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LOBBYING REPORT

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

1. Registrant Name William M. Diefenderfer III			
2. Address <input type="checkbox"/> Check if different than previously reported P.O. Box 1040			
3. Principal Place of Business (if different from line 2) City: Great Falls State/Zip (or Country) VA 22066			
4. Contact Name W M Diefenderfer	Telephone 703-757-0622	E-mail (optional)	5. Senate ID # 12232-12
7. Client Name <input type="checkbox"/> Self Metropolitan Life Insurance Company	6. House ID # 33751000		

TYPE OF REPORT 8. Year 1999 Midyear (January 1-June 30) OR Year End (July 1-December 31)

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 Lobbying Activity

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Phans 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>120,000</u> <small>Income (nearest \$20,000)</small> Provides 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 this reporting period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇒ \$ _____ <small>Expenses (nearest \$20,000)</small> 14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options. <input type="checkbox"/> Method A. Reporting amounts using LDA definitions only <input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code
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Signature

Printed Name and Title

William M. Diefenderfer III

LD-2 (REV. 6/98)

PAGE 1 of 2

Registrant Name William M. Diefenderfer Client Name Metropolitan Life Insurance Co.

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

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

16. Specific lobbying issues

Reform of I.R.S.
Tort Reform
Tax Deductibility of 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)	New
<u>William M. Diefenderfer III</u>	<u>NONE</u>	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature [Handwritten Signature] Date 8/1/99
Printed Name and Title William M. Diefenderfer, Attorney

Form LD-2 (Rev. 6/98)