REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2001 FEB -3 A 11: 18

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
CAROLYN'S PAC

ADDRESS (number and street) ☐ Check if different than previously reported
49 East 92nd Street #1A

CITY, STATE and ZIP CODE
New York, NY 10128

2. FEC IDENTIFICATION NUMBER
C 00341990

3. ☐ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

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

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

☐ 12-Day Pre-Election Report for the ____ (Type of Election) election on ____ in the State of

☑ 30-Day Post-Election Report following the General Election on 11/7/00 in the State of N.Y.

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

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period 10/19/00 through 11/27/00		
6.	(a) Cash on Hand January 1, 2000		$ 41,257.95
	(b) Cash on Hand at Beginning of Reporting Period	$ 2,295.63	
	(c) Total Receipts (from Line 18)	$ 10,500.00	$ 36,750.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 12,795.63	$ 78,007.95
7.	Total Disbursements (from Line 30)	$ 12,000.00	$ 76,212.32
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 1,795.63	$ 1,795.63
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)	$ 1,000.00	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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
CLIFTON H. W. MAHONEY

Signature of Treasurer
Clifton Mahoney

Date 1/31/01

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

FEC FORM 3X
(Revised 5/92)

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

AMENDMENT

(revised 1/1/91)

NAME OF COMMITTEE: CAROLYN'S PAC C00341990

REPORT COVERING PERIOD FROM: 10/19/00 TO: 10/27/00

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees	10,500.00	30,750.00	11(a)(i)
i. Itemized (use Schedule A)	0	0	11(a)(ii)
ii. Unitemized	10,500.00	30,750.00	11(a)(iii)
iii. Total (add i and ii) ➤	0	0	11(b)
b. Political Party Committees	0	3,800.00	11(c)
c. Other Political Committees (such as PACs)	10,500.00	34,750.00	11(d)
d. Total Contributions (add a iii, b and c) ➤	0	0	12
12. Transfers From Affiliated/Other Party Committees	4,000.00	4,000.00	13
13. All Loans Received	0	0	14
14. Loan Repayments Received	0	0	15
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	4,000.00	4,000.00	16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0	17
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0	18
18. Transfers from Nonfederal Account for Joint Activity	11,500.00	38,750.00	19
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	11,500.00	38,750.00	20
20. Total Federal Receipts (subtract line 18 from line 19) ➤			
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)	0	0	21(a)(i)
i. Federal Share	0	0	21(a)(ii)
ii. Non-Federal Share	0	0	21(b)
b. Other Federal Operating Expenditures	0	0	21(c)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	0	0	22
22. Transfers to Affiliated/Other Party Committees	12,000.00	64,130.00	23
23. Contributions to Federal Candidates/Committees and Other Political Committees	0	0	24
24. Independent Expenditures (use Schedule E)	0	0	25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0	26
26. Loan Repayments Made	0	0	27
27. Loans Made	0	1,000.00	28(a)
28. Refunds of Contributions To:	0	0	28(b)
a. Individuals/Persons Other Than Political Committees	0	0	28(c)
b. Political Party Committees	0	1,000.00	28(d)
c. Other Political Committees (such as PACs)	0	0	29
d. Total Contribution Refunds (add a, b and c) ➤	0	76,212.32	30
29. Other Disbursements	12,000.00	76,212.32	31
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	12,000.00		
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤			
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	10,500.00	35,750.32	32
33. Total Contribution Refunds (from line 28d)	0	1,000.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	0	34,750.32	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0	11,082.32	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0	11,082.32	37

SCHEDULE A

ITEMIZED RECEIPTS Amendment

Contributions - Individuals

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 2

FOR LINE NUMBER 11a

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose 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)

CAROLYN'S PAC C00341990

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Robin Farkas, P.O. Box 9223, Jackson, WY 83002-9223 — Receipt For: Primary ☐ General ☑ Other (specify): ☐	Occupation: Investor — Aggregate Year-to-Date $ 2,000.00	10/30/00	2,000.00
B. Michael L. Block, 330 East 75th Street, NY NY 10021 — Receipt For: Primary ☐ General ☑ Other (specify): ☐	Name of Employer: Sullivan Carolin, Block et al — Occupation: Attorney/Investor — Aggregate Year-to-Date $ 1,500.00	10/30/00	1,000.00
C. Michael R. Loeb, 209 Long Neck Point Rd, Darien CT 06820 — Receipt For: Primary ☐ General ☑ Other (specify): ☐	Occupation: — Aggregate Year-to-Date $ 1,000.00	10/31/00	1,000.00
D. Richard L. Menschel, 860 Park Ave NY NY 10021 — Receipt For: Primary ☐ General ☑ Other (specify): ☐	Name of Employer: Self — Occupation: Not for Profit - Philanthropy — Aggregate Year-to-Date $ 1,000.00	10/30/00	2,500.00
E. Walter Kaye, 415 Park Ave NY NY 10022 — Receipt For: Primary ☐ General ☑ Other (specify): ☐	Name of Employer: Retired — Occupation: — Aggregate Year-to-Date $ 3,000.00	10/30/00	1,000.00
F. Donald J. Franchilli, 20 Sutton Place South NYC 10022 — Receipt For: Primary ☐ General ☑ Other (specify): ☐	Name of Employer: Self — Occupation: Investor — Aggregate Year-to-Date $ 3,000.00	10/30/00	1,000.00
G. James Kelly, 760 Park Ave. NY NY 10028 — Receipt For: Primary ☐ General ☑ Other (specify): ☐	Name of Employer: Self — Occupation: Investor — Aggregate Year-to-Date $	10/30/00	1,000.00

SUBTOTAL of Receipts This Page (optional) 9,500.00

TOTAL This Period (last page this line number only) 10,500.00

FEBAN103

SCHEDULE A **ITEMIZED RECEIPTS** *Amendment

Contributions - Individuals

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 2 OF 2

FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)

CAROLYN'S PAC C00341990

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Evelyn H. Lauder 2 E. 67th Street NY NY 10021 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Estée Lauder V. President Aggregate Year-to-Date $ 1,000.00	11/1/00	1,000.00
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $		
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $		
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $		
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $		
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $		
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional) 1,000.00

TOTAL This Period (last page this line number only) 10,500.00

FEBAN121

SCHEDULE A

ITEMIZED RECEIPTS Amendment

Refund of Contributions - Federal

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1

FOR LINE NUMBER 16

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NAME OF COMMITTEE (In Full)

CAROLYN'S PAC C00341990

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Berkeley 2000, 349 Keating Street, Henderson NV 89014	NV-01 House	10/27/00	500.00
Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Aggregate Year-to-Date $ 500.00		
B. Cantwell 2000, 21911 64th Ave West, Mountlake Terrace, WA 98043	Senate - Wash. state	10/27/00	500.00
Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Aggregate Year-to-Date $ 500.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional) 1,000.00

TOTAL This Period (last page this line number only) 1,000.00

FE9ANL03

7

Amendment

SCHEDULE B — **ITEMIZED DISBURSEMENTS**

Contributions - Federal

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1

FOR LINE NUMBER 23

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose 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): CAROLYN'S PAC C00341990

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. DCCC - Democratic Congressional Campaign Committee, 430 South Capitol St. Wash DC 20003	Contribution - Party Comm. / [ ] Primary [✓] General [✓] Other (specify) Party Committee	10/30/00	5,000.00
B. Seltzer for Congress, 469 Route 112, Patchogue NY 11772	NY-01 - House / [ ] Primary [✓] General [ ] Other (specify)	10/25/00	500.00
C. Mike Ross for Congress Committee, 810 West 1st South, Prescott, AR 71857	AR - House / [ ] Primary [✓] General [ ] Other (specify)	11/2/00	500.00
D. CASEY FOR CONGRESS COMMITTEE, 434 Lackawanna avenue, Scranton PA 18503	PA-10 - HOUSE / [ ] Primary [✓] General [ ] Other (specify)	11/4/00	1,000.00
E. DCCC - Democratic Congressional Campaign Committee, 430 South Capitol St. Wash DC 20003	Contrib. Party Comm. / [ ] Primary [✓] General [✓] Other (specify) Party Committee	11/2/00	5,000.00
F.	Purpose of Disbursement / [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G.	Purpose of Disbursement / [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H.	Purpose of Disbursement / [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I.	Purpose of Disbursement / [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) 12,000.00

TOTAL This Period (last page this line number only) 12,000.00

FEBAN121

SCHEDULE C
(Revised 3/80)

LOANS AMENDMENT

Page 1 of 1 for LINE NUMBER 13
(Use separate schedules for each numbered line)

Name of Committee (In Full): CAROLYN'S PAC C00341900

A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
MARC ABRAMS #3B 47 W. 88th Street NY NY 10023	1,000.00	0	1,000.00

Election: ☐ Primary ☐ General ☐ Other (specify):

Terms: Date Incurred 11/4/00 Date Due 12/31/00 Interest Rate 0 %(apr) ☐ Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code n/a	Name of Employer Occupation Amount Guaranteed Outstanding: $	
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	

B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period

Election: ☐ Primary ☐ General ☐ Other (specify):

Terms: Date Incurred _____ Date Due _____ Interest Rate _____ %(apr) ☐ Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	

SUBTOTALS This Period This Page (optional)	1,000.00
TOTALS This Period (last page in this line only)	1000.00

Carry outstanding balance only to LINE 8, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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) 1/31/01
☐	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	

L H — PREPARER

2/3/01 — DATE PREPARED

(6/2000)