REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2001 JAN 31 A 10:04

1. NAME OF COMMITTEE (in full)
Friends of Carolyn McCarthy

ADDRESS (number and street) [ ] Check if different than previous reported.
151 Linden Road

CITY, STATE and ZIP CODE
Mineola, NY 11501

STATE/DISTRICT
NY 04

2. FEC IDENTIFICATION NUMBER
C00031893

3. IS THIS REPORT AN AMENDMENT?
[Y]ES X [N]O

4. TYPE OF REPORT

[A]pril 15 Quarterly Report

[J]uly 15 Quarterly Report

[O]ctober 15 Quarterly Report

X [J]anuary 31 Year End Report

[J]uly 31 Mid-Year Report (Non-election Year Only)

[1]2 Day Pre-Election Report for the _____ (Type of Election)
election on _____ in the State of _____

[3]0-Day Post-Election Report following the General Election on
_____ in the State of _____

[T]ermination Report

This report contains activity for X [P]rimary Election [G]eneral Election [S]pecial Election [R]unoff Election

SUMMARY

5. Covering Period 11/28/2000 through 12/31/2000

	COLUMN A This Period	COLUMN B Calendar Year-to-date
6. Net Contributions (other than loans)		
(a) Total Contributions(other than loans) (from Line 11(e))	$1,015.00	$1,364,058.73
(b) Total Contribution Refunds (From Line 20(d))	$0.00	$1,581.62
(c) Net Contributions (other than loans)(subtract Line 6(b) from 6(a))	$1,015.00	$1,362,477.11
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	$50,618.48	$1,748,558.37
(b) Total Offsets to Operating Expenditures (from Line 14)	$0.00	$20,950.81
(c) Net Operating Expenditures (Subtract Line 7(b) from 7(a))	$50,618.48	$1,727,607.56
8. Cash on Hand at Close of Reporting Period (from Line 27)	$111,738.41	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$0.00	

For further information:
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
Margaret May

Signature of Treasurer

Date

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

FEC FORM 3
(Revised 4/97)