

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

AUG 4 | 37 PM '99

USE FEC MAILING LABEL
OR
TYPE OR PRINT

| | | |
|---|--|--|
| 1. NAME OF COMMITTEE (In full) CAROLYN'S PAC | | 2. FEC IDENTIFICATION NUMBER C00341990 |
| ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 49 East 92nd Street, #1A | | |
| CITY, STATE and ZIP CODE New York, N.Y. 10128 | | |
| 3. <input type="checkbox"/> This committee has qualified as a recall candidate committee. (see FEC FORM 136) | | |

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 _____ in the State of _____

(b) Is this Report an Amendment? YES NO

| SUMMARY | | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|--------------------------------------|-------------------------|-----------------------------------|
| 5. Covering Period | <u>1/1/99</u> through <u>6/30/99</u> | | |
| 6. (a) Cash on Hand January 1, 19 <u>99</u> | | | \$ 6,960.05 |
| (b) Cash on Hand at Beginning of Reporting Period | | \$ 6,960.05 | |
| (c) Total Receipts (from Line 19) | | \$ 35,500.00 | \$ 35,500.00 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | | \$ 42,460.05 | \$ 42,460.05 |
| 7. Total Disbursements (from Line 30) | | \$ 9,147.17 | \$ 9,147.17 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | | \$ 33,312.88 | \$ 33,312.88 |
| 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) | | \$ 0 | |

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. MALONEY

Signature of Treasurer

Clifton H. W. Maloney

Date

7/30/99

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

FEC FORM 3X

(revised 9/93)

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

(revised 1/1/91)

REG COMMITTEE

CAROLYN'S PAC

C#0341990

REPORT COVERING PERIOD

FROM **1/1/99**

TO: **6/30/99**

COLUMN A
Total This Period

COLUMN B
Calendar Year

Receipts

- 11. Contributions (other than loans) From:
 - a. Individual/Persons Other Than Political Committees
 - i. Itemized (use Schedule A)
 - ii. Unitemized
 - iii. Total (add i and ii) >
 - b. Political Party Committees
 - c. Other Political Committees (such as PACs)
 - d. Total Contributions (add a iii, b and c) >
- 12. Transfers From Affiliated/Other Party Committees
- 13. All Loans Received
- 14. Loan Repayments Received
- 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)
- 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees
- 17. Other Federal Receipts (Dividends, Interest, etc.)
- 18. Transfers from Nonfederal Account for Joint Activity
- 19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >
- 20. Total Federal Receipts (subtract line 18 from line 19) >

| | |
|-----------|-----------|
| 35,500.00 | 35,500.00 |
| 0 | 0 |
| 35,500.00 | 35,500.00 |
| 0 | 0 |
| 0 | 0 |
| 35,500.00 | 35,500.00 |
| 0 | 0 |
| 0 | 0 |
| 0 | 0 |
| 0 | 0 |
| 0 | 0 |
| 0 | 0 |
| 35,500.00 | 35,000.00 |
| 35,500.00 | 35,000.00 |

11(a)
11(b)
11(c)
11(d)
12
13
14
15
16
17
18
19
20

Disbursements

- 21. Operating Expenditures:
 - a. Shared Federal/Non-Federal Activity (from Schedule H4)
 - i. Federal Share
 - ii. Non-Federal Share
 - b. Other Federal Operating Expenditures
 - c. Total Operating Expenditures (add a i, a ii, and b) >
- 22. Transfers to Affiliated/Other Party Committees
- 23. Contributions to Federal Candidates/Committees and Other Political Committees
- 24. Independent Expenditures (use Schedule E)
- 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)
- 26. Loan Repayments Made
- 27. Loans Made
- 28. Refunds of Contributions To:
 - a. Individuals/Persons Other Than Political Committees
 - b. Political Party Committees
 - c. Other Political Committees (such as PACs)
 - d. Total Contribution Refunds (add a, b and c) >
- 29. Other Disbursements
- 30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >
- 31. Total Federal Disbursements (subtract line 21 a ii from line 30) >

| | |
|----------|----------|
| 0 | 0 |
| 0 | 0 |
| 2,147.17 | 2,147.17 |
| 2,147.17 | 2,147.17 |
| 0 | 0 |
| 6,000.00 | 6,000.00 |
| 0 | 0 |
| 0 | 0 |
| 0 | 0 |
| 0 | 0 |
| 4,000.00 | 1,000.00 |
| 0 | 0 |
| 0 | 0 |
| 0 | 0 |
| 9,147.17 | 9,147.17 |
| 9,147.17 | 9,147.17 |

21(a)
21(b)
21(c)
22
23
24
25
26
27
28(a)
28(b)
28(c)
28(d)
29
30
31

Net Contributions/Operating Expenditures

- 32. Total Contributions (other than loans) (from line 11d)
- 33. Total Contribution Refunds (from line 28d) *from last period*
- 34. Net Contributions (other than loans) (subtract line 33 from 32)
- 35. Total Federal Operating Expenditures (add 21 a i and 21 b) >
- 36. Offsets to Operating Expenditures (from line 15)
- 37. Net Operating Expenditures (subtract line 36 from 35) >

| | |
|-----------|-----------|
| 35,500.00 | 35,500.00 |
| 1,000.00 | 1,000.00 |
| 34,500.00 | 34,500.00 |
| 9,147.17 | 9,147.17 |
| 0 | 0 |
| 9,147.17 | 9,147.17 |

32
33
34
35
36
37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 4
FOR LINE NUMBER 11

Contributions from Individuals

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 committees.

NAME OF COMMITTEE (in Full)

CAROLYN'S PAC

C 00341990

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|--|--|-------------------------|------------------------------------|
| Arthur B. Brown 221 E. 60th Street NY NY 10022 | Holby Valve Co. Inc. Occupation: Corporate C.E.O. | 3/18/99 | 1,000.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 1,000.00 | | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| 245 Realty LLC Ptnrship 251 W. 20th St NY NY 10011 | Partnership Occupation: Real Estate | 4/13/99 | 375.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 375.00 | | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| 65 Eighth Ave Company 251 W. 20th St. NY NY 10011 | Partnership Occupation: Real Estate | 4/13/99 | 375.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 375.00 | | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| 408 MEMBERS LLC 251 W. 20th St. NY NY 10011 | Partnership Occupation: Real Estate | 4/13/99 | 250.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 250.00 | | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| 125 E. 31st Street LLC 251 W. 20th St NY NY 10011 | Partnership Occupation: Real Estate | 4/13/99 | 500.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 500.00 | | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| 304 WEST 92ND STREET ASSOCIATES 251 W. 20th St NY NY 10011 | Partnership Occupation: Real Estate | 4/13/99 | 500.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 500.00 | | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| WHITEHALL APARTMENT COMPANY 251 W. 20th St NY NY 10011 | Partnership Occupation: Real Estate | 4/13/99 | 500.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 500.00 | | |

SUBTOTAL of Receipts This Page (optional)

3,500.00

TOTAL This Period (last page this line number only)

35,500.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **2** OF **14**
FOR LINE NUMBER **11**

Contributions from Individuals

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NAME OF COMMITTEE (In Full)

CAROLYN'S PAC C 00341990

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|--|--|-------------------------|------------------------------------|
| Thomas J. Nowierski 25-02 30 AVE ASTORIA, NY 11927 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General | Astoria Chemists Occupation: Pharmacist | 5/26/99 | 5,000.00 |
| Aggregate Year-to-Date > \$ 5,000.00 | | | |
| Denise Rich 425 E. 58th Street NY NY 10022 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General | Self Occupation: Songwriter | 5/18/99 | 3,000.00 |
| Aggregate Year-to-Date > \$ 3,000.00 | | | |
| Jack Friedman 129 Audley St Kew Gardens, N.Y. 11418 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | Franklin Center for Nursing Occupation: Administrator | 5/20/99 | 1,000.00 |
| Aggregate Year-to-Date > \$ 1,000.00 | | | |
| Jeffrey Koons 600 Broadway - 2nd floor NY NY 10012 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | Self Occupation: ARTIST | 5/28/99 | 1,000.00 |
| Aggregate Year-to-Date > \$ 2,000.00 | | | |
| Theresa A. Bischoff 415 E. 97th St. NY NY 10016 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | NYU Hospital Center Occupation: Healthcare Exec. | 5/25/99 | 1,000.00 |
| Aggregate Year-to-Date > \$ 1,000.00 | | | |
| Leonard A. Lauder 767 FIFTH AVE NY NY 10153 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | Estee Lauder Companies Occupation: C.E.O. | 5/27/99 | 1,000.00 |
| Aggregate Year-to-Date > \$ 1,000.00 | | | |
| Michael Stern 111 E. 56th Street NY NY 10022 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | Alzheimer Foundation Occupation: C.E.O. | 5/4/99 | 1,000.00 |
| Aggregate Year-to-Date > \$ 1,000.00 | | | |

SUBTOTAL of Receipts This Page (optional)

13,000.00

TOTAL This Period (last page this line number only)

25,500.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 4
FOR LINE NUMBER 11

Contributions from Individual

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NAME OF COMMITTEE (In Full)

CAROLYN'S PAC CDD 341990

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
|--|--|-------------------------|------------------------------------|
| CABAZON BAND OF MISSION INDIANS, 84-245 INDIO SPRINGS INDIO, CA 92201 | American Indian Tribe Occupation: American Indian | 5/12/99 | 3,000.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 3,000.00 | | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| Jay Thomas Snyder 1020 Fifth Ave NY NY 10028 | Self Occupation: Investor | 6/24/99 | 1,000.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 1,000.00 | | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| Jeffrey L. Koons 600 Broadway - 2nd Floor NY NY 10012 | Self Occupation: Artist | 6/1/99 | 1,000.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 2,000.00 | | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| Richard H. Medley 950 Park Ave. NY NY 10028-0320 | Medley Investment group - Occupation: Executive | 6/30/99 | 1,000.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 1,000.00 | | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| Eve Chilton Weinstein | Miramax Occupation: Investor | 5/28/99 | 1,000.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 1,000.00 | | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| Marley L. Lippman 1021 Park Ave NY NY 10028 | Triad Corp. Occupation: C.E.O. | 6/29/99 | 5,000.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 5,000.00 | | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| Marie Christine Adam 1021 Park Ave NY NY 10028 | Housewife Occupation: Housewife | 6/29/99 | 5,000.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 5,000.00 | | |

SUBTOTAL of Receipts This Page (optional)

17,000.00

TOTAL This Period (last page this line number only)

35,500.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 4
FOR LINE NUMBER 11

Contributions from Individuals

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NAME OF COMMITTEE (in full)

CAROLYN'S PAC C00341990

| | | | |
|--|--|-------------------------|------------------------------------|
| A. Full Name, Mailing Address and ZIP Code <i>Krishna M. Reddy 1318 Bonita Drive La Habra Hills, CA 90631</i> | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | <i>Self-employed</i> | <i>6/20/99</i> | |
| | Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | Aggregate Year-to-Date |
| | <i>Dentist</i> | <i>> \$ 2,000.00</i> | <i>2,000.00</i> |

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

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

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

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

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

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

SUBTOTAL of Receipts This Page (optional)

2,000.00

TOTAL This Period (last page this line number only)

35,500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 216, C

Operating Expenditures

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NAME OF COMMITTEE (in Full)

CAROLYN'S PAC C 00341990

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|---|-------------------------|---|
| Andrew R. Tullach, Esq. SUITE 1803 - 501 FIFTH AVE NY NY 10017 | Legal Services Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 5/19/99 | 2,125.00 |
| Andrew R. Tullach, Esq. SUITE 1803 - 501 FIFTH AVE NY NY 10017 | Expense Reimburs. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 5/19/99 | 22.17 |
| 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)

2,147.17

TOTAL This Period (last page this line number only)

2,147.14

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 12 OF 12
FOR LINE NUMBER 23

Contributions to Federal Candidates

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

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|--|-------------------------|---|
| <i>Friends of Carolyn McLarthy PO Box 940 Mineola NY 11501</i> | <i>Carolyn McLarthy Candidate 5th (N.Y.)</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | <i>5/4/99</i> | <i>500.00</i> |
| <i>Grace Napolitano</i> | <i>Grace Napolitano House Candidate</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | <i>6/10/99</i> | <i>500.00</i> |
| 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)

1,000.00

TOTAL This Period (last page this line number only)

6,078.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2
FOR LINE NUMBER 233

Contributions to Political Committees

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

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|---|-------------------------|---|
| <i>Democratic Congressional Campaign Committee - Washington D.C.</i> | <i>Contributions</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | <i>6/10/99</i> | <i>5,000.00</i> |
| B. Full Name, Mailing Address and ZIP Code <i>430 South Capitol Street Washington D.C 20003</i> | 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)

5,000.00

TOTAL This Period (last page this line number only)

6,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

Refunds of Contributions

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 C 00 341990

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|--|-------------------------|---|
| Arthur Brown Holby Valve Co. Inc. 1146 Second Ave. N.Y.N.Y 10022 | Refund of prohibited contributions Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) REFUND | 1/14/99 | 1,000.00 |
| 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)

1,000.00

TOTAL This Period (last page this line number only)

1,000.00

LOANS

| | | | |
|---|--|----------------------------|---|
| Name of Committee (In Full) CAROLYN'S PAC C 00341990 | | | |
| A. Full Name, Mailing Address and ZIP Code of Loan Source NONE | Original Amount of Loan NONE | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (april) <input type="checkbox"/> Secured | | | |
| List All Endorsers or Guarantors (if any) to Item A | | | |
| 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: \$ | | |
| B. Full Name, Mailing Address and ZIP Code of Loan Source | | | |
| Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (april) <input type="checkbox"/> 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) | | | |
| TOTALS This Period (last page in this line only) | | | |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

| | | | |
|---|--|---|---------------------|
| NAME OF COMMITTEE (IN FULL) CAROLYN'S PAC | | FEC IDENTIFICATION NUMBER C00341990 | |
| FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER) None/not applicable | | AMOUNT OF LOAN | INTEREST RATE (APR) |
| | | DATE INCURRED OR ESTABLISHED | DATE DUE |

A. Has loan been restructured? No Yes If yes, date originally incurred: _____

B. If line of credit, amount of this draw: _____; total outstanding balance: _____

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____

What is the value of this collateral? _____

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?
 No Yes If yes, specify: _____ What is the estimated value? _____

A depository account must be established pursuant to 11 CFR 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B). Date account established: _____ Location of account: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

| | | |
|------------------------|-----------|------|
| G. COMMITTEE TREASURER | | DATE |
| TYPED NAME | SIGNATURE | |

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.

| | | | |
|---------------------------|-----------|-------|------|
| AUTHORIZED REPRESENTATIVE | | TITLE | DATE |
| TYPED NAME | SIGNATURE | | |

| Name of Committee (in Full) | Outstanding Balance Beginning This Period | Amount Repaid This Period | Payment This Period | Outstanding Balance at Close of This Period |
|--|---|---------------------------|---------------------|---|
| CAROLYN'S PAC - C00341990 | | | | |
| A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor | | | | |
| NONE | | | | |
| Nature of Debt (Purpose): | | | | |
| B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor | | | | |
| Nature of Debt (Purpose): | | | | |
| C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor | | | | |
| Nature of Debt (Purpose): | | | | |
| D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor | | | | |
| Nature of Debt (Purpose): | | | | |
| E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor | | | | |
| Nature of Debt (Purpose): | | | | |
| F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor | | | | |
| Nature of Debt (Purpose): | | | | |

| | |
|---|--|
| 1) SUBTOTALS This Period This Page (optional) | |
| 2) TOTALS This Period (last page in this line only) | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | |

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

| Name of Committee (in Full) | | C 0 0 3 4 1 9 9 0 | | |
|---|------------------------|-------------------------|----------|---|
| Full Name, Mailing Address & ZIP Code of Each Payee | Purpose of Expenditure | Date (month, day, year) | Amount | Name of Federal Candidate supported or opposed by the expenditure & office sought |
| None / not applicable | | | | <input type="checkbox"/> Support <input type="checkbox"/> Oppose |
| | | | | <input type="checkbox"/> Support <input type="checkbox"/> Oppose |
| | | | | <input type="checkbox"/> Support <input type="checkbox"/> Oppose |
| | | | | <input type="checkbox"/> Support <input type="checkbox"/> Oppose |
| | | | | <input type="checkbox"/> Support <input type="checkbox"/> Oppose |
| | | | | <input type="checkbox"/> Support <input type="checkbox"/> Oppose |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | \$ _____ | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | | \$ _____ | |
| (c) TOTAL Independent Expenditures | | | \$ _____ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing of dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Subscribed and sworn to before me this _____ day of _____, 19 _____

My Commission expires _____

NOTARY PUBLIC

Signature _____

Date _____

**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENTS(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

| | | | | |
|--|--|------------------------|-------------------------|--------|
| Name of Political Committee (in Full) CAROLYN'S PAC C/P 341990 | | | | |
| Has your Committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, name the designating committee: | | | | |
| Full Name, Mailing Address and ZIP Code of Subordinate Committee | | | | |
| | | | | |
| Full Name, Mailing Address and ZIP Code of Each Payee | Name of Federal Candidate Supported, State, District & Office Sought | Purpose of Expenditure | Date (month, day, year) | Amount |
| | | | | |
| Aggregate General Election Expenditure for this Candidate—\$ | | | | |
| Full Name, Mailing Address and ZIP Code of Each Payee | Name of Federal Candidate Supported, State, District & Office Sought | Purpose of Expenditure | Date (month, day, year) | Amount |
| | | | | |
| Aggregate General Election Expenditure for this Candidate—\$ | | | | |
| Full Name, Mailing Address and ZIP Code of Each Payee | Name of Federal Candidate Supported, State, District & Office Sought | Purpose of Expenditure | Date (month, day, year) | Amount |
| | | | | |
| Aggregate General Election Expenditure for this Candidate—\$ | | | | |
| Full Name, Mailing Address and ZIP Code of Each Payee | Name of Federal Candidate Supported, State, District & Office Sought | Purpose of Expenditure | Date (month, day, year) | Amount |
| | | | | |
| Aggregate General Election Expenditure for this Candidate—\$ | | | | |
| SUBTOTAL of Expenditures This Page (optional) | | | | |
| TOTAL This Period (last page this line number only) | | | | |

**METHOD OF ALLOCATION FOR SHARED FEDERAL
AND NON-FEDERAL ADMINISTRATIVE EXPENSES
AND GENERIC VOTER DRIVE COSTS**

NAME OF COMMITTEE

CAROLYN'S PAC - C00341990

NATIONAL PARTY COMMITTEES

FIXED FEDERAL PERCENTAGE (CHECK THE APPROPRIATE LINE AND ENTER % IN BOX TO RIGHT) %
 PRESIDENTIAL YEAR (65%)
 ALL OTHER YEARS (60%)

HOUSE AND SENATE PARTY CAMPAIGN COMMITTEES

MINIMUM FEDERAL PERCENTAGE (65%) (IF CHECKED, ENTER 65% IN BOX TO RIGHT) %
 OR
 FUNDS EXPENDED:
 * ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL %
 * ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL %
 ADJUSTMENTS TO FUNDS EXPENDED:
 ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL \$ %
 ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL \$

NOTE: FUNDS EXPENDED MUST BE USED IF THE FEDERAL PROPORTION IS GREATER THAN 65% IN ANY YEAR.

SEPARATE SEGREGATED FUNDS AND NON-CONNECTED COMMITTEES

FUNDS EXPENDED:
 * ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL %
 * ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL %
 ADJUSTMENTS TO FUNDS EXPENDED:
 ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL \$ %
 ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL \$

STATE AND LOCAL PARTY COMMITTEES

BALLOT COMPOSITION

CHECK ALL OFFICES APPEARING ON THE NEXT GENERAL ELECTION BALLOT:

| | NUMBER OF POINTS |
|---|----------------------|
| 1. PRESIDENT <input type="checkbox"/> (1 POINT) | <input type="text"/> |
| 2. U.S. SENATE <input type="checkbox"/> (1 POINT) | <input type="text"/> |
| 3. U.S. CONGRESS <input type="checkbox"/> (1 POINT) | <input type="text"/> |
| 4. SUBTOTAL — FEDERAL (ADD 1, 2, AND 3) | <input type="text"/> |
| 5. GOVERNOR <input type="checkbox"/> (1 POINT) | <input type="text"/> |
| 6. OTHER STATEWIDE OFFICE(S) <input type="checkbox"/> (1 OR 2 POINTS) | <input type="text"/> |
| 7. STATE SENATE <input type="checkbox"/> (1 POINT) | <input type="text"/> |
| 8. STATE REPRESENTATIVE <input type="checkbox"/> (1 POINT) | <input type="text"/> |
| 9. LOCAL CANDIDATES <input type="checkbox"/> (1 OR 2 POINTS) | <input type="text"/> |
| 10. EXTRA NON-FEDERAL POINT <input type="checkbox"/> (1 POINT) | <input type="text"/> |
| 11. SUBTOTAL — NON-FEDERAL (ADD 5, 6, 7, 8, 9, AND 10) | <input type="text"/> |
| 12. TOTAL POINTS (LINE 4 PLUS LINE 11) | <input type="text"/> |

FEDERAL ALLOCATION = LINE 4 DIVIDED BY LINE 12 %

SCHEDULE H2

(effective 1/1/91)

ALLOCATION RATIOS

NAME OF COMMITTEE

CAROLYN'S PAC C#0341990

ALLOCATION RATIOS FOR INDIVIDUAL FUNDRAISING EVENTS, EXEMPT ACTIVITIES, AND SHARED DIRECT CANDIDATE SUPPORT APPEARING ON THIS REPORT.

Methods of allocation:

- I. **FUNDRAISING** activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. **EXEMPT** activities are allocated using the "time and space method" where the federal proportion of disbursements is based on the proportion of time or space devoted to federal candidates.
- III. Shared **DIRECT CANDIDATE** support activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.

| | | |
|---|-----------|---------------|
| NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED | FEDERAL % | NON-FEDERAL % |
| NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED | FEDERAL % | NON-FEDERAL % |
| NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED | FEDERAL % | NON-FEDERAL % |
| NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED | FEDERAL % | NON-FEDERAL % |
| NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED | FEDERAL % | NON-FEDERAL % |
| NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED | FEDERAL % | NON-FEDERAL % |
| NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED | FEDERAL % | NON-FEDERAL % |

| | |
|---|--------------------------|
| NAME OF COMMITTEE CAROLYN'S PAC - C#0341990 | TOTAL AMOUNT TRANSFERRED |
|---|--------------------------|

| | | |
|---|-----------------|----|
| NAME OF ACCOUNT none - not applicable | DATE OF RECEIPT | \$ |
|---|-----------------|----|

| | BREAKDOWN OF TRANSFER RECEIVED | | | |
|--|--------------------------------|----------------------------|--|--|
| | ADMIN./VOTER DRIVE AMOUNT | DIRECT FUND-RAISING AMOUNT | EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT | |
| i) Total Administrative/Voter Drive | | | | |
| ii) Direct Fundraising (List Events-Amount for Each) | | | | |
| a) _____ | | | | |
| b) _____ | | | | |
| c) _____ | | | | |
| d) _____ | | | | |
| e) Total Amount Transferred For Direct Fundraising | | | | |
| iii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each) | | | | |
| a) _____ | | | | |
| b) _____ | | | | |
| c) _____ | | | | |
| d) _____ | | | | |
| e) Total Amount Transferred For Exempt Activity/Direct Candidate Support | | | | |

| | | |
|-----------------|-----------------|----|
| NAME OF ACCOUNT | DATE OF RECEIPT | \$ |
|-----------------|-----------------|----|

| | BREAKDOWN OF TRANSFER RECEIVED | | | |
|--|--------------------------------|----------------------------|--|--|
| | ADMIN./VOTER DRIVE AMOUNT | DIRECT FUND-RAISING AMOUNT | EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT | |
| i) Total Administrative/Voter Drive | | | | |
| ii) Direct Fundraising (List Events-Amount for Each) | | | | |
| a) _____ | | | | |
| b) _____ | | | | |
| c) _____ | | | | |
| d) _____ | | | | |
| e) Total Amount Transferred For Direct Fundraising | | | | |
| iii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each) | | | | |
| a) _____ | | | | |
| b) _____ | | | | |
| c) _____ | | | | |
| d) _____ | | | | |
| e) Total Amount Transferred For Exempt Activity/Direct Candidate Support | | | | |

| | TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED | | | |
|--------------------------|---|----------------------------|---------------------|--|
| | ADMIN./VOTER DRIVE AMOUNT | DIRECT FUND-RAISING AMOUNT | EXEMPT ACTIVITY/DCS | |
| SUBTOTAL THIS PAGE | | | | |
| TOTAL THIS PERIOD | | | | |

NAME OF COMMITTEE

CAROLYN'S PAC CDD 341990

| A. FULL NAME, MAILING ADDRESS & ZIP CODE | PURPOSE/EVENT | DATE | TOTAL AMOUNT | FEDERAL SHARE | NON-FEDERAL SHARE |
|--|---------------|------|--------------|---------------|-------------------|
| NONE / not applicable | | | | | |
| CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT | | | | | |
| B. FULL NAME, MAILING ADDRESS & ZIP CODE | PURPOSE/EVENT | DATE | TOTAL AMOUNT | FEDERAL SHARE | NON-FEDERAL SHARE |
| | | | | | |
| CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT | | | | | |
| C. FULL NAME, MAILING ADDRESS & ZIP CODE | PURPOSE/EVENT | DATE | TOTAL AMOUNT | FEDERAL SHARE | NON-FEDERAL SHARE |
| | | | | | |
| CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT | | | | | |
| D. FULL NAME, MAILING ADDRESS & ZIP CODE | PURPOSE/EVENT | DATE | TOTAL AMOUNT | FEDERAL SHARE | NON-FEDERAL SHARE |
| | | | | | |
| CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT | | | | | |
| E. FULL NAME, MAILING ADDRESS & ZIP CODE | PURPOSE/EVENT | DATE | TOTAL AMOUNT | FEDERAL SHARE | NON-FEDERAL SHARE |
| | | | | | |
| CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT | | | | | |
| F. FULL NAME, MAILING ADDRESS & ZIP CODE | PURPOSE/EVENT | DATE | TOTAL AMOUNT | FEDERAL SHARE | NON-FEDERAL SHARE |
| | | | | | |
| CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT | | | | | |
| SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE | | | | | 0 |
| TOTAL THIS PERIOD (last page for each line only)(Fed. share to 21 a i and non-Fed. share to 21 a ii) | | | | | |
| TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page) | | | | | |

