement For [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 3/24/00	Amount of each Disbursement This Period $ 500.00
E. Full Name, Mailing Address and ZIP Code J.D. Hayworth Committee P.O. Box 14275 Scottsdale, AZ 85267	Purpose of Disbursement J.D. Hayworth – R-AZ6 U.S. Representative Disbursement For [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 3/24/00	Amount of each Disbursement This Period $ 1,000.00
F. Full Name, Mailing Address and ZIP Code Kleczka for Congress 3150 A South Twelfth Street Milwaukee, WI 53215	Purpose of Disbursement Jerry Kleczka – D-WI4 U.S. Representative Disbursement For [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 3/24/00	Amount of each Disbursement This Period $ 1,000.00
G. Full Name, Mailing Address and ZIP Code Kilpatrick for Congress 2250 M Street NW Suite 201l Washington, DC 20037	Purpose of Disbursement Carolyn Kilpatrick – D-MI15 U.S. Representative Disbursement For [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 3/24/00	Amount of each Disbursement This Period $ 1,000.00
H. Full Name, Mailing Address and ZIP Code Morrisey for Congress 7 Elm Street Westfield, NJ 07091	Purpose of Disbursement Patrick Morrisey R-NJ7 U.S. Representative Disbursement For [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 3/24/00	Amount of each Disbursement This Period $ 1,000.00
I. Full Name, Mailing Address and ZIP Code The Congressman Waxman Campaign Committee P.O. Box 2884 Washington, DC 20013	Purpose of Disbursement Henry Waxman – D-CA29 U.S. Representative Disbursement For [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year) 3/24/00	Amount of each Disbursement This Period $ 1,000.00
SUBTOTAL of Disbursements This Page (optional)			$ 7,500.00
TOTAL This Period (last page this line number only)			$90,515.74

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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

NAME OF COMMITTEE (in Full)

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

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

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☐	Hand Delivered	Date of Receipt
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☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

JM JD — PREPARER

5-1-12 — DATE PREPARED

(4/98)