

Clerk of the House of Representatives
Legislative Resource Center
B-106 Cannon Building
Washington, DC 20515

Secretary of the Senate
Office of Public Records
232 Hart Building
Washington, DC 20510

LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page 7

1. Registrant Name <u>William M. Diefenderfer III</u>		
2. Address <input type="checkbox"/> Check if different than previously reported <u>P.O. Box 1040</u>		
3. Principal Place of Business (if different from line 2) City: <u>Great Falls</u> State/Zip (or Country) <u>Va 22066</u>		
4. Contact Name <u>W^m Diefenderfer</u>	Telephone <u>703-759-0822</u>	E-mail (optional)
7. Client Name <input type="checkbox"/> Self <u>Metropolitan Life Insurance Co.</u>		5. Senate <u>123</u> 6. House <u>337</u>

TYPE OF REPORT 8. Year 2001 Midyear (January 1-June 30) OR Year End (July

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report → Termination Date _____ 11. No Lo

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>165,000</u> Income (nearest \$20,000) Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).	13. Organizations EXPENSES relating to lobbying activities for period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses 14. REPORTING METHOD. Check box to accounting method. See instructions for description. <input type="checkbox"/> Method A. Reporting amounts using L.D. <input type="checkbox"/> Method B. Reporting amounts under section _____ Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section _____ Internal Revenue Code
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Signature William M. Diefenderfer III
Printed Name and Title William M. Diefenderfer III

[Illegible text]



Registrant Name William M. Diefenderfer Client Name Met. Life

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each information as requested. Attach additional page(s) as needed.

15. General issue area code TAX (one per page)

16. Specific lobbying issues

LONG TERM CARE

17. House(s) of Congress and Federal agencies contacted

Check if None

U. S. HOUSE
U. S. SENATE

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
<u>William M. Diefenderfer III</u>	<u>NONE</u>

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature William M. Diefenderfer III Date 20 JAN
Printed Name and Title William M. Diefenderfer III, Attorney

