



Rehn & Fore Certified Public Accountants

286 Main Street
East Setauket • New York • 11733
631 751-3886 • Fax 631 751-2740

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

407 Osborne Avenue
Riverhead • New York • 11901
3-631 369-1467 • Fax 631 369-1621



February 3, 2000

Mr. Dominick Ciaraldi
Reports Analyst
Federal Election Commission
999 E. Street N.W.
Washington, DC 20463

Dear Mr. Ciaraldi:

Concerning your total quarterly report dated July 15, 1999 to October 15, 1999, it was prepared in error because we should be filing a January 31 year-end report. Enclosed you will find a January 31st year end report, so the October quarterly report can be disregarded.

Sincerely,

George R. Rehn, CPA
Partner

GRR:aj

cc: John Mawn, Treasurer



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

James Miller, Treasurer
Elect Life
P.O. Box 1556
Ronkonkoma, NY 11779

NOV 24 1999

Identification Number: C00339481

Reference: October Quarterly Report (7/15/99-10/15/99)

Dear Mr. Miller:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Your report discloses no payments for administrative expenses. Administrative expenses are payments made for the purpose of operating a political committee including, but not limited to, rent, utilities, salaries, telephone service, office equipment and supplies. Any such payments to a person aggregating in excess of \$200 in a calendar year must be disclosed on Schedule B, supporting Line 21(b) of the Detailed Summary Page. 2 U.S.C. §434(b)(5) If these expenses are being paid by a connected organization, your Statement of Organization must be amended to reflect this relationship. 2 U.S.C. §433(b)(2) In addition, if expenses have been incurred but not paid in a reporting period, the activity should be disclosed as a debt on Schedule D, if the obligation is \$500 or more, or outstanding for sixty days or more. 11 CFR §104.11

Any goods or services provided to your committee by a person, except volunteer activity (i.e., a person's time), would be considered an in-kind contribution from that person, and would be subject to the disclosure requirements of 2 U.S.C. §434(b)(3) and 11 CFR §104.13, and the limitations and prohibitions of 2 U.S.C. §§441a and 441b.

Clarification regarding administrative expenses should be disclosed during each two year election cycle beginning with the first report filed in the non-election year. Please verify that all expenses referenced above (i.e., rent, salaries, utilities, etc.) have been adequately disclosed. If these services have been provided by volunteers, please confirm this in writing.

-Your calculations for Line 8 appear to be incorrect. Cash-on-hand at the close of the current reporting period should always equal the closing calendar year-to-date cash-on-hand amount. Please provide the corrected total on the Summary Page.

-Please provide the totals for Lines 11(a)(ii), 11(a)(iii), 11(d) and 19 and Column B, of the Detailed Summary Page. Note that changes in your figures may affect your Column B totals on this report and/or on subsequent reports.

-Please provide the total(s) for Line 30, Columns A and B of the Detailed Summary Page. Note that changes in your figures may affect your Column B totals on this report and/or on subsequent reports.

-Your calculations for Line 11(a)(iii), Column A appear to be incorrect. FEC calculations disclose this amount(s) to be \$485,556.51. Please provide the corrected total(s) on the Detailed Summary Page.

-Line 21(a) of the Detailed Summary Page should only be used to report the federal and non-federal shares of allocable activities. If your committee has only one account, the total operating expenditures (administrative expenses) should be reported on Line 21(b). Please amend your report to confirm the nature of your expenditures and to provide the total on the appropriate line.

-Your report(s) was not signed by the treasurer or designated agent listed on your Statement of Organization. Please amend your report(s) by providing the signature of an individual that is authorized to sign the report(s). 2 U.S.C. §434(a)(1) and 11 CFR §104.14(a) and (d) If a new treasurer has been appointed, please file an amended Statement of Organization (FORM 1) or a letter to reflect this change.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our

ELECT LIFE

PAGE 3

toll-free number, (800) 424-9530. My local number is (202) 694-1130.

Sincerely,



Dominick Ciaraldi

Reports Analyst

Reports Analysis Division

279

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) FELPCT LIFE		2. FEC IDENTIFICATION NUMBER C00379481	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 71 W. 5th ST	3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		
CITY, STATE and ZIP CODE RONKONKOMA NY 11779			

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:

- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> 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 7/1/99 through 12/31/99		
6. (a) Cash on Hand January 1, 19 99		\$ 514.67
(b) Cash on Hand at Beginning of Reporting Period	\$ 29,486.07	
(c) Total Receipts (from Line 19)	\$ 1,310,519.19	\$ 1,432,217.40
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 1,340,005.26	\$ 1,453,762.07
7. Total Disbursements (from Line 20)	\$ 1,270,238.45	\$ 1,387,544.71
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 69,767.81	\$ 69,767.81
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100
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
JOHN R. MAW

Signature of Treasurer
John R. Maw

Date
1/7/00

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 3X
(revised 9/97)

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

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
	FROM	TO	
	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			11(a)(1)
i. Itemized (use Schedule A)	3572.74	3572.74	11(a)(1)(i)
ii. Unitemized	49702.74	49702.74	11(a)(1)(ii)
iii. Total			11(b)
b. Political Party Committees			11(c)
c. Other Political Committees (such as PACs)			11(d)
d. Total Contributions	47710.51919	47710.51919	11(e)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts	47710.51919	47710.51919	19
20. Total Federal Receipts	47710.51919	47710.51919	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(1)
i. Federal Share			21(a)(1)(i)
ii. Non-Federal Share			21(a)(1)(ii)
b. Other Federal Operating Expenditures			21(c)
c. Total Operating Expenditures	1270238.45	1270238.45	22
22. Transfers to Affiliated/Other Party Committees			23
23. Contributions to Federal Candidates/Committees and Other Political Committees			24
24. Independent Expenditures (use Schedule E)			25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			26
26. Loan Repayments Made			27
27. Loans Made			
28. Refunds of Contributions To:			28(a)
a. Individual/Persons Other Than Political Committees			28(b)
b. Political Party Committees			28(c)
c. Other Political Committees (such as PACs)			28(d)
d. Total Contribution Refunds			29
29. Other Disbursements			30
30. Total Disbursements	1270238.45	1270238.45	31
31. Total Federal Disbursements	1270238.45	1270238.45	32
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	47710.51919	47710.51919	33
33. Total Contribution Refunds (from line 28d)			34
34. Net Contributions (other than loans) (subtract line 33 from 32)	47710.51919	47710.51919	35
35. Total Federal Operating Expenditures	1270238.45	1270238.45	36
36. Offsets to Operating Expenditures (from line 15)			37
37. Net Operating Expenditures	1270238.45	1270238.45	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 112 OF 117
FOR LINE NUMBER, 11A11

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)

Elect LIFE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MRS WENDY WALKER 5838 ROBIN WAY SAN JOSE CA 95123	HOPE WALKER	9/27/99	510.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
MRS JUNE BRONK 27176 W 119 ST PENNFIELD ILL 60544	HOPE WALKER	9/27/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
JOHN GILL 705 DONEGAL WAY MARTINEZ CA 94552	SELF EMPLOYED PATENT FILING SPECIALIST	11/19/99	210
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
DIANE SIMONETTI 218 FOURTH AVE F. CON SHOCKEN PA	WYETH-DYER RESEARCH 19425 INC.	11/27/99	225
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
JAMES FINK 959 N. ROCHESTER AVE INDIANAPOLIS IN 46222		10/26/99	300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
KATHLEEN ROYAN 407 PATLYNE CT FAIRHOPE AL 36522		11/27/99	577.74
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
ERIC MESSERSMITH 213 ORCHID HILLS RD TELE TERRELL FL		12/30/99	350
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	

SUBTOTAL of Receipts This Page (optional)

2422.74

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 12
FOR LINE NUMBER 1191

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NAME OF COMMITTEE (in Full)

ELECT LIFE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KAREN CLARK 1495 FUTURAN ST BFEAUNTONT TX 77706	HOOPER BAKER	12/11/99	300-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 300-	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOE GUY 20 VEST BRIDGE DR HEADERSVILLE MO 64777		10/29/99	350-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 350-	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KEVIN ESSA 41979 VIA SAN LUIS REY FREMONT CA 94537		12/11/99	500-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500-	
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 > \$	
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 > \$	
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 > \$	
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 > \$	

SUBTOTAL of Receipts This Page (optional)

1150

TOTAL This Period (last page this line number only)

3570.74

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

ELECT LIFE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
JOHN R. MAWEN 71 W. 5TH ST ROCKY HILL NY 11779	689, TOLLY & PHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/99	304.15
DONNA LANF 17 COOKE AVE HARTSVILLE NY 11742	PROFESSIONAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/26/99	400-
MAWEN COACH TOURS P.O. BOX 206 ROCKY HILL NY 11779	TRAVEL EXP Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/29/99	1200-
LONG ISLAND COALITION FOR LIFE 1959 PEEB PARK AVE OTIS PARK NY 11729	ADVERTISING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/2/99	210-
JOHN R. MAWEN 71 W. 5TH ST ROCKY HILL NY 11779	OFFICE EXP. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/10/99	500-
DONNA LANF 17 COOKE AVE HARTSVILLE NY 11742	PROFESSIONAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/7/99	400-
JOHN R. MAWEN 71 W. 5TH ST ROCKY HILL NY 11779	TRAVEL TO D.C. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/13/99	300-
NOEL LITCHEGIVE 300 3RD ST ST SALES NY 11784	NYC TRIP Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/9/99	252-
FRIENDS OF BOB SLINGO 24 GRAYSTONE DR E. NORTHPORT NY 11731	CONTRIBUTION HUNTINGTON Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/10/99	550-

TOWN RECEIVING

SUBTOTAL of Disbursements This Page (optional)

4141.15

TOTAL This Period (last page this line number only)

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 enlisting 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)
ELECT LIFE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
LIFE CENTER P.O. BOX 468 DEER PARK NY 11729	JOURNAL AD Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/20/99	300-
LONG ISLAND COALITION FOR LIFE 1959 DEER PARK AVE DEER PARK NY 11729	ADVERTISING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/20/99	525-
DUNNA LANE 17 COOKE AVE. MOUNTAIN VIEW NY 11742	PROFESSIONAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/20/99	400-
STATE FARM INSURANCE 1363 VETERANS MEMORIAL HWY HAWKSPRING NY 11768	INSURANCE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/99	164-
RUNDO KATINSKI PHYLLIS DRIVE PATCHUGUE NY 11772	PROFESSIONAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/5/99	800-
NEW SONY 235 PINE LAWN AVE DELUILLE NY 11747	ADVERTISING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/6/99	514-
Q & Q REALTY ROCKONKOTA AVE ROCKONKOTA NY 11779	PARKING - MOBILE HOME Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/11/99	300-
JOHN R. TRAWN 71 W 540 ST ROCKONKOTA NY 11779	ADMINISTRATION EXP Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/13/99	300-
TOWN COACH TOURS P.O. BOX 206 ROCKONKOTA NY 11779	TOWN COACH TOURS TO D.C. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/14/99	2000-

SUBTOTAL of Disbursements This Page (optional) 5803-

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 3 OF 4
FOR LINE NUMBER

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)

ELECT LIFE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PARTS WORLD 1785 LAUREL AVE ROCKFORD NY 11716	REPAIR MOBILE HOME Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/22/99	333.14
DONNA LANE 17 COOKE AVE MURFRESBORO NY 11754	PROFESSIONAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/1/99	400.00
BUDGET PRINTING 427 HAWKINS AVE ROCKFORD NY 11779	PRINTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/19/99	6000.00
JOHN R. MAW 71 W. 5th ST ROCKFORD NY 11779	OFFICE EXP Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/21/99	247.16
DONNA LANE 17 COOKE AVE MURFRESBORO NY 11742	PROFESSIONAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/29/99	500.00
MARCH FOR LIFE 515 6th ST SE WASHINGTON D.C. 20007	HOTEL RESERVATION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/30/99	2750.00
ROSEMARY POSTAR 200 ORVILLE DR ROCKFORD NY 11716	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/30/99	6736.50
SACHS TRAVEL 80 ORVILLE DR. ROCKFORD NY 11716	NYC TO SYRACUSE AIRFARE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/6/99	436.50
JOHN R. MAW 71 W. 5th ST ROCKFORD NY 11779	RENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/14/99	300.00

SUBTOTAL of Disbursements This Page (optional)

17,703.29

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 <u>1</u> OF <u>1</u>
	FOR LINE NUMBER

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)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
JOHN R. TAVEN 71 W. 510 ST ROCKY HILL NY 11775	OFFICE RENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/10/99	300-
PORTS WORLD 1785 LAKELAND AVE ROCHESTER NY 11710	REPAIR - POSITIVE COPY Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/15/99	200.90
PUGLEY MARY AUTO REPAIR 815 210 ST ROCKY HILL NY 11775	REPAIR POSITIVE COPY Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/15/99	719.45
FOITTS VE PAT TAVEN P.O. BOX 580 LAVERGTON NY 11933	POLITICAL CONTRIB. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/10/99	255-
BUDGET PRINT 427 HAWKINS AVE. ROCKY HILL NY 11775	PRINTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/20/99	4989.20
ESPINER VISA P.O. BOX 27007 COLUMBUS GA	OFFICE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/07/99	1114.16
DONNA LANFE 17 COOKE AVE. MONTICELLO NY 11742	PROFESSIONAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/27/99	500-
CAPITOL COMMUNICATIONS 1314 SOUTH COUNTRY CIRCLE MESA, ARIZONA 85211	NOTER 10 EDUCATION PRINING & TELEMARKETING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/1/99-12/31/99	1271.9866
L. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional) 1271.9866

TOTAL This Period (last page this line number only) 1271.9866

