

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

SECRETARY OF THE SENATE

01 FEB -2 2001

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) The Moynihan Committee, Inc.		2. FEC IDENTIFICATION NUMBER C00078295
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. 560 West 43rd Street, #93E		
CITY, STATE and ZIP CODE New York, NY 10035	STATE/DISTRICT NY	
3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

4. TYPE OF REPORT

- | | |
|---|---|
| <input type="checkbox"/> April 15 Quarterly Report | <input type="checkbox"/> 12-Day Pre-Election Report for the _____
(Type of Election) |
| <input type="checkbox"/> July 15 Quarterly Report | election on _____ in the State of _____ |
| <input type="checkbox"/> October 15 Quarterly Report | <input type="checkbox"/> 30-Day Post-Election Report following the General Election |
| <input checked="" type="checkbox"/> January 31 Year End Report | on _____ in the State of _____ |
| <input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only) | <input type="checkbox"/> Termination Report |

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

SUMMARY

5. Covering Period <u>10/1/00</u> through <u>12/31/00</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))	2,000	2,025
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	-2,000	-2,025
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	72,009.96	145,082.31
(b) Total Offsets to Operating Expenditures (from Line 14)	0	1,410.60
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	-72,009.96	143,671.71
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$225,599.26	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100
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 C and/or Schedule D)		

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	Date 1-25-01
Signature of Treasurer 	

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 4/97)

DETAILED SUMMARY PAGE

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

Name of Committee (in full)	Report Covering the Period:	
The Moyzihan Committee, Inc.	From: 10/1/00	To: 12/30/00
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 (use 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(a)(iii), (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.) _____	5,630.83	26,782.07
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) _____	5,630.83	28,192.67
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES _____	72,009.96	145,082.31
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 _____	2,000.00	2,025.00
(b) Political Party Committees _____		
(c) Other Political Committees (such as PACs) _____		
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) _____	2,000.00	2,025.00
21. OTHER DISBURSEMENTS _____	36,750.00	56,750.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) _____	110,759.96	203,857.31
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD _____	\$ 330,728.39	
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) _____	\$ 5,630.83	
25. SUBTOTAL (add Line 23 and Line 24) _____	\$ 336,359.22	
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) _____	\$ 110,759.96	
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) _____	\$ 225,599.26	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 15

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NAME OF COMMITTEE (In Full)

The Moynihan Committee, Inc.

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Chase Manhattan Bank MMKT 3435 Stelzer Road Columbus, OH 43219	Dividend on Money Market Fund	10/31/00	1,556.42
	Occupation	11/30/00	1,441.15
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	12/31/00	1,239.48
			\$ 10,432.45
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Delaware National Bank of Delhi 124 Main Street Delhi, NY 13753	Interest on Money Market Account	10/31/00	7.98
	Occupation	11/30/00	7.74
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	12/31/00	8.02
			\$ 93.58
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. B. Data Ltd. 8050 No. Port Washington Road Milwaukee, WI 53217	Royalty/Use of Direct Mail List	11/13/00	1,370.04
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date		\$ 8,256.04
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):	Aggregate Year-to-Date		\$
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):	Aggregate Year-to-Date		\$
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):	Aggregate Year-to-Date		\$
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):	Aggregate Year-to-Date		\$

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$5,630.83

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

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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 <input type="checkbox"/> Other (specify)	10/11/00	6,255.99
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 <input type="checkbox"/> Other (specify)	10/11/00	513.40 (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 <input type="checkbox"/> Other (specify)	10/11/00	40.30 (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 <input type="checkbox"/> Other (specify)	10/11/00	3,547.78 (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 <input type="checkbox"/> Other (specify)	10/11/00	482.31 (Memo)
F. Full Name, Mailing Address and ZIP Code Bertolini's Restaurant 301 Pennsylvania Ave., NW Washington, DC 20004	Meeting Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/11/00	591.32 (Memo)
G. Full Name, Mailing Address and ZIP Code Jaleo Restaurant 480 Seventh Street, NW Washington, DC 20004	Meeting Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/11/00	178.28 (Memo)
H. Full Name, Mailing Address and ZIP Code The Caucus Room 401 9th Street, NW Washington, DC 20001	Meeting Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/11/00	723.86 (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 <input type="checkbox"/> Other (specify)	11/28/00	3,228.63

SUBTOTAL of Disbursements This Page (optional) \$9,484.62

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
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)	11/28/00	382.21 (Memo)
B. 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)	11/28/00	226.50 (Memo)
C. 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)	11/28/00	583.00 (Memo)
D. Full Name, Mailing Address and ZIP Code Jaleo Restaurant 480 Seventh Street, NW Washington, DC 20004	Meeting Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/28/00	143.19 (Memo)
E. Full Name, Mailing Address and ZIP Code The Caucus Room 401 9th Street, NW Washington, DC 20001	Meeting Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/28/00	506.16 (Memo)
F. 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 <input type="checkbox"/> Other (specify)	11/28/00	384.12 (Memo)
G. 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 <input type="checkbox"/> Other (specify)	11/28/00	450.50 (Memo)
H. Full Name, Mailing Address and ZIP Code Stella Luna Stazione 58-60 Market Street Oneonta, NY 13820	Meeting Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/28/00	172.30 (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 <input type="checkbox"/> Other (specify)	12/12/00	5,045.56

SUBTOTAL of Disbursements This Page (optional)

\$5,045.56

TOTAL This Period (less 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

PAGE 3 OF 8

FOR LINE NUMBER 17

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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
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)	12/12/00	546.00 (Memo)
B. 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)	12/12/00	869.50 (Memo)
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
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)	12/12/00	583.00 (Memo)
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Amtrak Pennsylvania Station New York, NY 10036	Travel Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/12/00	244.00 (Memo)
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Beekman Liquors 500 Lexington Avenue New York, NY 10017	Reception Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/12/00	198.63 (Memo)
F. 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)	12/12/00	621.98 (Memo)
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Senate Gift Shop 180 Senate Russell Building Washington, DC 20510	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/12/00	300.00 (Memo)
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Strathallan Hotel 550 East Avenue Rochester, NY 14607	Travel Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/12/00	328.64 (Memo)
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Willard Hotel 1401 Pennsylvania Ave., NW Washington, DC 20004	Meeting Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/12/00	108.05 (Memo)

SUBTOTAL of Disbursements This Page (optional) \$0.00

TOTAL This Period (last page this line number only)

SCHEDULE B

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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 (Memo)
Bethesda Engravers 6405 Berkley Street Baltimore, MD 21205	Printing Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/12/00	341.30
B. Full Name, Mailing Address and ZIP Code Shurgard of Aurora 370 Holland Lane Alexandria, VA 22314	Storage Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/12/00	289.35
C. Full Name, Mailing Address and ZIP Code AP\Wide World Photo 50 Rockefeller Plaza New York, NY 10020	Photo Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/4/00	200.00
D. Full Name, Mailing Address and ZIP Code Verizon P. O. Box 17577 Baltimore, MD 21265	Telephone Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/11/00 11/15/00 11/28/00	60.55 25.78 352.04
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)	12/12/00 12/17/00	26.54 38.98
F. Full Name, Mailing Address and ZIP Code BJB Specialties Inc. 4040 Blackburn Lane Burtonsville, MD 20866	Printing Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/28/00	420.00
G. Full Name, Mailing Address and ZIP Code Bloomberg Services 499 Park Avenue New York, NY 10022	Air Travel Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/28/00	2,721.00
H. Full Name, Mailing Address and ZIP Code Budget-Rent-A-Car 2999 Genessee Street Buffalo, NY 14225	Car Rental Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/15/00 12/6/00	370.02 339.19
I. 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)	10/4/00	635.84

SUBTOTAL of Disbursements This Page (optional) \$5,189.94

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

PAGE 5 OF 8
FOR LINE NUMBER 17

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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
Joseph Caruso 20 Gardner Place Oneonta, NY 13820	Travel Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/28/00	216.01
B. 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)	11/15/00 12/27/00	242.24 67.68
C. Full Name, Mailing Address and ZIP Code Color Food, Inc. 154 East 43rd Street New York, NY 10017	Meeting Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/28/00	580.00
D. Full Name, Mailing Address and ZIP Code Rose-Marie Coppola 13221 Piscataway Drive Port Washington, MD 20744	Entertainment Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/12/00	725.00
E. Full Name, Mailing Address and ZIP Code George Eastman House 900 East Avenue Rochester, NY 14607	Reception Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/00	1,497.50
F. Full Name, Mailing Address and ZIP Code 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)	10/11/00 11/28/00 12/27/00	42.64 562.12 85.28
G. Full Name, Mailing Address and ZIP Code Frame of Mine 522 8th Street Washington, DC 20003	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/4/00	214.89
H. Full Name, Mailing Address and ZIP Code Peter Friscia 621 Wooley Avenue Staten Island, NY 10314	See Below Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/27/00	609.96
I. Full Name, Mailing Address and ZIP Code The Hotel George 15 E Street, NW Washington, DC 20001	Travel Expense Reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/27/00	204.96 (Memo)

SUBTOTAL of Disbursements This Page (optional)

\$4,843.32

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

PAGE 5 OF 8

FOR LINE NUMBER 17

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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
Delta Airlines LaGuardia Airport Flushing, NY	Travel Expense Reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/27/00	405.00 (Memo)
B. Full Name, Mailing Address and ZIP Code Ross Frommer 73-44 Austin, #5W Forest Hills, NY 11375	Purpose of Disbursement See Below Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/15/00	110.00
C. Full Name, Mailing Address and ZIP Code U. S. Airways LaGuardia Airport Flushing, NY	Purpose of Disbursement Travel Expense Reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/15/00	110.00 (Memo)
D. Full Name, Mailing Address and ZIP Code Great Performances 287 Spring Street New York, NY 10012	Purpose of Disbursement Catering Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/6/00	8,589.64
E. Full Name, Mailing Address and ZIP Code Just Pasta 307 Bryant Street Buffalo, NY 14222	Purpose of Disbursement Catering Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/28/00	3,992.80
F. Full Name, Mailing Address and ZIP Code Zale S. Koff Graphics 75 Varick Street New York, NY 10013	Purpose of Disbursement Printing Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/28/00	525.01
G. Full Name, Mailing Address and ZIP Code Prof. 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)	11/15/00	484.13
H. Full Name, Mailing Address and ZIP Code Apollo Car Rental 975 Allerton Avenue Bronx, NY 10467	Purpose of Disbursement Travel Expense Reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/15/00	236.63 (Memo)
I. Full Name, Mailing Address and ZIP Code Delta Airlines LaGuardia Airport Flushing, NY	Purpose of Disbursement Travel Expense Reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/15/00	225.00 (Memo)

SUBTOTAL of Disbursements This Page (optional)

\$13,701.58

TOTAL This Period (last page this line number only)

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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)

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
Tracey Moynihan 385 State Street Brooklyn, NY 11217	See Below Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/00	997.77
B. Full Name, Mailing Address and ZIP Code Amtrak Penn Station New York, NY 10036	Travel Expense Reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/00	547.50 (Memo)
C. Full Name, Mailing Address and ZIP Code Courtyard Marriott 900 F Street, NW Washington, DC 20004	Travel Expense Reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/00	450.27 (Memo)
D. Full Name, Mailing Address and ZIP Code Orthodox Union 333 Seventh Avenue New York, NY 10001	Meeting Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/00	458.85
E. Full Name, Mailing Address and ZIP Code Party Rental Ltd. 200 North Street Teterboro, NJ 07608	Equipment Rental Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/27/00	1,292.71
F. Full Name, Mailing Address and ZIP Code Planet Cotton Inc. 8001 Cassina Avenue Gaithersburg, MD 20879	Printing Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/12/00	7,355.64
G. Full Name, Mailing Address and ZIP Code Postmaster-DC U. S. Senate Washington, DC 20510	Postage Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/00 11/28/00 12/12/00 12/27/00	132.00 990.00 2,000.00 250.00
H. Full Name, Mailing Address and ZIP Code Prior Aviation Service 50 North Airport Drive Buffalo, NY 14225	Airplane Charter Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/28/00	5,064.67
I. Full Name, Mailing Address and ZIP Code The Raycroft Inn 40 South Grove Street East Aurora, NY 14052	Travel Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/28/00	2,623.60

SUBTOTAL of Disbursements This Page (optional) \$21,165.24

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

PAGE 8 OF 8

FOR LINE NUMBER 17

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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
Schlernitzauer Apiaries 46 North Main Street Earlville, NY 13332	Gift Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/12/00	361.20
B. Full Name, Mailing Address and ZIP Code Krista J. Seddon 100 South Union Street Williamsville, NY 14221	Entertainment Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/28/00	500.00
C. Full Name, Mailing Address and ZIP Code Senate Gift Shop 180 Senate Russell Building Washington, DC 20510	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/28/00 12/12/00	300.00 180.00
D. Full Name, Mailing Address and ZIP Code U. S. Senate Restaurant First & C Streets, NE Washington, DC 20510	Meeting and Reception Exp. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/4/00 11/28/00 12/12/00	185.91 420.15 4,895.25
E. Full Name, Mailing Address and ZIP Code John Westergaard 560 West 43rd Street New York, NY 10036	See Below Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/15/00	563.20
F. Full Name, Mailing Address and ZIP Code Continental Airlines Newark Airport Newark, NJ	Travel Expense Reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/15/00	373.00 (Memo)
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)

\$7,405.71

TOTAL This Period (last page this line number only)

\$66,835.97

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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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
Timothy Boggs 800 Connecticut Ave., Washington, DC 20006	Contribution Refund Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/15/00	\$1,000.00
Leonard Lauder 767 Fifth Avenue Bronx, NY 10471	Contribution Refund Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/4/00	\$1,000.00
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 (last page this line number only)

\$2,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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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
Israel for Congress 1966-5 Deer Park Avenue Deer Park, NY 11729	Contribution Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/11/00	1,000.00
B. Full Name, Mailing Address and ZIP Code Seltzer for Congress Box 546 Bellport, NY 11713	Contribution Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/11/00	1,000.00
C. Full Name, Mailing Address and ZIP Code Maxwell School of Citizenship 200 Eggers Hall Syracuse, NY 13244	Charitable Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/12/00	25,000.00
D. Full Name, Mailing Address and ZIP Code Vidya Bhawan Society Udaiper 313-001 India	Charitable Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/00	10,000.00
E. Full Name, Mailing Address and ZIP Code Democratic National Comm. 430 South Capitol Street Washington, DC 20003	Event Expense (check (not cashed) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/14/99	-250.00
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 (last page this line number only)

\$36,750.00

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

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Date of Receipt

FAX (48-HOUR NOTICES) _____
Date of Receipt

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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 1/30/01
Postmarked

NO POSTMARK **POSTMARK ILLEGIBLE**

OTHER (Specify): _____
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 FEDERAL EXPRESS
 UPS _____
Postmark and/or Date of Receipt

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Preparer Date Prepared