

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (In full)  
The Moynihan Committee, Inc.

ADDRESS (number and street)  Check if different than previously reported.  
560 West 43rd Street, #39E

CITY, STATE and ZIP CODE STATE/DISTRICT  
New York, NY 10036 NY

RECEIVED  
CLERK OF THE SENATE  
00 OCT 16 AM 11:40

2. FEC IDENTIFICATION NUMBER  
C00078295

3. IS THIS REPORT AN AMENDMENT?  
 YES  NO

## 4. TYPE OF REPORT

- April 15 Quarterly Report  12-Day Pre-Election Report for the \_\_\_\_\_ (Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- July 15 Quarterly Report
- October 15 Quarterly Report  30-Day Post-Election Report following the General Election  
on \_\_\_\_\_ in the State of \_\_\_\_\_
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only)  Termination Report

This report contains activity for  Primary Election  General Election  Special Election  Runoff Election

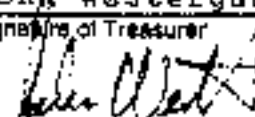
## SUMMARY

5. Covering Period <u>7/1/00</u> through <u>9/30/00</u>	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))	0	0
(b) Total Contribution Refunds (from Line 20(d))	0	25
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	0	-25
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$27,414.71	\$73,072.35
(b) Total Offsets to Operating Expenditures (from Line 14)	0	1,410.60
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	\$27,414.71	\$71,661.75
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$330,728.39	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule D and/or Schedule E)		

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  
John Westergaard

Signature of Treasurer  Date  
10/12/00

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

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FEC FORM 3  
(revised 4/87)

# DETAILED SUMMARY PAGE

of Receipts and Disbursements  
(Page 2, FEC FORM 3)

Name of Committee (In full): The Moyrhan Committee, Inc. Report Covering the Period: From 7/1/00 To 9/30/00

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (see Schedule A)		
(ii) Unitemized		
(iii) Total of contributions from individuals		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) The Candidate		
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(b)(i), (b), (c) and (d))		
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
(b) All Other Loans		
(c) TOTAL LOANS (add 13(a) and (b))		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0	1,410.60
15. OTHER RECEIPTS (Dividends, Interest, etc.)	4,786.79	21,151.24
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	4,786.79	22,561.84
<b>II. DISBURSEMENTS</b>		
17. OPERATING EXPENDITURES	27,414.71	73,072.35
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0	25.00
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	0	25.00
21. OTHER DISBURSEMENTS	20,000.00	20,000.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	47,414.71	93,097.35

### III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$ 373,356.31
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$ 4,786.79
25. SUBTOTAL (add Line 23 and Line 24)	\$ 378,143.10
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$ 47,414.71
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$ 330,728.39

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NAME OF COMMITTEE (In Full)  
The Moynihan Committee, Inc.

A. Full Name, Mailing Address and ZIP Code Chase Manhattan Bank MMKT 3435 Stelzer Road Columbus, OH 43219	Name of Employer Dividend on Money Market Fund	Date (month, day, year) 7/30/00 8/31/00 9/30/00	Amount of Each Receipt this Period 1,610.31 1,599.88 1,553.01
	Occupation	Aggregate Year-to-Date > \$ 14,195.40	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

B. Full Name, Mailing Address and ZIP Code Delaware National Bank of Delhi 124 Main Street Delhi, NY 13753	Name of Employer Interest on Money Market Account	Date (month, day, year) 7/31/00 8/31/00 9/30/00	Amount of Each Receipt this Period 7.93 7.95 7.71
	Occupation	Aggregate Year-to-Date > \$ 69.84	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) .....  
TOTAL This Period (last page this line number only) ..... \$4,786.79

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NAME OF COMMITTEE (in Full)

The Moynihan Committee, Inc.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
American Express P.O. Box 2855 New York, NY 10116	See Below Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	7/11/00	4,018.12
B. Full Name, Mailing Address and ZIP Code La Brasserie 239 Massachusetts Ave., NE Washington, DC 20002	Meeting Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	7/11/00	560.34 (Memo)
C. Full Name, Mailing Address and ZIP Code The Mark Restaurant 401 Seventh Street, NW Washington, DC 20004	Meeting Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	7/11/00	29.83 (Memo)
D. Full Name, Mailing Address and ZIP Code U. S. Air National Airport Washington, DC	Travel Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	7/11/00	1,523.62 (Memo)
E. Full Name, Mailing Address and ZIP Code Delta Airlines National Airport Washington, DC	Travel Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	7/11/00	145.50 (Memo)
F. Full Name, Mailing Address and ZIP Code Bertolini's Restaurant 801 Pennsylvania Ave., NW Washington, DC 20004	Meeting Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	7/11/00	544.36 (Memo)
G. Full Name, Mailing Address and ZIP Code Amtrak Penn Station New York, NY 10036	Travel Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	7/11/00	118.00 (Memo)
H. Full Name, Mailing Address and ZIP Code Country Club Chevrolet 70 Oneida Street Oneonta, NY 13829	Car Rental Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	7/11/00	943.50 (Memo)
I. Full Name, Mailing Address and ZIP Code American Express P. O. Box 2855 New York, NY 10116	See Below Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	8/9/00	3,788.78

SUBTOTAL of Disbursements This Page (optional) ..... \$7,806.90

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

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The Moynihan Committee, Inc.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
La Brasserie 239 Massachusetts Ave. NE Washington, DC 20002	Meeting Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/9/00	577.40 (Memo)
B. Full Name, Mailing Address and ZIP Code Bertolini's Restaurant 801 Pennsylvania Ave., NW Washington, DC 20004	Meeting Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/9/00	500.29 (Memo)
C. Full Name, Mailing Address and ZIP Code Amtrak Penn Station New York, NY 10036	Travel Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/9/00	480.00 (Memo)
D. Full Name, Mailing Address and ZIP Code 701 Pennsylvania Restaurant 701 Penn Ave., NW Washington, DC 20004	Meeting Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/9/00	263.14 (Memo)
E. Full Name, Mailing Address and ZIP Code Copenhaver 1301 Connecticut Ave., NW Washington, DC 20036	Printing Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/9/00	430.62 (Memo)
F. Full Name, Mailing Address and ZIP Code U. S Air National Airport Washington, DC	Travel Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/9/00	671.67 (Memo)
G. Full Name, Mailing Address and ZIP Code Country Club Chevrolet 70 Oneida Street Oneonta, NY 13829	Car Rental Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/9/00	583.00 (Memo)
H. Full Name, Mailing Address and ZIP Code American Express P. O. Box 2855 New York, NY 10116	See Below Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/14/00	4,665.91
I. Full Name, Mailing Address and ZIP Code Houghton Mifflin Co. 215 Park Avenue South New York, NY 10003	Book Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/14/00	2,163.87 (Memo)

SUBTOTAL of Disbursements This Page (optional)	\$4,665.91
TOTAL This Period (last page this line number only)	-

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

The Moynihan Committee, Inc.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U. S. Air National Airport Washington, DC	Travel Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/14/00	1,513.55 (Memo)
B. Full Name, Mailing Address and ZIP Code Les Halles de Paris 1201 Pennsylvania, Ave., NW Washington, DC 20004	Meeting Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/14/00	204.41 (Memo)
C. Full Name, Mailing Address and ZIP Code Country Club Chevrolet 79 Oneida Street Oneonta, NY 13829	Car Rental Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/14/00	583.00 (Memo)
D. Full Name, Mailing Address and ZIP Code Bell Atlantic P. O. Box 646 Baltimore, MD 21265	Telephone Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/11/00 7/20/00 8/9/00	24.30 123.20 24.55
E. Full Name, Mailing Address and ZIP Code Same as Above	Same as Above Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/20/00 8/24/00	75.14 67.62
F. Full Name, Mailing Address and ZIP Code Verizon P. O. Box 17577 Baltimore, MD 21297	Same as Above Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/13/00 9/14/00	26.10 493.71
G. Full Name, Mailing Address and ZIP Code Carlyle Hotel 35 East 76th Street New York, NY 10021	Candidate Travel Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/11/00	2,517.37
H. Full Name, Mailing Address and ZIP Code CelloneNY P. O. Box 22003 Albany, NY 12201	Telephone Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/20/00 9/14/00	164.72 122.72
I. Full Name, Mailing Address and ZIP Code Mary T. Davis 5 Burns Street, #25 Forest Hills, NY 11375	Consulting Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/9/00	1,000.00

SUBTOTAL of Disbursements This Page (optional) ..... \$4,669.33

TOTAL This Period (last page this line number only) .....

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

FORM LINE NUMBER

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NAME OF COMMITTEE (in Full)

The Moynihan Committee, Inc.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Federal Express P. O. Box 1140 Dept. A Memphis, TN 38101	Delivery Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/11/00 7/20/00 8/9/00 9/14/00	7.36 52.42 13.26 121.42
B. Full Name, Mailing Address and ZIP Code David Luchins 1188 Neill Avenue Bronx, NY 10461	Purpose of Disbursement See Below Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/11/00	254.79
C. Full Name, Mailing Address and ZIP Code Apollo Car Rental 975 Allerton Avenue Bronx, NY 10467	Purpose of Disbursement Travel Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/11/00	209.74 (Memo)
D. Full Name, Mailing Address and ZIP Code David Luchins 1188 Neill Avenue Bronx, NY 10461	Purpose of Disbursement See Below Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/13/00	512.05
E. Full Name, Mailing Address and ZIP Code The Homewack Resort P. O. Box 338 Spring Glen, NY 12483	Purpose of Disbursement Travel Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/13/00	259.58 (Memo)
F. Full Name, Mailing Address and ZIP Code Apollo Car Rental 975 Allerton Avenue Bronx, NY 10467	Purpose of Disbursement Travel Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/13/00	239.95 (Memo)
G. Full Name, Mailing Address and ZIP Code Daniel P. Moynihan 464 Russell Senate Building Washington, DC 20510	Purpose of Disbursement See Below Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/24/00	132.07
H. Full Name, Mailing Address and ZIP Code The Brook 111 East 54th Street New York, NY 10022	Purpose of Disbursement Meeting Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/24/00	132.07 (Memo)
I. Full Name, Mailing Address and ZIP Code Trover Shop 227 Pennsylvania Ave., SE Washington, DC 20003	Purpose of Disbursement Book Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/24/00	304.00

SUBTOTAL of Disbursements This Page (optional)

\$1,427.37

TOTAL This Period (last page this line number only)

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBERS

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NAME OF COMMITTEE (in full)

The Moynihan Committee, Inc.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
J. S. Senate Restaurant First & C Streets, NE Washington, DC 20510	Meeting Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/11/00	128.19
B. Full Name, Mailing Address and ZIP Code Visa-Citibank P. O. Box 5001 Sioux Falls, SD 57188	Purpose of Disbursement See Below Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/24/00	2,265.71
C. Full Name, Mailing Address and ZIP Code Les Halles de Paris 1201 Pennsylvania Ave., NW Washington, DC 20004	Purpose of Disbursement Reception Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/24/00	2,263.71 (Memo)
D. Full Name, Mailing Address and ZIP Code Visa-Citibank P. O. Box 5001 Sioux Falls, SD 57188	Purpose of Disbursement See Below Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/13/00	2,561.23
E. Full Name, Mailing Address and ZIP Code Hotel Oceana 849 Ocean Avenue Santa Monica, CA 90403	Purpose of Disbursement Travel Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/13/00	2,528.71 (Memo)
F. Full Name, Mailing Address and ZIP Code National Car Rental Los Angeles Airport Los Angeles, CA	Purpose of Disbursement Travel Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/13/00	292.42 (Memo)
G. Full Name, Mailing Address and ZIP Code American Airlines National Airport Washington, DC	Purpose of Disbursement Travel Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/13/00	440.00 (Memo)
H. Full Name, Mailing Address and ZIP Code VISA-Bank of America P. O. Box 30770 Tampa, FL 33630	Purpose of Disbursement See Below Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/11/00	615.37
I. Full Name, Mailing Address and ZIP Code Delmonico Food Market 375 Lexington Avenue New York, NY 10017	Purpose of Disbursement Reception Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/11/00	615.37 (Memo)

SUBTOTAL of Disbursements This Page (optional) .....	\$5,570.40
TOTAL This Period (list page this line number only) .....	-



SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

The Moynihan Committee, Inc.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Yale University Press P. O. Box 209040 New Haven, CT 06520	Book Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/11/00	1,011.52
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	\$1,011.52
TOTAL This Period (last page this line number only)	\$25,151.43

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

The Moynihan Committee, Inc.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Democratic Sen. Camp. Comm. 430 South Capitol Street Washington, DC 20003	Contribution Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/11/00	20,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (list page this line number only)

\$20,000.00

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED \_\_\_\_\_  
Date of Receipt

FAX (48-HOUR NOTICES) \_\_\_\_\_  
Date of Receipt

INSIDE MAIL \_\_\_\_\_  
Date of Receipt

RECEIVED FROM THE LEGISLATIVE RESOURCE  
CENTER \_\_\_\_\_  
Date of Receipt

RECEIVED FROM THE FEDERAL ELECTION  
COMMISSION \_\_\_\_\_  
Date of Receipt

FIRST CLASS MAIL \_\_\_\_\_  
Postmarked

REGISTERED/CERTIFIED MAIL 10/13/00  
Postmarked

NO POSTMARK       POSTMARK ILLEGIBLE

OTHER (Specify): \_\_\_\_\_  
 AIRBORNE EXPRESS  
 EXPRESS MAIL  
 FEDERAL EXPRESS  
 UPS

\_\_\_\_\_ RD \_\_\_\_\_ 10/16/00  
Preparer Date Prepared