MetLife®

RECEIVED
FEC MAIL ROOM
2000 OCT 23 P 1:45

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 September 1, 2000 through September 30, 2000.

Yours truly,

Robert C. Tamok
Treasurer
(212) 578-7180

October 18, 2000

ENCLOSURE

Copies to: Dist. of Columbia Office Campaign Finance,
I.D. PA4000123
Florida Department of State

J6062-FUNDS (0000040035 (0197) Printed in U.S.A.

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 OCT 23 P 1:45

USE FEC MAILING LABEL OR TYPE OR PRINT

C00040923 180476 P 250
ROBERT C TARNOK
METROPOLITAN LIFE INSURANCE CO
MPAMY (METLIFE) EMPLOYEES' POL
ONE MADISON AVENUE
NEW YORK NY 10010

orted

2. FEC IDENTIFICATION NUMBER
C00040923

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

4. TYPE OF REPORT

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

Monthly Report Due On:
[ ] February 20 [ ] June 20 [X] 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 [X] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 9/1/00 through 9/30/00		
6. (a) Cash on Hand January 1, 2000		$ 215,679.82
(b) Cash on Hand at Beginning of Reporting Period	$ 223,348.18	
(c) Total Receipts (from Line 15)	$ 57,743.38	$ 423,799.11
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 281,091.56	$ 639,478.93
7. Total Disbursements (from Line 30)	$ 79,750.00	$ 438,137.37
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 201,341.56	$ 201,341.56
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
10/18/00

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

FEC FORM 3X
(revised 9/93)

FE0AN185

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

(revised 1/1/91)

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

REPORT COVERING PERIOD FROM: 9/1/00 TO: 9/30/00

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	$ 52,865.74	$ 336,110.77	11i
ii. Unitemized	4,180.84	80,491.37	11ii
iii. Total (add i and ii) ➤	57,046.58	416,602.14	11iii
b. Political Party Committees	0	0	11b
c. Other Political Committees (such as PACs)	0	0	11c
d. Total Contributions (add a iii, b and c) ➤	57,046.58	416,602.14	11d
12. Transfers From Affiliated/Other Party Committees	0	0	12
13. All Loans Received	0	0	13
14. Loan Repayments Received	0	0	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	2,464.43	16
17. Other Federal Receipts (Dividends, Interest, etc.)	696.80	4,732.54	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) ➤	57,743.38	423,799.11	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	57,743.38	423,799.11	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)	0	0	21a
i. Federal Share	0	0	21ai
ii. Non-Federal Share	0	258.00	21aii
b. Other Federal Operating Expenditures	0	258.00	21b
c. Total Operating Expenditures (add a i, a ii, and b) ➤	0	0	21c
22. Transfers to Affiliated/Other Party Committees	0	431,979.37	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	78,750.00	0	23
24. Independent Expenditures (use Schedule E)	0	0	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0	25
26. Loan Repayments Made	0	0	26
27. Loans Made	0	0	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0	0	28a
b. Political Party Committees	0	0	28b
c. Other Political Committees (such as PACs)	0	0	28c
d. Total Contribution Refunds (add a, b and c) ➤	0	0	28d
29. Other Disbursements	1,000.00	5,900.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	79,750.00	438,137.37	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	79,750.00	438,137.37	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	57,046.58	416,602.14	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	57,046.58	416,602.14	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0	258.00	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0	258.00	37

FEBAN094

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 / OF 55 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) 09/00 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 >	$ 2,307.60	
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) 09/00 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 >	$ 3,000.40	
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) 09/00 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 >	$ 3,846.20	
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) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 1,950.75	
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) 09/00 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 >	$ 3,846.20	
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) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 375.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 2,500.00	
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) 09/00 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 >	$ 2,307.60	
			$2,671.14
SUBTOTAL of Receipts This Page (optional)			$
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 2 / OF 55 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 Nicholas D. Larrenta 344 St. Nicholas Ave. Hillsdale, NJ 07642	Name of Employer Metropolitan Life Insurance Company Occupation: Senior Vice President	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 360.00
Receipt For ☐Primary ☐General ☐Other (specify)	Aggregate Year-to-Date >	$ 2,400.00	
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 Occupation: Senior Vice President	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 360.00
Receipt For ☐Primary ☐General ☐Other (specify)	Aggregate Year-to-Date >	$ 2,400.00	
C. Full Name, Mailing Address and ZIP Code David A. Levene 6 Wilcott Drive Melville, NY 11747	Name of Employer Metropolitan Life Insurance Company Occupation: Executive Vice President	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 450.00
Receipt For ☐Primary ☐General ☐Other (specify)	Aggregate Year-to-Date >	$ 3,000.00	
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 Occupation: Senior Vice President	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 346.14
Receipt For ☐Primary ☐General ☐Other (specify)	Aggregate Year-to-Date >	$ 2,307.60	
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 Occupation: Senior Vice President	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 346.14
Receipt For ☐Primary ☐General ☐Other (specify)	Aggregate Year-to-Date >	$ 2,307.60	
F. Full Name, Mailing Address and ZIP Code John S. Lombardo 105 Mottle Drive Cranston, RI 02921	Name of Employer Metropolitan Life Insurance Company Occupation: Executive - CFM	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 346.17
Receipt For ☐Primary ☐General ☐Other (specify)	Aggregate Year-to-Date >	$ 2,307.80	
G. Full Name, Mailing Address and ZIP Code Lauren Mascitelli 225 W. 83rd St. New York, NY 10024	Name of Employer Metropolitan Life Insurance Company Occupation: Senior Vice President	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 346.14
Receipt For ☐Primary ☐General ☐Other (specify)	Aggregate Year-to-Date >	$ 2,307.60	
			$2,554.99
SUBTOTAL of Receipts This Page (optional)			$
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 3 / OF 55 FOR LINE NUMBER 11ai

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

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

A. Full Name, Mailing Address and ZIP Code Stewart G. Nagler 14 Myrtle Drive Great Neck, NY 11021	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 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 >	$ 3,846.20	
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) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 454.59
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: President & CEO Aggregate Year-to-Date >	$ 3,453.77	
C. Full Name, Mailing Address and ZIP Code Vincent P. Reusing 804 Hermitage Court Alexandria, VA 22302	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 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 >	$ 2,307.60	
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) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 1,730.70	
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) 09/00 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 >	$ 2,500.00	
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) 09/00 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 >	$ 2,307.60	
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) 09/00 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 >	$ 2,307.60	
			$2,444.94
SUBTOTAL of Receipts This Page (optional)			$
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 4 / OF 55 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 Judy E. Weiss 48 Vanderveer Court Rockville Centre, NY 11570	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 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 >	$ 2,700.00	
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) 09/00 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 >	$ 2,307.60	
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) 09/00 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 >	$ 2,400.00	
D. Full Name, Mailing Address and ZIP Code Christopher M. Abell 200 East 84th St., No. 1 New York, NY 10028	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 846.12	
E. Full Name, Mailing Address and ZIP Code Roy C. Albertalli 47 Spring Ridge Drive Berkeley Heights, NJ 07922	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 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 >	$ 1,920.00	
F. Full Name, Mailing Address and ZIP Code Gerald L. Amonsama 17 Emerson Place Harrison, NY 10528	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,923.00	
G. Full Name, Mailing Address and ZIP Code William D. Anderson 56 Birch Run Avenue Denville, NJ 07834	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 231.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,540.00	
SUBTOTAL of Receipts This Page (optional)			$1,918.59
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 5 / OF 55 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 Frederick E. Arnholt 190 Sage Run Trail Duluth, GA 30097	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 300.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 2,000.00	
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) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,923.00	
C. Full Name, Mailing Address and ZIP Code George Bell 50 Dale Drive Summit, NJ 07901	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 270.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,800.00	
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) 09/00 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 >	$ 1,923.00	
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) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,923.00	
F. Full Name, Mailing Address and ZIP Code Steven J. Brash 332 East 84th St. New York, NY 10028	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 231.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,540.00	
G. Full Name, Mailing Address and ZIP Code Nicholas L. Brooker 185 Sherwood Farm Road Fairfield, CT 06430	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 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 >	$ 1,600.00	
			$1,906.35
SUBTOTAL of Receipts This Page (optional)			$
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 6 / OF 55 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 Herbert B. Brown 64 Adams St. Garden City, NY 11530	Name of Employer Metropolitan Life Insurance Company Occupation: Vice President	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Aggregate Year-to-Date >	$ 1,923.00	
B. Full Name, Mailing Address and ZIP Code Alexander D. Frundel 96 South Terrace Short Hills, NJ 07078	Name of Employer Metropolitan Life Insurance Company Occupation: Senior Vice President	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Aggregate Year-to-Date >	$ 1,200.00	
C. Full Name, Mailing Address and ZIP Code Debra J. Capolarello 79 Village Road Manhasset, NY 11030	Name of Employer Metropolitan Life Insurance Company Occupation: Vice President	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Aggregate Year-to-Date >	$ 1,923.00	
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 Occupation: Vice President & Actuary	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 180.00
Receipt For ☐Primary ☐General ☐Other (specify)	Aggregate Year-to-Date >	$ 1,200.00	
E. Full Name, Mailing Address and ZIP Code Frank Cassandra 16 Ferndale Court Staten Island, NY 10314	Name of Employer Metropolitan Life Insurance Company Occupation: Vice President & Actuary	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Aggregate Year-to-Date >	$ 1,538.40	
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 Occupation: Vice President	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Aggregate Year-to-Date >	$ 1,923.00	
G. Full Name, Mailing Address and ZIP Code Sheldon I.. Cohen 6 Lori Court Woodbury, NY 11797	Name of Employer Metropolitan Life Insurance Company Occupation: Vice President	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Aggregate Year-to-Date >	$ 1,538.40	
SUBTOTAL of Receipts This Page (optional)			$1,506.87
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 / OP 55 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) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 199.89
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,332.60	
B. Full Name, Mailing Address and ZIP Code James W. Cash 18 Woodland Road Pittstown, NJ 08867	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,538.40	
C. Full Name, Mailing Address and ZIP Code John E. Dubek 8 Alexandria Drive Sewell, NJ 08080	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 769.20	
D. Full Name, Mailing Address and ZIP Code Richard H. Daillak 54 Whippoorwill Road Armonk, NY 10504	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 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 >	$ 1,923.00	
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) 09/00 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 >	$ 1,923.00	
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) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice-President Aggregate Year-to-Date >	$ 1,923.00	
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) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 240.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,600.00	
			$1,536.00
SUBTOTAL of Receipts This Page (optional)			$
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 8 / OF 55 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) 09/00 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 >	$ 1,923.00	
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) 09/00 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 >	$ 1,923.00	
C. Full Name, Mailing Address and ZIP Code Michael Ehrnwelg 43 Lent Drive Plainview, NY 11803	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,923.00	
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) 09/00 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 >	$ 2,123.04	
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) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,923.00	
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) 09/00 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 >	$ 1,923.00	
G. Full Name, Mailing Address and ZIP Code James V. Grimm 20 Orchard Drive Randolph, NJ 07869	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,923.00	
SUBTOTAL of Receipts This Page (optional)			$2,076.84
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 55 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. Gastul-Garcia 46 Bruce Park Drive Greenwich, CT 06830	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,923.00	
B. Full Name, Mailing Address and ZIP Code Craig J. Gulffre 10 Rambling Drive Scotch Plains, NJ 07076	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,538.40	
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) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,920.00	
D. Full Name, Mailing Address and ZIP Code Donald J. Harman 420 East 23rd St. New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Associate Gen. Counsel Aggregate Year-to-Date >	$ 1,261.00	
E. Full Name, Mailing Address and ZIP Code Robert W. Harvey 4 Intrepid Lane Jamestown, RI 02835	Name of Employer MetLife Auto & Home	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive – Financial Aggregate Year-to-Date >	$ 1,923.00	
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) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,923.00	
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) 09/00 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 >	$ 2,160.00	
			$1,744.11
SUBTOTAL of Receipts This Page (optional)			$
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 10 / OF 55 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) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,538.40	
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) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 192.46
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Associate General Counsel Aggregate Year-to-Date >	$ 1,501.46	
C. Full Name, Mailing Address and ZIP Code John T. Jordano 37 St. Nicholas Way Basking Ridge, NJ 07920	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 1,269.18	
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) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,923.00	
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) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,538.40	
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) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 114.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,227.04	
G. Full Name, Mailing Address and ZIP Code James M. Lenaghan 315 Tuttle Avenue Spring Lake, NJ 07762	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 239.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Associate General Counsel Aggregate Year-to-Date >	$ 1,888.00	
			$1,410.81
SUBTOTAL of Receipts This Page (optional)			$
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 11 / OF 55 FOR LINE NUMBER 11ai

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

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

A. Full Name, Mailing Address and ZIP Code Michael Levine 54 Walworth Avenue Scarsdale, NY 10583	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 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 >	$ 1,923.00	
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) 09/00 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 >	$ 1,540.00	
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) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 1,500.00	
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) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,923.00	
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) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 225.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,500.00	
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) 09/00 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 >	$ 1,384.60	
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) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 1,076.88	
			$1,240.59
SUBTOTAL of Receipts This Page (optional)			$
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 12 / OF 55 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) 09/00 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 > $ 1,940.00	
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) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President	Aggregate Year-to-Date > $ 1,538.40	
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) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President	Aggregate Year-to-Date > $ 1,000.00	
D. Full Name, Mailing Address and ZIP Code William J. Mullaney 14 Roe Elam Road Randolph, NJ 07869	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 300.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President	Aggregate Year-to-Date > $ 2,000.00	
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) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Sr. Actuary	Aggregate Year-to-Date > $ 1,153.80	
F. Full Name, Mailing Address and ZIP Code Antonia C. Nuhfer 121 Stadley Rough Road Danbury, CT 06811	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President	Aggregate Year-to-Date > $ 1,538.40	
G. Full Name, Mailing Address and ZIP Code Christopher P. Nicholas 961 Bayridge Parkway Brooklyn, NY 11228	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 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 > $ 1,923.00	
SUBTOTAL of Receipts This Page (optional)			$1,340.97
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 13 / OF 55 FOR LINE NUMBER 11ai

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

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

A. Full Name, Mailing Address and ZIP Code Gaetan Nicolas 237 Moody St. Waltham, MA 02453	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 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 >	$ 1,923.00	
B. Full Name, Mailing Address and ZIP Code Renee B. Pazan - Borchardt 82 Thurston Terrace Glen Rock, NJ 07452	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 300.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,950.00	
C. Full Name, Mailing Address and ZIP Code James R. Petrosini 23 Appletree Road Flemington, NJ 08822	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,538.40	
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) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 300.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 2,000.60	
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) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Regional Vice President Aggregate Year-to-Date >	$ 769.20	
F. Full Name, Mailing Address and ZIP Code Janette A. Raffino 34 Lincoln Way Windsor, CT 06095	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,923.00	
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) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,923.00	
			$1,696.11
SUBTOTAL of Receipts This Page (optional)			$
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 14 / OF 55 FOR LINE NUMBER 11ai

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

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

A. Full Name, Mailing Address and ZIP Code Douglas A. Rayvid 36 East Hartshorn Drive Short Hills, NJ 07078	Name of Employer MetLife Auto & Home	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 173.07
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,153.80	
B. Full Name, Mailing Address and ZIP Code Joseph A. Reali 10 Dorac Road Morganville, NJ 07751	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 300.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President & Tax Director Aggregate Year-to-Date >	$ 2,000.00	
C. Full Name, Mailing Address and ZIP Code Ann M. Reed 16 W. 16th St., Apt. 5MN New York, NY 10011	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,538.40	
D. Full Name, Mailing Address and ZIP Code Margaret Ann Rody 10 Cindy Ann Dr. E. Greenwich, RI 02818	Name of Employer MetLife Auto & Home	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive - Rel & Comm. Aggregate Year-to-Date >	$ 462.00	
E. Full Name, Mailing Address and ZIP Code Neil A. Roseway 3 Olden Drive Flemington, NJ 08822	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 300.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 2,000.00	
F. Full Name, Mailing Address and ZIP Code Mark H. Ryan 4 Charles Everett Way Hingham, MA 02043	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,538.40	
G. Full Name, Mailing Address and ZIP Code Alexander G. Schuillin 125 E. 72nd St. New York, NY 10021	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 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 >	$ 1,923.00	
			$1,523.04
SUBTOTAL of Receipts This Page (optional)			$
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 15 / OF 55 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 Myron O. Schlanger 141-06 71st Ave. Kew Garden Hills, NY 11367	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 173.07
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,153.80	
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) 09/09 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,923.00	
C. Full Name, Mailing Address and ZIP Code Dean G. Stearer 20 Saddlebrook Road Robbinsville, NJ 08691	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,538.40	
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) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,538.40	
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) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,920.00	
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) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,076.88	
G. Full Name, Mailing Address and ZIP Code Steven L. Smith 508 Saddlehead Lane Marietta, GA 30067	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,538.40	
			$1,441.80
SUBTOTAL of Receipts This Page (optional)			$
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 16 / OF 55 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) 09/00 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 >	$ 1,600.00	
B. Full Name, Mailing Address and ZIP Code Stan R. St. John 7 Peter Cooper Road New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,923.00	
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) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,923.00	
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) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 346.14
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,692.24	
E. Full Name, Mailing Address and ZIP Code Presley F. Sumrall 311 East Chestnut Avenue Metuchen, NJ 08840	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 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 >	$ 1,923.00	
F. Full Name, Mailing Address and ZIP Code Stanley J. Talbi 37 Washington Drive Cranbury, NJ 08512	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 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 >	$ 2,000.00	
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) 09/00 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 >	$ 1,538.40	
			$1,982.25
SUBTOTAL of Receipts This Page (optional)			$
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 17 / OF 55 FOR LINE NUMBER 11ai

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

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

A. Full Name, Mailing Address and ZIP Code Edward E. Veazey 5 Cartier Court East Greenwich, RI 02818	Name of Employer MetLife Auto & Home	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive – Strat Plan Aggregate Year-to-Date >	$ 576.90	
B. Full Name, Mailing Address and ZIP Code Lawrence A. Vranka 5 Secor Drive Port Washington, NY 11050	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 291.40
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,940.00	
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) 09/00 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 >	$ 1,540.00	
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) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 615.36	
E. Full Name, Mailing Address and ZIP Code Richard T. Wang 6363 Christie Avenue Emeryville, CA 94608	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,923.00	
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) 09/00 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 >	$ 2,000.00	
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) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 60.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Director Aggregate Year-to-Date >	$ 1,139.96	
			$1,170.45
SUBTOTAL of Receipts This Page (optional)			$
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 18 / OF 55 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) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 300.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 2,000.00	
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) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 230.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,538.40	
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) 09/00 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 >	$ 1,923.00	
D. Full Name, Mailing Address and ZIP Code Margery Britain 370 First Street, Apt. 10F New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 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) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 1,000.00 (Lump Sum)
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,900.00	
F. Full Name, Mailing Address and ZIP Code Anthony E. Amodeo 122 Huntington Road Pt. Washington, NY 11050	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 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 >	$ 1,000.00	
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) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 150.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,000.00	
SUBTOTAL of Receipts This Page (optional)			$2,119.21
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 55 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 Patrice S. Andrews 77 Maple Street Ramsey, NJ 07446	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 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 >	$ 600.00	
B. Full Name, Mailing Address and ZIP Code Virgelon E. Aquino 100 Manhattan Avenue Union City, NJ 07087	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 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 >	$ 769.20	
C. Full Name, Mailing Address and ZIP Code Lawrence B. Blakemore 23 Jeremy Drive New Fairfield, CT 06812	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 150.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,000.00	
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) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 769.20	
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) 09/00 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 >	$ 781.80	
F. Full Name, Mailing Address and ZIP Code Sheldon Brooks 20 Boulderwood Dr. Livingston, NJ 07039	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 120.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 800.00	
G. Full Name, Mailing Address and ZIP Code Susan A. Rulfsen 4 Jackson Avenue Chatham, NJ 07928	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Managing Director Aggregate Year-to-Date >	$ 769.20	
			$823.41
SUBTOTAL of Receipts This Page (optional)			$
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 20 / OF 55 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 Susan Schmidt Burstein 8 Bay Ave. Larchmont, NY 10538	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 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 >	$ 769.20	
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) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 769.20	
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) 09/00 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 >	$ 884.60	
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) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 120.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive – Claims Aggregate Year-to-Date >	$ 800.00	
E. Full Name, Mailing Address and ZIP Code Michael K. Cavayuot 127 Hardscrabble Road Bernardsville, NJ 07924	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 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 >	$ 769.20	
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) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 88.86
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 592.40	
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) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 769.20	
			$803.07
SUBTOTAL of Receipts This Page (optional)			$
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 21 / OF 55 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 3200 Palisades Court Marietta, GA 30067	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 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 >	$ 769.20	
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) 09/00 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 >	$ 769.20	
C. Full Name, Mailing Address and ZIP Code Sharon K. Consiglio 7771 S. Memorial Drive Tulsa, OK 74133	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 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 >	$ 769.20	
D. Full Name, Mailing Address and ZIP Code Thomas B. Consiglio 1084 Hawthorne Parkway Spring Lake Heights, NJ 07762	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 39.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 503.00	
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) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 120.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 800.00	
F. Full Name, Mailing Address and ZIP Code Carlos J. Creamer 10075 High Falls Pointe Alpharetta, GA 30022	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 92.31
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 615.40	
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) 09/00 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 >	$ 769.20	
SUBTOTAL of Receipts This Page (optional)			$712.83
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 55 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 David E. Deedles 47 Garden Grove Rd. Manchester, CT 06040	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 769.20	
B. Full Name, Mailing Address and ZIP Code Donald K. Devine 274 Dover Circle Inverness, IL 60067	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 120.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 800.00	
C. Full Name, Mailing Address and ZIP Code Wendell F. Dickerson 8 McQuesn St. Eatonah, NY 10536	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 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 >	$ 769.20	
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) 09/00 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 >	$ 737.00	
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) 09/00 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 >	$ 1,000.00	
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) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 150.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,000.00	
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) 09/00 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 >	$ 700.00	
			$866.31
SUBTOTAL of Receipts This Page (optional)			$
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 23 / OF 55 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. Gannett 16 Forest Drive Morris Twp., NJ 07960	Metropolitan Life Insurance Company	09/00 Monthly Payroll Deductions	$ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President	Aggregate Year-to-Date > $ 769.20	

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Elizabeth A. Geddes 32 Dogwood Lane Londonville, NY 12211	Metropolitan Life Insurance Company	09/00 Monthly Payroll Deductions	$ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President	Aggregate Year-to-Date > $ 769.20	

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
James A. Grasese 2521 Watrous Avenue Tampa, FL 33629	Metropolitan Life Insurance Company	09/00 Monthly Payroll Deductions	$ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President	Aggregate Year-to-Date > $ 769.20	

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Nancy J. Hammer 577 Daisy Nash Drive Lilburn, GA 30047	Metropolitan Life Insurance Company	09/00 Monthly Payroll Deductions	$ 126.12
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. General Counsel	Aggregate Year-to-Date > $ 821.40	

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	09/00 Monthly Payroll Deductions	$ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President	Aggregate Year-to-Date > $ 1,051.91	

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	09/00 Monthly Payroll Deductions	$ 90.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Associate General Counsel	Aggregate Year-to-Date > $ 600.00	

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Ann M. Heestrand 543 East 18th St. Brooklyn, NY 11226	Metropolitan Life Insurance Company	09/00 Monthly Payroll Deductions	$ 120.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President	Aggregate Year-to-Date > $ 800.00	

SUBTOTAL of Receipts This Page (optional)	$970.71
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 55

FOR LINE NUMBER 11ai

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

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

A. Full Name, Mailing Address and ZIP Code Robert M. Heath 92 Club Drive Roslyn Heights, NY 11577	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 95.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Associate General Counsel Aggregate Year-to-Date >	$ 635.90	
B. Full Name, Mailing Address and ZIP Code Thomas G. Hogan 6 Dalzell Drive Hamilton Square, NJ 08690	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 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 >	$ 800.40	
C. Full Name, Mailing Address and ZIP Code Justin N. Homburg 3480 W. Bradford Dr. Bloomfield, MI 48301	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 124.61
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 786.59	
D. Full Name, Mailing Address and ZIP Code Russel P. Ioculano 9 Falling Creek Court Silver Spring, MD 20904	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 92.95
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 612.81	
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) 09/00 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 >	$ 769.20	
F. Full Name, Mailing Address and ZIP Code John R. Kershaw 68-12 Minnie St. Forest Hills, NY 11375	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 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 >	$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code Barbara W. Kleyer 3425 Summerhill Dr. Woodridge, IL 60517	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President & Actuary Aggregate Year-to-Date >	$ 384.60	
SUBTOTAL of Receipts This Page (optional)			$698.70
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 25 / OF 55 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. Krauthelm #13 Elit Park Greenwich, CT 06831	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 112.50
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 750.00	
B. Full Name, Mailing Address and ZIP Code Michael J. Kreeger 108 Pomeroy Rd. Madison, NJ 07940	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 150.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Managing Director Aggregate Year-to-Date >	$ 1,000.00	
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) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 105.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 700.00	
D. Full Name, Mailing Address and ZIP Code Howard G. Kurpit 2 Peter Cooper Road, #8H New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 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 >	$ 1,000.00	
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) 09/00 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 >	$ 769.20	
F. Full Name, Mailing Address and ZIP Code Robert M. Luiper 482 Waubonsee Circle Oswego, IL 60543	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 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 >	$ 769.20	
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) 09/00 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 >	$ 769.20	
			$863.64
SUBTOTAL of Receipts This Page (optional)			$
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 26 / OF 55 FOR LINE NUMBER 11ai

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

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

A. Full Name, Mailing Address and ZIP Code Mark D. Lobergan 234 Bungalow Terr. Millington, NJ 07946	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 350.00	
B. Full Name, Mailing Address and ZIP Code Robert R. Lynch 531 East 20th St. New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 120.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 800.00	
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) 09/00 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 >	$ 769.20	
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) 09/00 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 >	$ 769.20	
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) 09/00 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 >	$ 769.20	
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) 09/00 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 >	$ 769.20	
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) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 120.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive Aggregate Year-to-Date >	$ 800.00	
			$701.52
SUBTOTAL of Receipts This Page (optional)			$
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 27 / OF 55 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 Paul H. Mlchnel 5900 Edgewood Drive McKinney, TX 75070	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 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 >	$ 800.00	
B. Full Name, Mailing Address and ZIP Code Robert W. Morgan 15 Parrott St. Cold Spring, NY 10516	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 150.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 950.00	
C. Full Name, Mailing Address and ZIP Code Anne T. Mosley 109 Franklin Ct. Franklin, TN 37069	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 38.46
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 692.28	
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) 09/00 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 >	$ 769.20	
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) 09/00 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 >	$ 769.20	
F. Full Name, Mailing Address and ZIP Code Thomas W. Pierotti 4 Terrill Dr. Califon, NJ 07830	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 90.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 600.00	
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) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 108.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & St. Actuary Aggregate Year-to-Date >	$ 723.00	
			$737.67
SUBTOTAL of Receipts This Page (optional)			$
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 28 / OF 55 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 Georgette A. Piligian 25 Lucinda Drive Babylon, NY 11702	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 117.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 780.00	
B. Full Name, Mailing Address and ZIP Code Juan F. Punchin P.O. Box 1544 New York, NY 10159	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 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 >	$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code Andrew D. Ralfis 1 Quail Mews North Brunswick, NJ 08902	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 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 >	$ 577.00	
D. Full Name, Mailing Address and ZIP Code Theresa D. Rice-Robinson 14 Watermen Farm Road Cumberland, RI 02864	Name of Employer MetLife Auto & Home	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 76.92
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 730.74	
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) 09/00 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 >	$ 769.20	
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) 09/00 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 >	$ 769.20	
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) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 147.12
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Managing Director Aggregate Year-to-Date >	$ 980.80	
			$808.35
SUBTOTAL of Receipts This Page (optional)			$
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 29 / OF 55 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) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 769.20	
B. Full Name, Mailing Address and ZIP Code Dion P. Rumsey 52 Briarwood Drive East Berkeley Heights, NJ 07922	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 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 >	$ 769.20	
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) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 120.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 800.00	
D. Full Name, Mailing Address and ZIP Code Craig Samples 4 Clearview Drive Long Valley, NJ 07853	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 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 >	$ 769.20	
E. Full Name, Mailing Address and ZIP Code George A. Savarese 4 Peter Cooper Road New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 150.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code Michael A. Schlegel 6108 Abbotsford Drive Dublin, OH 43017	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 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 >	$ 769.20	
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) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 90.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 600.00	
			$821.52
SUBTOTAL of Receipts This Page (optional)			$
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 30 / OF 55 FOR LINE NUMBER 11ai

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

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

A. Full Name, Mailing Address and ZIP Code Ira H. Shuman 435 Albemarle Road Cedarhurst, NY 11516	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 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 >	$ 800.00	
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) 09/00 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 >	$ 769.20	
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) 09/00 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 >	$ 923.00	
D. Full Name, Mailing Address and ZIP Code Jeffrey R. Smith 2020 Nancy Blvd. Merrick, NY 11566	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 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 >	$ 692.40	
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) 09/00 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 >	$ 800.00	
F. Full Name, Mailing Address and ZIP Code Marc B. Stemberger 49 Forest Way Clifton, NJ 07013	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice Presidents Aggregate Year-to-Date >	$ 769.20	
G. Full Name, Mailing Address and ZIP Code Rose A. Swisher 1938 Choctaw Circle, NW London, OH 43140	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 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 >	$ 800.00	
			$833.07
SUBTOTAL of Receipts This Page (optional)			$
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 31 / OF 55 FOR LINE NUMBER 11ai

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

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

A. Full Name, Mailing Address and ZIP Code Charles E. Symington 43 Pippins Way Morristown, NJ 07960	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 90.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Managing Director Aggregate Year-to-Date >	$ 600.00	
B. Full Name, Mailing Address and ZIP Code Wilhelmenia J. Taylor 505 Quincy St. Brooklyn, NY 11221	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 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 >	$ 700.00	
C. Full Name, Mailing Address and ZIP Code Michael F. Tietz 10 Wood Place New Rochelle, NY 10801	Name of Employer MetLife Auto & Home	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 769.20	
D. Full Name, Mailing Address and ZIP Code John P. Toohey 360 First Avenue New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 108.18
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Director – GAPM-P Mgt. Aggregate Year-to-Date >	$ 721.20	
E. Full Name, Mailing Address and ZIP Code Selina Wang 54 Walworth Avenue Scarsdale, NY 10583	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 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 >	$ 769.20	
F. Full Name, Mailing Address and ZIP Code Sharon E. Waters 15 Suffolk Lane Princeton Junction, NJ 08550	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 117.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 780.00	
G. Full Name, Mailing Address and ZIP Code Michael J. Young 5150 Route 34 Oswego, IL 60543	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 121.14
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 807.60	
SUBTOTAL of Receipts This Page (optional)			$792.08
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 55 FOR LINE NUMBER 11ai

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

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

A. Full Name, Mailing Address and ZIP Code Peter P. Yu 390 1st Avenue New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 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 >	$ 769.20	
B. Full Name, Mailing Address and ZIP Code Robert Zandoli 2917 Gerber Pl. Bronx, NY 10465	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 120.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 800.00	
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) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 (Lump Sum)
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 2,500.00	
D. Full Name, Mailing Address and ZIP Code Michael Gami 77 Clive Street Metuchen, NJ 08840	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 (Lump Sum)
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President Aggregate Year-to-Date >	$ 250.00	
E. Full Name, Mailing Address and ZIP Code Kerman King 171 Marlborough St. Boston, MA 02116	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 (Lump Sum)
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive Vice President Aggregate Year-to-Date >	$ 5,000.00	
F. Full Name, Mailing Address and ZIP Code Michael Vitoli 4143 Kingshill Circle Naperville, IL 60564	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 (Lump Sum)
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 2,000.00	
G. Full Name, Mailing Address and ZIP Code Richard Davis 194 Oak Ridge Avenue Summit, NJ 07901	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 (Lump Sum)
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President Aggregate Year-to-Date >	$ 3,000.00	
SUBTOTAL of Receipts This Page (optional)			$235.38
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 55 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., 011H New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 (Lump Sum)
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 300.00	
B. Full Name, Mailing Address and ZIP Code Alexander H. Alperin 305 Woodbridge Way Simpsonville, SC 29681	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 69.24
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant Vice President Aggregate Year-to-Date >	$ 459.68	
C. Full Name, Mailing Address and ZIP Code Nancy H. Bailey 20 Redwood Drive Plainview, NY 11803	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 72.12
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant General Counsel Aggregate Year-to-Date >	$ 480.80	
D. Full Name, Mailing Address and ZIP Code Peter T. Burcia 114 Pomus Ridge New Canaan, CT 06840	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant Vice President Aggregate Year-to-Date >	$ 333.13	
E. Full Name, Mailing Address and ZIP Code Gary A. Beller 125 East 72nd St. New York, NY 10021	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 576.93
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Sr. Executive Vice President & Gen. Counsel Aggregate Year-to-Date >	$ 2,509.03	
F. Full Name, Mailing Address and ZIP Code William P. Bigelow 22 High Ridge Place Easton, CT 06612	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 78.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 512.65	
G. Full Name, Mailing Address and ZIP Code Marvin H. Brodie 262 Nelson Road Scarsdale, NY 10583	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 80.19
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 534.60	
			$876.93
SUBTOTAL of Receipts This Page (optional)			$
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 34 / OF 55 FOR LINE NUMBER 11ai

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

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

A. Full Name, Mailing Address and ZIP Code Anthony R. Buonaguro 17 Bakley Terrace West Orange, NJ 07052	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 350.00	
B. Full Name, Mailing Address and ZIP Code Betsy E. Davis 10340 Brookhollow Circle Highlands Ranch, CO 80126	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 75.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 500.00	
C. Full Name, Mailing Address and ZIP Code Martin Deode 45 Smallpox Trail West Kingston, RI 02892	Name of Employer MetLife Auto & Home	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 85.58
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive – Pricing Aggregate Year-to-Date >	$ 551.47	
D. Full Name, Mailing Address and ZIP Code Joseph Gisi 10 Cromwell Drive Morristown, NJ 07960	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 72.12
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant Vice President Aggregate Year-to-Date >	$ 480.80	
E. Full Name, Mailing Address and ZIP Code Anthony C. Ginetto 138 Eylandt St. Staten Island, NY 10312	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 75.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Associate General Counsel Aggregate Year-to-Date >	$ 500.00	
F. Full Name, Mailing Address and ZIP Code Nancy J. Haley 72 Banksville Road Armonk, NY 10504	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 80.19
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 531.14	
G. Full Name, Mailing Address and ZIP Code Sibyl C. Jacobson 540 East 23rd St. New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 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 >	$ 1,499.94	
SUBTOTAL of Receipts This Page (optional)			$734.03
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 35 / OF 55 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
Lorraine J. Knapp 285 Wales Avenue River Edge, NJ 07661	Metropolitan Life Insurance Company	09/00 Monthly Payroll Deductions	$ 75.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Thomas E. Leahhn 81 Miller Road Morristown, NJ 07960	Metropolitm Life Insurance Company	09/00 Monthly Payroll Deductions	$ 69.21
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Managing Director Aggregate Year-to-Date >	$ 461.40	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Robert I. Levin 164 South Highwood Ave. Glen Rock, NJ 07452	Metropolitan Life Insurance Company	09/00 Monthly Payroll Deductions	$ 75.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Thomas R. Luneburg 20 Bordeaux Court Danville, CA 94506	Metropolitan Life Insurance Company	09/00 Monthly Payroll Deductions	$ 75.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant General Counsel Aggregate Year-to-Date >	$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Patrick L. McCusker 2021 Carolyn Road Aurora, IL 60506	Metropolitan Life Insurance Company	09/00 Monthly Payroll Deductions	$ 84.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 560.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Janet M. Morgan 48 Pequot Lane Commack, NY 11725	Metropolitan Life Insurance Company	09/00 Monthly Payroll Deductions	$ 75.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant Vice President Aggregate Year-to-Date >	$ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Robert J. Neil 6 Overlook Road Chatham, NJ 07928	Metropolitan Life Insurance Company	09/00 Monthly Payroll Deductions	$ 80.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Director Aggregate Year-to-Date >	$ 538.40	
SUBTOTAL of Receipts This Page (optional)			$533.97
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 36 / OF 55 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
Anthony J. Nugent 2515 Brickfield Court Thousand Oaks, CA 91362	Metropolitan Life Insurance Company	09/00 Monthly Payroll Deductions	$ 75.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Regional Vice President		
	Aggregate Year-to-Date >	$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Susan L. Ross 203 Madison St. #2B Hoboken, NJ 07030	Metropolitan Life Insurance Company	09/00 Monthly Payroll Deductions	$ 76.44
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant General Counsel		
	Aggregate Year-to-Date >	$ 509.60	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Mitchell S. Ryon 78 Brewers Lane Roslyn Heights, NY 11577	Metropolitan Life Insurance Company	09/00 Monthly Payroll Deductions	$ 75.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant Vice President		
	Aggregate Year-to-Date >	$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Robert E. Sollmann 351 Nod Hill Road Wilton, CT 06897	Metropolitan Life Insurance Company	09/00 Monthly Payroll Deductions	$ 69.21
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Vice President		
	Aggregate Year-to-Date >	$ 461.40	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Kihong Sung 22-2 Itaewon-Dong Yongs Seoul,	Metropolitan Life Insurance Company	09/00 Monthly Payroll Deductions	$ 69.21
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President		
	Aggregate Year-to-Date >	$ 461.40	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Nan D. Tecotzky 280 First Avenue, Apt. 7D New York, NY 10009	Metropolitan Life Insurance Company	09/00 Monthly Payroll Deductions	$ 80.25
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary		
	Aggregate Year-to-Date >	$ 522.75	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Mary J. Vollkommer 2985 Kaepke Road Northbrook, IL 60062	Metropolitan Life Insurance Company	09/00 Monthly Payroll Deductions	$ 0
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary		
	Aggregate Year-to-Date >	$ 425.00	

	$445.11
SUBTOTAL of Receipts This Page (optional)	$
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 37 / OF 55 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 Gregory J. Yoder 304 Madison Avenue Convent Station, NJ 07961	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 75.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Managing Director Aggregate Year-to-Date >	$ 300.00	
B. Full Name, Mailing Address and ZIP Code Anthony Trani 120 Lloyd Road Bernardsville, NJ 07924	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 (Lump Sum)
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 500.00	
C. Full Name, Mailing Address and ZIP Code Robert Benmosche 4 Wesley Chapel Rd. Wesley Hills, NY 10901	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 (Lump Sum)
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Chairman of the Board & CEO Aggregate Year-to-Date >	$ 5,000.00	
D. Full Name, Mailing Address and ZIP Code George Christ 19 Hospitality Way Englishtown, NJ 07726	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 (Lump Sum)
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 500.00	
E. Full Name, Mailing Address and ZIP Code Brian Collins 16 Moonlight Lane Saugerties, NY 12477	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 (Lump Sum)
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Systems Consultant Aggregate Year-to-Date >	$ 50.00	
F. Full Name, Mailing Address and ZIP Code Oliver Reeves 744 Gilbert Highway Fairfield, CT 06430	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 (Lump Sum)
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code Mark Alexander 25 Rockledge Avenue White Plains, NY 10965	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 (Lump Sum)
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 500.00	
SUBTOTAL of Receipts This Page (optional)			$75.00
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 38 / OF 55 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
Gloria Eubon 15 W. 72nd St. New York, NY 10010	Metropolitan Life Insurance Company	09/00 Monthly Payroll Deductions	$ 0 (Lump Sum)
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President		
	Aggregate Year-to-Date >	$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code Dennis Travis 1324 Monongahela Blvd. White Oak, PA 15131	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 (Lump Sum)
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Fin. Plan.		
	Aggregate Year-to-Date >	$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code Barbara Horne 56 Peachtree Road Basking Ridge, NJ 07920	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 (Lump Sum)
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President		
	Aggregate Year-to-Date >	$ 2,000.00	
D. Full Name, Mailing Address and ZIP Code Robert Edwards 4199 Club Drive Atlanta, GA 30319	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 (Lump Sum)
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President		
	Aggregate Year-to-Date >	$ 300.00	
E. Full Name, Mailing Address and ZIP Code Robert C. Henrikson 153 Sunset Hill Rd. New Canaan, CT 06840	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 (Lump Sum)
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: President – Institutional		
	Aggregate Year-to-Date >	$ 5,000.00	
F. Full Name, Mailing Address and ZIP Code Harry Kamen 910 Park Avenue New York, NY 10021	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 (Lump Sum)
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Former President		
	Aggregate Year-to-Date >	$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code Rosalie M. Mastropolo 196 Nannyhagen Rd. Thornwood, NY 10594	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 (Lump Sum)
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President		
	Aggregate Year-to-Date >	$ 250.00	

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

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 39 / OF 55 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 Rogers 440 E. 23rd St., #8C New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 153.84
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Director Aggregate Year-to-Date >	$ 353.84	
B. Full Name, Mailing Address and ZIP Code Robert Trost P.O. Box 111 Auburn, IL 62615	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 (Lump Sum)
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Agriculture Inv. Consultant Aggregate Year-to-Date >	$ 50.00	
C. Full Name, Mailing Address and ZIP Code James R. Ancharski 607 Raymond Street Westfield, NJ 07090	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 60.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant Vice President Aggregate Year-to-Date >	$ 400.00	
D. Full Name, Mailing Address and ZIP Code Stuart L. Ashton 34 Trevor Place London, England, SW7IL	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 75.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Director Aggregate Year-to-Date >	$ 475.00	
E. Full Name, Mailing Address and ZIP Code John K. Bruins 23 Melissa Drive North Haledon, NJ 07508	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 60.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 400.00	
F. Full Name, Mailing Address and ZIP Code Richard E. Calogero 1202 Scott Road Clarks Summit, PA 18411	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 66.63
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant Vice President Aggregate Year-to-Date >	$ 444.20	
G. Full Name, Mailing Address and ZIP Code Joseph D. Cook 20 Trombiant Court Lutherville, MD 21093	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 57.69
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 384.60	
SUBTOTAL of Receipts This Page (optional)			$473.16
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 40 / OF 55 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 Lawrence S. Craven 425 Birchtree Lane Northvale, NJ 07647	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 60.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant Vice President Aggregate Year-to-Date >	$ 400.00	
B. Full Name, Mailing Address and ZIP Code Edward A. Dicterich 14 Roden Way Chester, NJ 07624	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 60.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 400.00	
C. Full Name, Mailing Address and ZIP Code Francis M. Buonaiuto 7 St. Ann's Terrace London, NW86PG	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 60.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Managing Director Aggregate Year-to-Date >	$ 400.00	
D. Full Name, Mailing Address and ZIP Code Kimberly A. Fabian 536 Harlowe Lane Naperville, IL 60565	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 60.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 400.00	
E. Full Name, Mailing Address and ZIP Code Peter J. Flanagan 520 E. 20th St., Apt. 6H New York, NY 10009	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 66.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Counsel Aggregate Year-to-Date >	$ 443.00	
F. Full Name, Mailing Address and ZIP Code Jonathan S. Glenn 370 First Avenue New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 57.69
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Director Aggregate Year-to-Date >	$ 376.55	
G. Full Name, Mailing Address and ZIP Code Michael P. Harwood 50 Crescent Place Short Hills, NJ 07078	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 60.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 400.00	
SUBTOTAL of Receipts This Page (optional)			$424.14
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 41 / OF 55 FOR LINE NUMBER 11ai

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

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

A. Full Name, Mailing Address and ZIP Code Lynn D. Hunt 5407 Avenue Simone Lutz, FL 33549	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/01 Monthly Payroll Deductions	Amount of each Receipt this period $ 60.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 480.00	
B. Full Name, Mailing Address and ZIP Code William D. Kerrigan 239 Kocientba Drive River Vale, NJ 07675	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 65.76
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Sr. Actuary Aggregate Year-to-Date >	$ 438.40	
C. Full Name, Mailing Address and ZIP Code Karen L. Lundberg 54 Trellis Drive West Warwick, RI 02893	Name of Employer MetLife Auto & Home	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 60.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive – UW Aggregate Year-to-Date >	$ 400.00	
D. Full Name, Mailing Address and ZIP Code Robert F. Lundgren 77 Holly Hill Lane Saunderstown, RI 02874	Name of Employer MetLife Auto & Home	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 60.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive – Sales Support Aggregate Year-to-Date >	$ 400.00	
E. Full Name, Mailing Address and ZIP Code Joel M. Marlin 16204 Villareal De Avila Tampa, FL 33613	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 55.95
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 373.00	
F. Full Name, Mailing Address and ZIP Code Linda A. Mattox-Lind 15806 Muirfield Drive Odessa, FL 33556	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 60.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant Vice President Aggregate Year-to-Date >	$ 400.00	
G. Full Name, Mailing Address and ZIP Code Paul J. McNulty 401 Brookview Lane Clarks Summit, PA 18411	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 60.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant Vice President Aggregate Year-to-Date >	$ 400.00	
SUBTOTAL of Receipts This Page (optional)			$421.71
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 42 / OF 55 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 R. Merck 9410 Nesbit Lakes Drive Alpharetta, GA 30022	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 60.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 400.00	
B. Full Name, Mailing Address and ZIP Code Thomas F. Molecky 360 First Avenue New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 60.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Manager- Travel Svs. Aggregate Year-to-Date >	$ 400.00	
C. Full Name, Mailing Address and ZIP Code Joseph M. Mruczek 4 Peter Cooper Road New York, NY 10010	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 60.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant Vice President Aggregate Year-to-Date >	$ 400.00	
D. Full Name, Mailing Address and ZIP Code Jeffrey B. Norris 110 Highfield Road Wilton, CT 06897	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 60.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 400.00	
E. Full Name, Mailing Address and ZIP Code William H. Nugent 15 Arden Drive Hartsdale, NY 10530	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 57.69
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant Vice President Aggregate Year-to-Date >	$ 383.83	
F. Full Name, Mailing Address and ZIP Code Edward T. Reynolds 8 Adams Farm Road Katonah, NY 10536	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 346.14
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 1,269.18	
G. Full Name, Mailing Address and ZIP Code Cynthia W. Schmaedeke 2419 Adams Drive Lisle, IL 60532	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 62.28
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant Vice President Aggregate Year-to-Date >	$ 415.20	
SUBTOTAL of Receipts This Page (optional)			$706.11
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 43 / OF 55 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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Aggregate Year-to-Date	Amount of each Receipt this period
A. Kathleen J. Schnoes, 54 Traymore St., Cranston, RI 02920; Receipt For ☐Primary ☐General ☐Other (specify)	MetLife Auto & Home; Occupation: Assistant Vice President	09/00 Monthly Payroll Deductions	$ 400.00	$ 60.00
B. Steven P. Seltzer, 3 Nancy Court, Manhasset, NY 11030; Receipt For ☐Primary ☐General ☐Other (specify)	Metropolitan Life Insurance Company; Occupation: Assistant General Counsel	09/00 Monthly Payroll Deductions	$ 400.00	$ 60.00
C. Roger S. So, 1 Magnolia Court, Morris Township, NJ 07960; Receipt For ☐Primary ☐General ☐Other (specify)	Metropolitan Life Insurance Company; Occupation: Assistant Vice President	09/00 Monthly Payroll Deductions	$ 438.40	$ 65.76
D. Victor W. Turner, 50 Stone Creek Trail, Alpharetta, GA 30004; Receipt For ☐Primary ☐General ☐Other (specify)	Metropolitan Life Insurance Company; Occupation: Vice President	09/00 Monthly Payroll Deductions	$ 406.00	$ 60.90
E. Michael J. Viggiano, 1613 Fairfield Road, Yardley, PA 19067; Receipt For ☐Primary ☐General ☐Other (specify)	Metropolitan Life Insurance Company; Occupation: Vice President	09/00 Monthly Payroll Deductions	$ 400.00	$ 60.00
F. John K. Ward, 37 Crescent Road, Madison, NJ 07940; Receipt For ☐Primary ☐General ☐Other (specify)	Metropolitan Life Insurance Company; Occupation: Director	09/00 Monthly Payroll Deductions	$ 400.00	$ 60.00
G. Jane C. Weinberg, 6 Marigold Court, Princeton, NJ 08540; Receipt For ☐Primary ☐General ☐Other (specify)	Metropolitan Life Insurance Company; Occupation: Vice President	09/00 Monthly Payroll Deductions	$ 400.00	$ 60.00

SUBTOTAL of Receipts This Page (optional)	$426.66
TOTAL This Period (last page this line number only)	$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 44 / OF 55 FOR LINE NUMBER 11ai

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

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

A. Full Name, Mailing Address and ZIP Code Mark H. Wilsmann 460 Guildhall Grove Alpharetta, GA 30022	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 57.69
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 384.60	
B. Full Name, Mailing Address and ZIP Code Robert Marzulli 15 W. 72nd St. New York, NY 10023	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 (Lump Sum)
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 2,500.00	
C. Full Name, Mailing Address and ZIP Code William B. Danner 94 Mercer Street New York, NY 10012	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 49.86
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 323.70	
D. Full Name, Mailing Address and ZIP Code J. Edmond Diver 14 Colby Farm Road Chester , NJ 07930	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 53.37
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Director Aggregate Year-to-Date >	$ 355.80	
E. Full Name, Mailing Address and ZIP Code Susan M. Ende 107 Riviera Drive South Massapequa, NY 11758	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 47.61
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 317.40	
F. Full Name, Mailing Address and ZIP Code Helayne E. Kiler 526 East 20th St. New York, NY 10009	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 75.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 425.00	
G. Full Name, Mailing Address and ZIP Code James A. McDermott 1764 Ashbourne Dr. Yardley, PA 19067	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 51.93
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Regional Vice President Aggregate Year-to-Date >	$ 341.88	
			$335.46
SUBTOTAL of Receipts This Page (optional)			$
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 45 / OF 55 FOR LINE NUMBER 11ai

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of each Receipt this period
Jerry D. Michel 5454 N. Fresno #201 Fresno, CA 93710	Metropolitan Life Insurance Company	09/00 Monthly Payroll Deductions	$ 51.93
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Manager	Aggregate Year-to-Date >	$ 312.76
B. Full Name, Mailing Address and ZIP Code Nicole R. Nason 850 N. Randolph Street #6 Arlington, VA 22203	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 29.52
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Gov't. Relations Counsel	Aggregate Year-to-Date >	$ 300.13
C. Full Name, Mailing Address and ZIP Code Elliot Reiter 9 Hard Place Old Bridge, NJ 08857	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 50.76
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President	Aggregate Year-to-Date >	$ 338.40
D. Full Name, Mailing Address and ZIP Code Robert T. Riggio 25 Linberger Drive Bridgewater, NJ 08807	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 48.45
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President	Aggregate Year-to-Date >	$ 316.84
E. Full Name, Mailing Address and ZIP Code Thomas Lenihan 81 Miller Road Morristown, NJ 07960	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 (Lump Sum)
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Director	Aggregate Year-to-Date >	$ 1,000.00
F. Full Name, Mailing Address and ZIP Code Michael Calluhan 20 Polhemus Place Brooklyn, NY 11215	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 (Lump Sum)
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Vice President	Aggregate Year-to-Date >	$ 1,000.00
G. Full Name, Mailing Address and ZIP Code Mark Alpert 10 Highland Ridge Road Mendham, NJ 07726	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 43.41
Receipt For ☐ Primary ☐ General ☐ Other (specify)	Occupation: Assistant General Counsel	Aggregate Year-to-Date >	$ 289.40
SUBTOTAL of Receipts This Page (optional)			$224.07
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 46 / OF 55 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 Kimberly D. Brunson 332 Main Street Matawan, NJ 07747	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 45.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Director of Operations Aggregate Year-to-Date >	$ 300.00	
B. Full Name, Mailing Address and ZIP Code Thaddeus O. Burr 450 E. 20th St., Apt. 4C New York, NY 10009	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 44.70
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 298.00	
C. Full Name, Mailing Address and ZIP Code Gwenn L. Carr 150 East 69th St. New York, NY 10021	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Secretary Aggregate Year-to-Date >	$ 769.20	
D. Full Name, Mailing Address and ZIP Code Avi Grossman 77-25 167th Street Flushing, NY 11366	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 45.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 300.00	
E. Full Name, Mailing Address and ZIP Code David L. Johnston 6 Heritage Drive East Greenwich, RI 02818	Name of Employer MetLife Auto & Home	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 40.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Executive Aggregate Year-to-Date >	$ 267.76	
F. Full Name, Mailing Address and ZIP Code George J. Kalb 44 Shawnee Path Millington, NJ 07946	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 43.86
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 291.04	
G. Full Name, Mailing Address and ZIP Code Michael Kass 19006 East Oak Creek Place Parker, CO 80134	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 45.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Director-Administration Aggregate Year-to-Date >	$ 300.00	
SUBTOTAL of Receipts This Page (optional)			$552.39
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 47 / OF 55 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 Miriam Krol 235 E. 87th St., Apt. 2E New York, NY 10128	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 40.95
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 273.00	
B. Full Name, Mailing Address and ZIP Code Philip J. Lehpamer 1681 11th Ave. Brooklyn, NY 11218	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 45.40
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 300.00	
C. Full Name, Mailing Address and ZIP Code Joseph J. Massimo 4600 Juniper Drive Palm Harbor, FL 34685	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 45.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 300.00	
D. Full Name, Mailing Address and ZIP Code Hugh G. McCrory 200 Somerset Avenue Fairfield, CT 06430	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 45.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Associate General Counsel Aggregate Year-to-Date >	$ 300.00	
E. Full Name, Mailing Address and ZIP Code Martha R. Nolan 6618 Allegheny Avenue Takoma Park, MD 20912	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 66.36
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Government Relations Counsel Aggregate Year-to-Date >	$ 331.80	
F. Full Name, Mailing Address and ZIP Code Amy K. Posner 518 East Walnut Long Beach, NY 11561	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 45.87
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Associate General Counsel Aggregate Year-to-Date >	$ 294.49	
G. Full Name, Mailing Address and ZIP Code Edmund G. Rathowski 78 Oak Ridge Lane Albertson, NY 11507	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 75.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 330.00	
			$363.18
SUBTOTAL of Receipts This Page (optional)			$
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 48 / OF 55 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 Kevin S. Redgate One Wyndmoor Drive Convent Station, NJ 07960	Name of Employer Metropolitan Life Insurance Company Occupation: Assistant Vice President	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 45.00
Receipt For ☐Primary ☐General ☐Other (specify)	Aggregate Year-to-Date >	$ 300.00	
B. Full Name, Mailing Address and ZIP Code Peter J. Reeves 1300 Hickory Drive Basking Ridge, NJ 07920	Name of Employer Metropolitan Life Insurance Company Occupation: Vice President & Actuary	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 43.26
Receipt For ☐Primary ☐General ☐Other (specify)	Aggregate Year-to-Date >	$ 279.04	
C. Full Name, Mailing Address and ZIP Code John J. Riley 321 Devon Drive Burr Ridge, IL 60521	Name of Employer Metropolitan Life Insurance Company Occupation: Vice President	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 40.38
Receipt For ☐Primary ☐General ☐Other (specify)	Aggregate Year-to-Date >	$ 268.23	
D. Full Name, Mailing Address and ZIP Code David R. Rippert 4 Winter Ct. Blackwood, NJ 08012	Name of Employer Metropolitan Life Insurance Company Occupation: Vice President	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 288.45
Receipt For ☐Primary ☐General ☐Other (specify)	Aggregate Year-to-Date >	$ 769.20	
E. Full Name, Mailing Address and ZIP Code Michael F. Rogalski 19 Southhall Court Wayne, NJ 07470	Name of Employer Metropolitan Life Insurance Company Occupation: Vice President & Actuary	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 43.26
Receipt For ☐Primary ☐General ☐Other (specify)	Aggregate Year-to-Date >	$ 288.40	
F. Full Name, Mailing Address and ZIP Code Robert M. Smith 109 Victory Hwy. W. Greenwich, RI 02817	Name of Employer MetLife Auto & Home Occupation: Executive – Claims	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 45.00
Receipt For ☐Primary ☐General ☐Other (specify)	Aggregate Year-to-Date >	$ 300.00	
G. Full Name, Mailing Address and ZIP Code Randall A. Strum 117 Chatham St. Chatham, NJ 07928	Name of Employer Metropolitan Life Insurance Company Occupation: Vice President	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 42.39
Receipt For ☐Primary ☐General ☐Other (specify)	Aggregate Year-to-Date >	$ 273.22	
SUBTOTAL of Receipts This Page (optional)			$547.74
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 49 / OF 55 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 G. Takacs Flat 4 London W2 2LP United	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 41.82
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Director Aggregate Year-to-Date >	$ 270.64	
B. Full Name, Mailing Address and ZIP Code Robert C. Tarnok 70-34 71 Place Glendale, NY 11385	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 40.11
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 267.40	
C. Full Name, Mailing Address and ZIP Code Andrew S. Varady 111 Sherwood Road Ridgewood, NJ 07450	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 43.26
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Associate Tax Counsel Aggregate Year-to-Date >	$ 274.99	
D. Full Name, Mailing Address and ZIP Code Robert A. Zarpher 103 Central Avenue East Morris Plains, NJ 07950	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 42.69
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Contract Analyst Aggregate Year-to-Date >	$ 275.90	
E. Full Name, Mailing Address and ZIP Code Johnny D. Campbell 28 Hillview Avenue Miamisburg, OH 45342	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 38.04
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Operations Manager Aggregate Year-to-Date >	$ 243.52	
F. Full Name, Mailing Address and ZIP Code Christopher M. Clarke 81-31 Haddon St. Jamaica Estates, NY 11432	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 38.94
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 255.28	
G. Full Name, Mailing Address and ZIP Code Michael R. Curoe 7927 W. 118th Place Overland Park, KS 66210	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 37.50
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant General Counsel Aggregate Year-to-Date >	$ 250.00	
SUBTOTAL of Receipts This Page (optional)			$282.36
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 50 / OF 55 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 James P. Denman 4492 Balmoral Road Kennesaw, GA 30144	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 38.52
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant Vice President Aggregate Year-to-Date >	$ 252.73	
B. Full Name, Mailing Address and ZIP Code Edward J. Fink 4 Ironwood Drive Ringoes, NJ 08551	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 75.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 320.00	
C. Full Name, Mailing Address and ZIP Code Mark Inhober 86-19 Palo Alto Street Holliswood, NY 11423	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 38.07
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant Vice President Aggregate Year-to-Date >	$ 249.12	
D. Full Name, Mailing Address and ZIP Code Ann L. Kallus 147-12 70 Road Flushing, NY 11367	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 39.81
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President & Actuary Aggregate Year-to-Date >	$ 265.40	
E. Full Name, Mailing Address and ZIP Code Todd B. Katz 6 Sergio Ct. Chestnut Ridge, NY 10977	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 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 Max B. Kunin 7 Hale Hollow Road Croton-on-Hudson, NY 10520	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 38.43
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Senior Counsel Aggregate Year-to-Date >	$ 256.20	
G. Full Name, Mailing Address and ZIP Code Diana M. Senechak 1 Ridge Drive East Berkeley Heights, NJ 07922	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 39.24
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant General Counsel Aggregate Year-to-Date >	$ 261.60	
SUBTOTAL of Receipts This Page (optional)			$557.52
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 51 / OF 55 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 David Horowitz 2003 E. 22nd Street Brooklyn, NY 11229	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 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 >	$ 100.00	
B. Full Name, Mailing Address and ZIP Code Daniel Liparini 30 Fletcher Road North Kingstown, RI 02852	Name of Employer MetLife Auto & Home	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 0 (Lump Sum)
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 250.00	
C. Full Name, Mailing Address and ZIP Code Malka Trauhaft 1821 East 26th Street Brooklyn, NY 11229	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 100.00 (Lump Sum)
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 100.00	
D. Full Name, Mailing Address and ZIP Code Robert R. Baldwin 14 Roosevelt Road Maplewood, NJ 07040	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 34.59
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Associate Tax Counsel Aggregate Year-to-Date >	$ 230.60	
E. Full Name, Mailing Address and ZIP Code David B. Bei 22 Sagamore Road Parsippany, NJ 07054	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 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 >	$ 230.76	
F. Full Name, Mailing Address and ZIP Code William E. Bixler 15 Tannersbrook Road Chester , NJ 07930	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 34.62
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Director Aggregate Year-to-Date >	$ 225.87	
G. Full Name, Mailing Address and ZIP Code Nancy J. Campbell 46-11 193rd St. Flushing, NY 11358	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 34.59
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Director - Sales Aggregate Year-to-Date >	$ 230.60	
SUBTOTAL of Receipts This Page (optional)			$319.18
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 52 / OF 55 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 Cavanagh 65 Durham Road Bronxville, NY 10708	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 30.69
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Contract Designer Aggregate Year-to-Date >	$ 204.60	
B. Full Name, Mailing Address and ZIP Code John F. Chatfield 457 Shelbourne Terrace Ridgewood, NJ 07450	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 34.59
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 230.60	
C. Full Name, Mailing Address and ZIP Code Sharon Cockey 127 Undercliff Road Montclair, NJ 07042	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 34.59
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Government Relations Counsel Aggregate Year-to-Date >	$ 230.60	
D. Full Name, Mailing Address and ZIP Code Joseph J. Ducar 50 Flint Drive Belle Mead, NJ 08502	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 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	
E. Full Name, Mailing Address and ZIP Code Jay S. Dworkin 42 Snowdrop Drive New City, NY 10956	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 34.59
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant Vice President Aggregate Year-to-Date >	$ 230.60	
F. Full Name, Mailing Address and ZIP Code Connie L. Froeum 910 Old U S Route 15 York Springs, PA 17372	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 35.04
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Regional Administrator Aggregate Year-to-Date >	$ 233.60	
G. Full Name, Mailing Address and ZIP Code William J. Groom 525 Bermita Drive River Vale, NJ 07675	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 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 >	$ 346.14	
SUBTOTAL of Receipts This Page (optional)			$631.02
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 53 / OF 55 FOR LINE NUMBER 11ai

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

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

A. Full Name, Mailing Address and ZIP Code John P. Jensen 9506 West 104 Terrace Overland Park, KS 66212	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 33.96
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Sr. Counsel Aggregate Year-to-Date >	$ 218.72	
B. Full Name, Mailing Address and ZIP Code Sarah A. Kelly 11 Beechwood Lane Westport, CT 06880	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 34.59
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 230.60	
C. Full Name, Mailing Address and ZIP Code Lisa K. Krizman 1703 Ramapoway Scotch Plains, NJ 07076	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant General Counsel Aggregate Year-to-Date >	$ 307.68	
D. Full Name, Mailing Address and ZIP Code Rocco A. Marimo 118 Jordan Terrace Dover, NJ 07801	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 34.62
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President & Actuary Aggregate Year-to-Date >	$ 230.80	
E. Full Name, Mailing Address and ZIP Code Sandra A. Metzer 1711 Springwater Lane Highlands Ranch, CO 80126	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 32.97
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Director Aggregate Year-to-Date >	$ 219.80	
F. Full Name, Mailing Address and ZIP Code Arlette M. Mooney 5 Virginia Street Valley Cottage, NY 10989	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 33.75
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant Vice President Aggregate Year-to-Date >	$ 215.10	
G. Full Name, Mailing Address and ZIP Code Athena Nielsen 174 Central Avenue Edison, NJ 08817	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 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 >	$ 307.68	
			$400.65
SUBTOTAL of Receipts This Page (optional)			$
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 54 / OF 55 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 L. Roth 78 Mountain Avenue Mendham, NJ 07945	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 34.62
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Director Aggregate Year-to-Date >	$ 225.87	
B. Full Name, Mailing Address and ZIP Code Daniel E. Rossbirt 270 Harvard Avenue Rockville Center, NY 11570	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 230.76	
C. Full Name, Mailing Address and ZIP Code David W. Rupper 211 Tall Timber Drive Johnstown, PA 15904	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 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 >	$ 307.68	
D. Full Name, Mailing Address and ZIP Code Anita L. Szepanowski 70 Southfield Road Fairfield, CT 06430	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 115.38
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Vice President Aggregate Year-to-Date >	$ 230.76	
E. Full Name, Mailing Address and ZIP Code Kevin M. Thorwarth 5105 Kenwood Court Palm Harbor, FL 34685	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 31.74
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Assistant Vice President Aggregate Year-to-Date >	$ 211.60	
F. Full Name, Mailing Address and ZIP Code Matthew K. Wessel 76 Woodbury Road Edison, NJ 08820	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 120.00
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Asst. Vice President & Actuary Aggregate Year-to-Date >	$ 320.00	
G. Full Name, Mailing Address and ZIP Code James A. Wiviott 49 Alexandria Road Morris Townships, NJ 07960	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 34.59
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Director Aggregate Year-to-Date >	$ 230.60	
SUBTOTAL of Receipts This Page (optional)			$567.09
TOTAL This Period (last page this line number only)			$

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 55 / OF 55 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 J. Sokol 205 Briar Creek Road Greer, SC 29650	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 Monthly Payroll Deductions	Amount of each Receipt this period $ 35.34
Receipt For ☐Primary ☐General ☐Other (specify)	Occupation: Director Aggregate Year-to-Date >	$ 211.12	
B. Full Name, Mailing Address and ZIP Code	Name of Employer Metropolitan Life Insurance Company	Date (month, day, year) 09/00 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) 09/00 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) 09/00 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) 09/00 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) 09/00 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) 09/00 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)			$35.34
TOTAL This Period (last page this line number only)			$ 52,865.74

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE / OF 1 / 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 Friends of John Tanner P.O. Box 301 Alexandria, VA 22302	Purpose of Disbursement John Tanner-D-TN8 U.S. Representative Disbursement For ☐Primary ☒General ☐Other (specify)	Date (month, day, year) 5/31/00 9/30/00	Amount of each Disbursement This Period $1,000.00 MEMO (Orig reported in May) $1,000.00 MEMO (REDESIGNATED)
B. Full Name, Mailing Address and ZIP Code Friends of McDermott 1810 East Lynn Street Seattle, WA 98112	Purpose of Disbursement Jim McDermott-D-WA7 U.S. Representative Disbursement For ☒Primary ☐General ☐Other (specify)	Date (month, day, year) 9/14/00	Amount of each Disbursement This Period $ 5,000.00
C. Full Name, Mailing Address and ZIP Code Friends of McDermott 1810 East Lynn Street Seattle, WA 98112	Purpose of Disbursement Jim McDermott-D-WA7 U.S. Representative Disbursement For ☐Primary ☒General ☐Other (specify)	Date (month, day, year) 9/14/00	Amount of each Disbursement This Period $ 5,000.00
D. Full Name, Mailing Address and ZIP Code First 2000 Attn: Ed Rahall 425 Second Street, NE Washington, DC 20002	Purpose of Disbursement Bill First-R-TN U.S. Senate Disbursement For ☐Primary ☒General ☐Other (specify)	Date (month, day, year) 9/22/00	Amount of each Disbursement This Period $ 1,000.00
E. Full Name, Mailing Address and ZIP Code Snowe for Senate 425 Second Street, NE Washington, DC 20002	Purpose of Disbursement Olympia Snowe-R-ME U.S. Senate Disbursement For ☐Primary ☒General ☐Other (specify)	Date (month, day, year) 9/22/00	Amount of each Disbursement This Period $ 1,000.00
F. Full Name, Mailing Address and ZIP Code Robb for Senate 424 C Street, NE Washington, DC 20002	Purpose of Disbursement Chuck Robb-D-VA U.S. Senate Disbursement For ☐Primary ☒General ☐Other (specify)	Date (month, day, year) 9/22/00	Amount of each Disbursement This Period $ 1,000.00
G. Full Name, Mailing Address and ZIP Code The Reed Committee P.O. Box 8628 Cranston, RI 02920	Purpose of Disbursement Jack Reed-D-RI U.S. Senate Disbursement For ☐Primary ☒General ☐Other (specify)	Date (month, day, year) 9/22/00	Amount of each Disbursement This Period $ 1,000.00
H. Full Name, Mailing Address and ZIP Code Bob Franks for U.S. Senate, Inc. 3323 North Washington Blvd. Arlington, VA 22201	Purpose of Disbursement Bob Franks-R-NJ U.S. Senate Disbursement For ☐Primary ☒General ☐Other (specify)	Date (month, day, year) 9/22/00	Amount of each Disbursement This Period $ 1,000.00
I. Full Name, Mailing Address and ZIP Code Ensign for Senate P.O. Box 26568 Las Vegas, NV 89126	Purpose of Disbursement John Ensign-R-NV U.S. Senate Disbursement For ☐Primary ☒General ☐Other (specify)	Date (month, day, year) 9/22/00	Amount of each Disbursement This Period $ 2,000.00
			$17,000.00
SUBTOTAL of Disbursements This Page (optional)			
TOTAL This Period (last page this line number only)			

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE / OF 2 / 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 Hastert for Congress Committee P.O. Box 625 Batavia, IL 60510	Purpose of Disbursement Dennis Hastert-R-IL14 U.S. Representative Disbursement For ☐Primary ☒General ☐Other (specify)	Date (month, day, year) 9/22/00	Amount of each Disbursement This Period $ 2,500.00
B. Full Name, Mailing Address and ZIP Code Bonior for Congress P.O. Box 75214 Washington, DC 20013-5214	Purpose of Disbursement David Bonior-D-MI10 U.S. Representative Disbursement For ☐Primary ☒General ☐Other (specify)	Date (month, day, year) 9/22/00	Amount of each Disbursement This Period $ 1,000.00
C. Full Name, Mailing Address and ZIP Code Re-Elect Nancy Johnson Committee P.O. Box 1987 New Britain, CT 06050	Purpose of Disbursement Nancy Johnson-R-CT6 U.S. Representative Disbursement For ☐Primary ☒General ☐Other (specify)	Date (month, day, year) 9/22/00	Amount of each Disbursement This Period $ 500.00
D. Full Name, Mailing Address and ZIP Code Friends of Houghton 4451 Brookfield Corporate Drive Suite 200 Chantilly, VA 20151	Purpose of Disbursement Amo Houghton-R-NY31 U.S. Representative Disbursement For ☐Primary ☒General ☐Other (specify)	Date (month, day, year) 9/22/00	Amount of each Disbursement This Period $ 1,000.00
E. Full Name, Mailing Address and ZIP Code Nussle for Congress Committee P.O. Box 324 Manchester, IA 52057	Purpose of Disbursement Jim Nussle-R-IA2 U.S. Representative Disbursement For ☐Primary ☒General ☐Other (specify)	Date (month, day, year) 9/22/00	Amount of each Disbursement This Period $ 1,000.00
F. 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) 9/22/00	Amount of each Disbursement This Period $ 500.00
G. Full Name, Mailing Address and ZIP Code Wally Hagger for Congress P.O. Box 16021 Alexandria, VA 22302	Purpose of Disbursement Wally Hagger-R-CA2 U.S. Representative Disbursement For ☐Primary ☒General ☐Other (specify)	Date (month, day, year) 9/22/00	Amount of each Disbursement This Period $ 1,000.00
H. Full Name, Mailing Address and ZIP Code Pete Stark for Congress P.O. Box 75214 Washington, DC 20013-5214	Purpose of Disbursement Pete Stark-D-CA13 U.S. Representative Disbursement For ☐Primary ☒General ☐Other (specify)	Date (month, day, year) 9/22/00	Amount of each Disbursement This Period $ 1,000.00
I. Full Name, Mailing Address and ZIP Code Matsui for Congress 729 15th Street, NW 3rd Floor Washington, DC 20005	Purpose of Disbursement Bob Matsui-D-CA5 U.S. Representative Disbursement For ☐Primary ☒General ☐Other (specify)	Date (month, day, year) 9/22/00	Amount of each Disbursement This Period $ 1,000.00
			$ 9,500.00
SUBTOTAL of Disbursements This Page (optional)			
TOTAL This Period (last page this line number only)			

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE / OF 3 / 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 COMMITTER (in Full)

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

A. Full Name, Mailing Address and ZIP Code Levin for Congress Committee 436 New Jersey Avenue, SE Washington, DC 20003	Purpose of Disbursement Sander Levin-D-MI12 U.S. Representative Disbursement For ☐Primary ☒General ☐Other (specify)	Date (month, day, year) 9/22/00	Amount of each Disbursement This Period $ 1,000.00
B. Full Name, Mailing Address and ZIP Code John Lewis for Congress Committee 729 15th Street, NW 3rd Floor Washington, DC 20005	Purpose of Disbursement John Lewis-D-GA5 U.S. Representative Disbursement For ☐Primary ☒General ☐Other (specify)	Date (month, day, year) 9/22/00	Amount of each Disbursement This Period $ 1,000.00
C. Full Name, Mailing Address and ZIP Code Friends of Jerry Kleczka 4200 Christine Place Alexandria, VA 22311	Purpose of Disbursement Jerry Kleczka-D-WI4 U.S. Representative Disbursement For ☐Primary ☒General ☐Other (specify)	Date (month, day, year) 9/22/00	Amount of each Disbursement This Period $ 1,000.00
D. Full Name, Mailing Address and ZIP Code McNulty for Congress P.O. Box 75214 Washington, DC 20013-5214	Purpose of Disbursement Mike McNulty-D-NY21 U.S. Representative Disbursement For ☐Primary ☒General ☐Other (specify)	Date (month, day, year) 9/22/00	Amount of each Disbursement This Period $ 1,000.00
E. Full Name, Mailing Address and ZIP Code Pete King for Congress Committee P.O. Box 1428 Seaford, NY 11783	Purpose of Disbursement Pete King-R-NY3 U.S. Representative Disbursement For ☐Primary ☒General ☐Other (specify)	Date (month, day, year) 9/22/00	Amount of each Disbursement This Period $ 1,000.00
F. Full Name, Mailing Address and ZIP Code Sue Kelly for Congress P.O. Box 16021 Alexandria, VA 22302	Purpose of Disbursement Sue Kelly-R-NY19 U.S. Representative Disbursement For ☐Primary ☒General ☐Other (specify)	Date (month, day, year) 9/22/00	Amount of each Disbursement This Period $ 500.00
G. Full Name, Mailing Address and ZIP Code Bob Ney for Congress P.O. Box 490 St. Clairsville, OH 43950	Purpose of Disbursement Bob Ney-R-OH18 U.S. Representative Disbursement For ☐Primary ☒General ☐Other (specify)	Date (month, day, year) 9/22/00	Amount of each Disbursement This Period $ 1,000.00
H. Full Name, Mailing Address and ZIP Code Mark Green for Congress P.O. Box 2776 Arlington, VA 22202	Purpose of Disbursement Mark Green-R-WI8 U.S. Representative Disbursement For ☐Primary ☒General ☐Other (specify)	Date (month, day, year) 9/22/00	Amount of each Disbursement This Period $ 500.00
I. Full Name, Mailing Address and ZIP Code Meeks for Congress C/o LaFave & Associates 6282 Occoquan Forest Drive Manassas, VA 20112	Purpose of Disbursement Gregory Meeks-D-NY6 U.S. Representative Disbursement For ☐Primary ☒General ☐Other (specify)	Date (month, day, year) 9/22/00	Amount of each Disbursement This Period $ 500.00
			$ 7,500.00
SUBTOTAL of Disbursements This Page (optional)			
TOTAL This Period (last page this line number only)			

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 4 / 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 Friends of Cliff Stearns 4451 Brookfield Corporate Drive Suite 200 Chantilly, VA 20151	Purpose of Disbursement Cliff Stearns-R-FL6 U.S. Representative Disbursement For ☐Primary ☒General ☐Other (specify)	Date (month, day, year) 9/22/00	Amount of each Disbursement This Period $ 1,000.00
B. Full Name, Mailing Address and ZIP Code Ehrlich for Congress Committee 8600 LaSalle Road Suite 103 Baltimore, MD 21286	Purpose of Disbursement Bob Ehrlich-R-MD2 U.S. Representative Disbursement For ☐Primary ☒General ☐Other (specify)	Date (month, day, year) 9/22/00	Amount of each Disbursement This Period $ 500.00
C. Full Name, Mailing Address and ZIP Code Nadler for Congress 18 East 16th Street Suite 401 New York, NY 10003	Purpose of Disbursement Jerry Nadler-D-NY8 U.S. Representative Disbursement For ☐Primary ☒General ☐Other (specify)	Date (month, day, year) 9/22/00	Amount of each Disbursement This Period $ 1,000.00
D. Full Name, Mailing Address and ZIP Code Blagojevich for Congress P.O. Box 18415 Chicago, IL 60618	Purpose of Disbursement Rob Blagojevich-D-IL5 U.S. Representative Disbursement For ☐Primary ☒General ☐Other (specify)	Date (month, day, year) 9/22/00	Amount of each Disbursement This Period $ 1,000.00
E. Full Name, Mailing Address and ZIP Code Cummings for Congress 421 New Jersey Avenue, SE Washington, DC 20003	Purpose of Disbursement Elijah Cummings-D-MD7 U.S. Representative Disbursement For ☐Primary ☒General ☐Other (specify)	Date (month, day, year) 9/22/00	Amount of each Disbursement This Period $ 500.00
F. Full Name, Mailing Address and ZIP Code Porter Goss Re-Election Team P.O. Box 517 Fort Meyers, FL 33902	Purpose of Disbursement Porter Goss-R-FL14 U.S. Representative Disbursement For ☐Primary ☒General ☐Other (specify)	Date (month, day, year) 9/22/00	Amount of each Disbursement This Period $ 1,000.00
G. Full Name, Mailing Address and ZIP Code The Committee to Re-Elect Congressman Joe Moakley P.O. Box 1073 Boston, MA 02205	Purpose of Disbursement Joe Moakley-D-MA9 U.S. Representative Disbursement For ☐Primary ☒General ☐Other (specify)	Date (month, day, year) 9/22/00	Amount of each Disbursement This Period $ 1,000.00
H. 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) 9/22/00	Amount of each Disbursement This Period $ 1,000.00
I. Full Name, Mailing Address and ZIP Code Crowley for Congress P.O. Box 75214 Washington, DC 20013	Purpose of Disbursement Joe Crowley-D-NY7 U.S. Representative Disbursement For ☐Primary ☒General ☐Other (specify)	Date (month, day, year) 9/22/00	Amount of each Disbursement This Period $ 1,000.00
			$ 8,000.00
SUBTOTAL of Disbursements This Page (optional)			
TOTAL This Period (last page this line number only)			

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE / OF 5 / 7
	FOR LINE NUMBER 21

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 Friends of Sherwood Boehlert P.O. Box 1670 Arlington, VA 22210	Purpose of Disbursement Sherwood Boehlert-R-NY23 U.S. Representative Disbursement For ☐Primary ☒General ☐Other (specify)	Date (month, day, year) 9/22/00	Amount of each Disbursement This Period $ 1,000.00
B. Full Name, Mailing Address and ZIP Code Frelinghuysen for Congress P.O. Box 826 Morristown, NJ 07963-0826	Purpose of Disbursement Rodney Frelinghuysen-R-NJ11 U.S. Representative Disbursement For ☐Primary ☒General ☐Other (specify)	Date (month, day, year) 9/22/00	Amount of each Disbursement This Period $ 500.00
C. Full Name, Mailing Address and ZIP Code Bill Pascrell for Congress 38 Ivy Street SE Washington, DC 20003	Purpose of Disbursement Bill Pascrell-D-NJ8 U.S. Representative Disbursement For ☐Primary ☒General ☐Other (specify)	Date (month, day, year) 9/22/00	Amount of each Disbursement This Period $ 500.00
D. Full Name, Mailing Address and ZIP Code Friends of Mark Foley 4451 Brookfield Corporate Drive Suite 200 Chantilly, VA 20151	Purpose of Disbursement Mark Foley-R-FL16 U.S. Representative Disbursement For ☐Primary ☒General ☐Other (specify)	Date (month, day, year) 9/22/00	Amount of each Disbursement This Period $ 1,000.00
E. Full Name, Mailing Address and ZIP Code Richard Neal for Congress P.O. Box 2884 Washington, DC 20013	Purpose of Disbursement Richard Neal-D-MA2 U.S. Representative Disbursement For ☐Primary ☒General ☐Other (specify)	Date (month, day, year) 9/22/00	Amount of each Disbursement This Period $ 2,000.00
F. Full Name, Mailing Address and ZIP Code The Committee to Re-Elect Marge Roukema P.O. Box 625 Ridgewood, NJ 07451	Purpose of Disbursement Marge Roukema-R-NJ5 U.S. Representative Disbursement For ☐Primary ☒General ☐Other (specify)	Date (month, day, year) 9/22/00	Amount of each Disbursement This Period $ 1,000.00
G. Full Name, Mailing Address and ZIP Code Bereuter for Congress Committee 4010 Fransonia Road Alexandria, VA 22310	Purpose of Disbursement Doug Bereuter-R-NE1 U.S. Representative Disbursement For ☐Primary ☒General ☐Other (specify)	Date (month, day, year) 9/22/00	Amount of each Disbursement This Period $ 750.00
H. Full Name, Mailing Address and ZIP Code Friends of Sherrod Brown P.O. Box 2884 Washington, DC 20013	Purpose of Disbursement Sherrod Brown-D-OH13 U.S. Representative Disbursement For ☐Primary ☒General ☐Other (specify)	Date (month, day, year) 9/22/00	Amount of each Disbursement This Period $ 500.00
I. Full Name, Mailing Address and ZIP Code Sessions for Congress P.O. Box 38585 Dallas, TX 75238	Purpose of Disbursement Pete Sessions-R-TX5 U.S. Representative Disbursement For ☐Primary ☒General ☐Other (specify)	Date (month, day, year) 9/22/00	Amount of each Disbursement This Period $ 1,000.00
			$ 8,250.00
SUBTOTAL of Disbursements This Page (optional)			
TOTAL This Period (last page this line number only)			

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 6 / 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 Carrie Meek for Congress 3550 Biscayne Blvd. Suite 500 Miami, FL 33137	Purpose of Disbursement Carrie Meek-D-FL17 U.S. Representative Disbursement For ☐Primary ☒General ☐Other (specify)	Date (month, day, year) 9/22/00	Amount of each Disbursement This Period $ 1,000.00
B. Full Name, Mailing Address and ZIP Code Boyd for Congress P.O. Box 15703 Tallahassee, FL 32317	Purpose of Disbursement Allen Boyd-D-FL2 U.S. Representative Disbursement For ☐Primary ☒General ☐Other (specify)	Date (month, day, year) 9/22/00	Amount of each Disbursement This Period $ 1,000.00
C. Full Name, Mailing Address and ZIP Code Linda Chapin for Congress P.O. Box 952 Orlando, FL 32802-0952	Purpose of Disbursement Linda Chapin-D-FL8 U.S. Representative Disbursement For ☐Primary ☒General ☐Other (specify)	Date (month, day, year) 9/22/00	Amount of each Disbursement This Period $ 1,000.00
D. Full Name, Mailing Address and ZIP Code Zimmer 2000 507 Capitol Court, NE Suite 100 Washington, DC 20002	Purpose of Disbursement Dick Zimmer-R-NJ12 U.S. Representative Disbursement For ☐Primary ☒General ☐Other (specify)	Date (month, day, year) 9/22/00	Amount of each Disbursement This Period $ 500.00
E. Full Name, Mailing Address and ZIP Code Ross for Congress P.O. Box 360 Prescott, AR 71857	Purpose of Disbursement Mike Ross-D-AR4 U.S. Representative Disbursement For ☐Primary ☒General ☐Other (specify)	Date (month, day, year) 9/22/00	Amount of each Disbursement This Period $ 1,000.00
F. Full Name, Mailing Address and ZIP Code Metropolitan Life Insurance Company (MetLife) Employees' Political Participation Fund B One Madison Avenue New York, NY 10010	Purpose of Disbursement Disbursement For ☐Primary ☐General ☐Other (specify)	Date (month, day, year) 9/22/00	Amount of each Disbursement This Period $15,000.00
G. Full Name, Mailing Address and ZIP Code National Republican Congressional Committee 320 1st Street, NE Washington, DC 20003	Purpose of Disbursement Disbursement For ☐Primary ☐General ☐Other (specify) aaco	Date (month, day, year) 9/22/00	Amount of each Disbursement This Period $ 2,000.00
H. Full Name, Mailing Address and ZIP Code Defend America PAC P.O. Box 2626 Tuscaloosa, AL 35403	Purpose of Disbursement Disbursement For ☐Primary ☐General ☐Other (specify) aaco	Date (month, day, year) 9/22/00	Amount of each Disbursement This Period $ 2,000.00
I. Full Name, Mailing Address and ZIP Code The Rangel National Leadership PAC P.O. Box 5577 New York, NY 10027	Purpose of Disbursement Disbursement For ☐Primary ☐General ☐Other (specify) aaco	Date (month, day, year) 9/22/00	Amount of each Disbursement This Period $ 2,000.00
SUBTOTAL of Disbursements This Page (optional)			$25,500.00
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

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 APPWP PAC 1212 New York Avenue, NW Washington, DC 20005	Purpose of Disbursement Disbursement For ☐Primary ☐General ☐Other (specify) 2000	Date (month, day, year) 9/22/00	Amount of each Disbursement This Period $ 2,000.00
B. Full Name, Mailing Address and ZIP Code NAD PAC 3001 LBJ Freeway Suite 375 Dallas, TX 75244	Purpose of Disbursement Disbursement For ☐Primary ☐General ☐Other (specify) 2000	Date (month, day, year) 9/22/00	Amount of each Disbursement This Period $ 1,000.00
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)	$ 3,000.00
		TOTAL This Period (last page this line number only)	$78,750.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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

NAME OF COMMITTEE (in Full)

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

A. Full Name, Mailing Address and ZIP Code Committee to Elect Donna Lee Williams 116 Lynn Haven Drive Dover, DE 19904	Purpose of Disbursement Donna Lee Williams-R-DE State Insurance Commissioner Disbursement For ☐Primary ☒General ☐Other (specify)	Date (month, day, year) 9/22/00	Amount of each Disbursement This Period $ 500.00
B. Full Name, Mailing Address and ZIP Code The Friends of Senator Joe Loeper P.O. Box 135 Drexel Hill, PA 19026	Purpose of Disbursement Joe Loeper-R-PA State Senate Disbursement For ☐Primary ☒General ☐Other (specify)	Date (month, day, year) 9/22/00	Amount of each Disbursement This Period $ 500.00
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
			$ 1,000.00
SUBTOTAL of Disbursements This Page (optional)			$ 1,000.00
TOTAL This Period (last page this line number only)			

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☒	Registered/Certified Mail	POSTMARKED (R/C) 10/20/00
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

C.R — PREPARER

10/23/00 — DATE PREPARED

(6/2000)