

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 OCT 19 A 11:39

1. NAME OF COMMITTEE (In full) Elect Life		2. FEC IDENTIFICATION NUMBER 000339481
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 71 W. 5th St.		
CITY, STATE and ZIP CODE Ronkonkoma, NY 11779		3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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 <u>7/1/00</u> through <u>9/30/00</u>		
6. (a) Cash on Hand January 1, for 2000		\$ 69767.36
(b) Cash on Hand at Beginning of Reporting Period	\$ 117,106.66	
(c) Total Receipts (from Line 19)	\$ 826,334.09	\$ 2,973,543.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 943,440.75	\$ 3,043,310.36
7. Total Disbursements (from Line 3D)	\$ 910,889.34	\$ 3,010,758.95
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 32,551.41	\$ 32,551.41
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. Mawn	Date 10/15/00
Signature of Treasurer <i>John R Mawn</i>	

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 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

COMMITTEE Elect Life

REPORT COVERING PERIOD
FROM 7/1/00 TO: 9/30/00

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	\$6735.00	13,968.00	11(a)(i)
ii. Unitemized	818,799.45	2,958,277.85	11(a)(ii)
iii. Total (add i and ii) >	825,534.45	2,972,245.85	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a ii, b and c) >	825,534.45	2,972,245.85	11(d)
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.)	250.00	250.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	549.64	1047.15	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	826,334.09	2,973,543.00	19
20. Total Federal Receipts (subtract line 18 from line 19) >			20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures	903,389.34	2,982,181.20	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	903,389.34	2,982,181.20	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	7500.00	28,000.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees		577.75	28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) >		577.75	28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	910,889.34	3,010,758.95	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	910,889.34	3,010,758.95	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	825,534.45	2,972,245.85	32
33. Total Contribution Refunds (from line 28d)	0	577.75	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	825,534.45	2,971,668.10	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	903,389.34	2,982,181.20	35
36. Offsets to Operating Expenditures (from line 15)	250.00	250.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	903,139.34	2,981,931.20	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 15

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
Bob Walsh for Congress 162 Liberty Street Deer Park, NY 11729 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Office space rental	Occupation	8/28/00	\$ 250 -
Aggregate Year-to-Date \$			
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 \$			
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 \$			
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)

\$ 250 -

TOTAL This Period (last page this line number only)

\$ 250 -

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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
Fleet Bank Holbrook office Holbrook, NY 11741		7/1/00- 9/30/00	\$ 549.64
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): interest earned	Occupation Aggregate Year-to-Date > \$		
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 > \$		
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 > \$		
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 > \$		

TOTAL of Receipts This Page (optional) \$ 549.64

TOTAL This Period (last page this line number only) 549.64

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NAME OF COMMITTEE (in Full)

Elect Life

A. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Donald Mason 418 O'Hair Dr Las Cruces, NM 88001		7/3/2000	\$ 50-
Joy Stanton 608 Jonquil Ct. Modesto, CA 95356		7/5/2000	\$ 200-
Lillian Bergman 2121 Buena Vista Rd. Winston Salem, NC 27104		7/5/2000	\$ 100-
Joan Scafidi 77 Rancho Manor Dr. Reno, NV 89509		7/5/2000	\$ 100-
Mary S. Nagly 42100 Malbeck Dr. Sterling Hts, MI 48314		7/5/2000	\$ 100-
Catherine Nussbaum 1645 Oakwood Ln Beebe, IN 46711		7/6/2000	\$ 75-
Connie van Huis A-6109 142nd Ave Holland, MI 49423		7/6/2000	\$ 75-

SUBTOTAL of Receipts This Page (optional)

\$ 700-

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

Elect Life

A. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Martha Atkinson 230 Northstar Dr. Hernando, MS 38632		7/7/2000	\$ 600-
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Leroy McCurdy P.O. Box 77 Fremont, IA 52561		7/10/2000	\$ 50-
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
George Hill 38 Maddock Ave Trenton, NJ		7/10/00	\$ 100-
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Charlotte Kenst 7166 Mentor Ave Lot 20 Willoughby, OH 44094		7/12/00	\$ 100-
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Ruth Cowley P.O. Box 63181 Pipe Creek, TX 78063		7/12/2000	\$ 200-
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Nina Collier 98 Lake Shore Dr Manson, WA 98831		7/13/00	\$ 50-
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Richard Starkey 1136 Simpson Dr. Mundelein, IL 60060		7/13/00	\$ 50-

SUBTOTAL of Receipts This Page (optional)

\$ 1150-

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 **3** OF **10**
FOR LINE NUMBER **11a1**

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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
Veronica K. Smith RR 11 Box 3650 Lake City, FL 32024		7/13/00	\$ 100-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 300-	
Joe Guy 20 West bridge Dr Hendersonville, NC 28739		7/14/00	\$ 100-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 325-	
Genevieve Ellis NC 63 Box 1415 Cakona, AK 99586		7/14/00	\$ 100-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2100-	
Mary Ann Iacometti 1725 Elm Ave SAN Diego, CA 92154		7/17/00	\$ 10-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2100-	
Cary Garman 1920 Cachuma Ave Ventura, CA 93004		7/17/00	\$ 50-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 175-	
Anita Krellner 1536 Bucktail Tr. St Marys, PA 15857		7/17/00	\$ 200-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 275-	
Robert Fogler 1905 Chandelle Ln NE Albuquerque, NM 87112		7/19/00	\$ 150-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 225-	

SUBTOTAL of Receipts This Page (optional) **\$ 710-**

TOTAL This Period (last page this line number only)

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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
Winnie Byma 9929 Beach St. Bellflower, CA 90706 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 300 -	7/19/00	\$ 100 -
B. Full Name, Mailing Address and ZIP Code Bill Bates 9799 Quitman Way Westminster, CO 80031 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 285	7/20/00	\$ 100 -
C. Full Name, Mailing Address and ZIP Code Jonathan Griffin 2830 S Aspen St Visalia, CA 93217 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 250 -	7/20/00	\$ 50 -
D. Full Name, Mailing Address and ZIP Code T Joy Detken 1708 Paisley Rd Louisville, KY 40205 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 300 -	7/21/00	\$ 300 -
E. Full Name, Mailing Address and ZIP Code Ruth Einfeld 8966 Viles Rd Blaine, WA 98230 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 230 -	7/24/00	\$ 80 -
F. Full Name, Mailing Address and ZIP Code Kevin Caldwell 1013 1/2 Cuba Ave Alamogordo, NM 88310 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 235 -	7/24/00	\$ 30 -
G. Full Name, Mailing Address and ZIP Code Norm Sharp 154 Red Well Rd. New Holland, PA 17557 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 175 -	7/25/00	\$ 75 -

SUBTOTAL of Receipts This Page (optional) \$ 735 -

TOTAL This Period (last page this line number only)

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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
Jackie Fulton 401 N. Kilgore St Portales, NM 88130 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 200 -	7/26/00	\$ 75 -
Mary Meltzer 14 Edgcomb Rd Binghamton, NY 13905 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 350 -	7/26/00	\$ 100 -
Kathleen Liefer 11207 Obst Rd Red Bug, IL 62273 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 300 -	7/26/00	\$ 100 -
Diana Wyma 4857 Ardley Dr Colorado Spr., CO 80922 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 225 -	7/26/00	\$ 100 -
Betty Miller 15840 Bear Rd. Viola, WI 54664 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 275 -	7/31/00	\$ 50 -
Wallace Dye 7011 Blueberry Rdg. SE Acworth, GA 30102 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 220 -	7/31/00	\$ 200 -
Thomas & Juanita Nino 1401 Spring Grove Rd. Hollister, CA 95023 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 225 -	7/31/00	\$ 100 -

SUBTOTAL of Receipts This Page (optional) \$ 725 -

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 6 OF 10
FOR LINE NUMBER 11a

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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
<u>Betty Miller</u> <u>15840 Bear Rd</u> <u>Viola, WI 54184</u> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ <u>375-</u>	<u>8/2/00</u>	<u>\$ 100-</u>
<u>Joe Heap</u> <u>601 S. Pennsylvania Ave</u> <u>Belleville, IL 62220</u> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ <u>300-</u>	<u>8/2/00</u>	<u>\$ 100-</u>
<u>Raymond Boe</u> <u>5539 Somerset Dr</u> <u>Santa Barbara, CA 93111</u> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ <u>200-</u>	<u>8/2/00</u>	<u>\$ 50-</u>
<u>Colleen Eoiden</u> <u>14 Corfu</u> <u>Laguna Niguel, CA 92677</u> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ <u>400-</u>	<u>8/2/00</u>	<u>\$ 50-</u>
<u>Kenyon Nussbaum</u> <u>1645 Oakwood Ln.</u> <u>Berrie, IN 46711</u> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ <u>250-</u>	<u>8/3/00</u>	<u>\$ 50-</u>
<u>George Hill</u> <u>38 Maddock Ave</u> <u>Trenton, NJ</u> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ <u>250-</u>	<u>8/3/00</u>	<u>\$ 100-</u>
<u>Catherine Poche</u> <u>1004 Bernie Rd.</u> <u>St. Martinville, LA 70582</u> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ <u>300-</u>	<u>8/4/00</u>	<u>\$ 100-</u>
SUBTOTAL of Receipts This Page (optional)			<u>\$ 550-</u>
TOTAL This Period (last page this line number only)			

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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
David Roland 2929 Graceland Dr NE Albuquerque, NM 87110 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 210-	8/4/00	\$ 100-
B. Full Name, Mailing Address and ZIP Code Rosalie Pena 9433 Crest Dr Spring Valley, CA 91977 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 200-	8/4/00	\$ 100-
C. Full Name, Mailing Address and ZIP Code Pamela Raymond #1414 111 N. Pompano Bch. Blvd Pompano Bch, FL 33062 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 270-	8/4/00	\$ 35-
D. Full Name, Mailing Address and ZIP Code Patricia Swanke 1253 Windsor Dr Dayton, OH 45434 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 250-	8/9/00	\$ 100-
E. Full Name, Mailing Address and ZIP Code Norm Sharp 154 Red Well Rd New Holland, PA 17557 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 250-	8/10/00	\$ 75-
F. Full Name, Mailing Address and ZIP Code Ray Allen 1695 Solomon Run Rd. Apt 2 Johnstown, PA 15904 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 250-	8/14/00	\$ 75-
G. Full Name, Mailing Address and ZIP Code George Suler 2580 Greenwood Acres Dr. Dekalb, IL 60115 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500-	8/16/00	\$ 500-

SUBTOTAL of Receipts This Page (optional)

\$ 985-

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 8 OF 10
FOR LINE NUMBER 1101

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 Patrick Slater 41-46 Gleane St. Flushing, NY 11373 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 200-	Date (month, day, year) 8/21/00	Amount of Each Receipt this Period \$ 150-
B. Full Name, Mailing Address and ZIP Code Cary Garman 1020 Cachuma Ave Ventura, CA 93004 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 225-	Date (month, day, year) 8/21/00	Amount of Each Receipt this Period \$ 50-
C. Full Name, Mailing Address and ZIP Code DiFilippo 7705 Rainwater Rd Raleigh, NC 27615 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 210	Date (month, day, year) 8/21/00	Amount of Each Receipt this Period \$ 10-
D. Full Name, Mailing Address and ZIP Code Betty Miller 15840 Bear Rd Viola, WI 54164 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 425-	Date (month, day, year) 8/22/00	Amount of Each Receipt this Period \$ 50-
E. Full Name, Mailing Address and ZIP Code Colleen Golden 14 Corfu Laguna Niguel, CA 92677 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500-	Date (month, day, year) 8/24/00	Amount of Each Receipt this Period 100-
F. Full Name, Mailing Address and ZIP Code Mary Meltzer 14 Edgecomb Rd Binghamton, NY 13905 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 450-	Date (month, day, year) 8/25/00	Amount of Each Receipt this Period 100-
G. Full Name, Mailing Address and ZIP Code Kenyon Nussbaum 1645 Oakwood Ln. Berne, IN 46711 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 300-	Date (month, day, year) 8/28/00	Amount of Each Receipt this Period 50-
SUBTOTAL of Receipts This Page (optional)			\$ 510-
TOTAL This Period (last page this line number only)			

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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
Anita McDonald 3400 Gromann Ct NE Albuquerque, NM 87110		8/30/00	\$ 35 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 210 -	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Raymond Boe 5539 Somerset Dr Santa Barbara, CA 93111		8/30/00	\$ 100 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 300 -	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rosalie Pena 9433 Crest Dr Spring Valley, CA 91917		9/5/00	\$ 100 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 300 -	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jackie Fulton 401 N Kilgore St. Portales, NM 88130		9/7/00	75 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 275 -	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald S. Coulton P.O. Box 338 Skippack, PA 19474		9/7/00	100 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 300 -	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary S. Nagy 42100 Matbeck Dr. Sterling Hgts. MI 48314		9/7/00	\$ 50 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 300 -	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barbara M. Sarnaha 241 Park St. Little River, SC 29566		9/7/00	\$ 35 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 265	

SUBTOTAL of Receipts This Page (optional)	\$ 495 -
TOTAL This Period (last page this line number only)	

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)

Elect Life

A. Full Name, Mailing Address and ZIP Code Patrick Slater 41-46 Gleane St. Flushing, NY 11373 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 300-	Date (month, day, year) 9/11/00	Amount of Each Receipt this Period 100-
B. Full Name, Mailing Address and ZIP Code Joan Scafidi 77 Rancho Manor Dr Reno, NV 89509 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 225-	Date (month, day, year) 9/19/00	Amount of Each Receipt this Period \$ 75-
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

TOTAL of Receipts This Page (optional) \$ 175-

TOTAL This Period (last page this line number only) \$ 6735-

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE OF
FOR LINE NUMBER 23

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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
Friends of Mildred Rosario 140 E 83 rd St # 1A New York, NY 10028	Donation House / 12 th Dist. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/26/00	\$ 2500.00
B. Full Name, Mailing Address and ZIP Code Backer for congress 265 Sunrise Hwy Rockville Centre NY 11590	Donation House / 4 th District Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/31/00	5000.00
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)

\$ 7500-

TOTAL This Period (last page this line number only)

\$ 7500-

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 9
FOR LINE NUMBER 21b

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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
Hyatt Arlington, VA	Rooms NRTL convention Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/2/00	\$ 1354.10
B. Full Name, Mailing Address and ZIP Code Rent A wreck 1395 Lakeland Ave Bohemia, NY 11716	Purpose of Disbursement Car rental for Washington RTL convention Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/3/00	\$ 362.06
C. Full Name, Mailing Address and ZIP Code Barnwell House of Tires Lakeland Ave. Ronkonkoma, NY 11779	Purpose of Disbursement Tires for mobile campaign office Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/3/00	\$ 1013.22
D. Full Name, Mailing Address and ZIP Code Syntax Communications 93 main st W. Sayville, NY 11796	Purpose of Disbursement public relations Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/6/00	\$ 1500.00
E. Full Name, Mailing Address and ZIP Code Syntax Communications 93 main st. W. Sayville, NY 11796	Purpose of Disbursement June 2000 Retainer Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/10/00	\$ 375.00
F. Full Name, Mailing Address and ZIP Code Rehn & Fore, CPA's 286 main St. E. Setauket NY 11733	Purpose of Disbursement accounting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/10/00	\$ 250.00
G. Full Name, Mailing Address and ZIP Code Parts World 1330 Lakeland Ave Ronkonkoma, NY 11779	Purpose of Disbursement Parts for mobile campaign office Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/10/00	\$ 786.83
H. Full Name, Mailing Address and ZIP Code Ron Kaminski 346 Phyllis Dr Patchogue, NY 11772	Purpose of Disbursement Travel expense reimbursed Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/11/00	\$ 355.70
I. Full Name, Mailing Address and ZIP Code Eagle Forum PO Box 618 Alton, IL	Purpose of Disbursement registration fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/11/00	\$ 360.00

SUBTOTAL of Disbursements This Page (optional)

6356.91

TOTAL This Period (see page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 2 OF 9
FOR LINE NUMBER 216

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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
Bank First PO Box 5052 Sioux Falls, SD 57117	Office supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/12/00	\$ 230.92
B. Full Name, Mailing Address and ZIP Code Budget Printing 427 Hawkins Ave. Konkordoma, NY 11779	Purpose of Disbursement printing for NRTL convention Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/12/00	\$ 250.12
C. Full Name, Mailing Address and ZIP Code State Farm Insurance 1750 Route 23 Wayne, NJ 07471	Purpose of Disbursement Elect Life Car Insurance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/13/00	525.17
D. Full Name, Mailing Address and ZIP Code Williams Chevrolet 390 E Jericho Trpk. Smithtown, NY 11787	Purpose of Disbursement Elect Life car lease down payment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/13/00	4499.50
E. Full Name, Mailing Address and ZIP Code Thomas Power Systems 720 Sunrise Hwy Babylon, NY 11702	Purpose of Disbursement generator in mobile office Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/13/00	5269.68
F. Full Name, Mailing Address and ZIP Code Sachem Travel 80 Orville Dr. Bohemia, NY 11716	Purpose of Disbursement Air Travel to Eagle Forum Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/13/00	400.00
G. Full Name, Mailing Address and ZIP Code Ron Kaminski 346 Phyllis Dr Patchogue, NY 11772	Purpose of Disbursement Media consultant Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/15/00	2000.00
H. Full Name, Mailing Address and ZIP Code A Joshua Erlich ATM 109 Colonial Ave Albany, NY 12203	Purpose of Disbursement Legal Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/17/00	1000.00
I. Full Name, Mailing Address and ZIP Code Donna Lane 17 Cooke Ave Holtville, NY 11742	Purpose of Disbursement secretarial & bookkeeping Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/17/00	1000.00

SUBTOTAL of Disbursements This Page (optional)

15175.39

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 9
FOR LINE NUMBER 216

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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
Jim McLean 64 Foster Rd. Ronkonkoma, NY 11779	transportation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/21/00	\$ 1000.00
B. Full Name, Mailing Address and ZIP Code Emerald Realty P.O. Box 206 Ronkonkoma, NY 11779	office rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/20/00	\$ 2000.00
C. Full Name, Mailing Address and ZIP Code Re Elect Tom Barragala 18 Highland Ave W. Islip, NY 11795	Donation 7 th Assembly Dist. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/24/00	\$ 2500.00
D. Full Name, Mailing Address and ZIP Code NY Jr Bobcats t. Northport, NY 11731	Ad for Elect Life supporters Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/24/00	\$ 500.00
E. Full Name, Mailing Address and ZIP Code Ron Kaminski 346 Phyllis Dr Patchogue, NY 11712	Staff EXPENSES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/29/00	1642.20
F. Full Name, Mailing Address and ZIP Code Ron Kaminski 346 Phyllis Dr Patchogue, NY 11712	office expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/29/00	1000.00
G. Full Name, Mailing Address and ZIP Code Donna Lane 17 Conke Ave Holtville NY 11742	July Office expenses reimbursed Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/30/00	\$ 259.79
H. Full Name, Mailing Address and ZIP Code John R. Mawn 71 W. 5th St. Ronkonkoma, NY 11779	reimbursed travel office expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/30/00	\$ 543.24
I. Full Name, Mailing Address and ZIP Code Aerovision 350 motor Pkwy Hauppauge, NY 11788	internet service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/3/00	\$ 215.96

SUBTOTAL of Disbursements This Page (optional)

9661.19

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 4 OF 9
FOR LINE NUMBER 21b

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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. Mawn 71 W 5th St. Ranckonkoma, NY 11779	Reimbursed Travel & meeting expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/3/00	\$ 438.17
B. Full Name, Mailing Address and ZIP Code Ocean Beach Holding Corp. 2141 Deer Park Ave Deer Park, NY	Purpose of Disbursement Deer Park office rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/3/00	\$ 3000.00
C. Full Name, Mailing Address and ZIP Code Ron Kaminski 346 Phyllis Dr. Patchogue, NY 11772	Purpose of Disbursement medica consultant Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/8/00	\$ 1000.00
D. Full Name, Mailing Address and ZIP Code Ron Kaminski 346 Phyllis Dr Patchogue, NY 11772	Purpose of Disbursement Utica office expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/8/00	\$ 1000.00
E. Full Name, Mailing Address and ZIP Code Perfect Promotional 148 Akron St. Lindenhurst, NY 11757	Purpose of Disbursement Bumper stickers Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/8/00	\$ 320.00
F. Full Name, Mailing Address and ZIP Code Wal mart Middle country Rd Centereach, NY	Purpose of Disbursement office furniture Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/10/00	\$ 231.69
G. Full Name, Mailing Address and ZIP Code Smart Lease Po. Box 5180 Carol Stream, IL 60197	Purpose of Disbursement Aug & sept car lease Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/10/00	\$ 548.88
H. Full Name, Mailing Address and ZIP Code Rehn & Fore CPAs 280 main St. L. Setauket, NY 11733	Purpose of Disbursement accounting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/11/00	\$ 650.00
I. Full Name, Mailing Address and ZIP Code Residential Properties 2100 Onoda St. Utica, NY 13501	Purpose of Disbursement Utica office rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/12/00	\$ 575.00

SUBTOTAL of Disbursements This Page (optional)

7813.74

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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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
Donna Lane 17 Cooke Ave Holtsville, NY 11742	Secretarial & Bookkeeping	8/16/00	\$ 1000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Tim Walsh 162 Liberty St. Deer Park, NY 11747	professional advisor	8/16/00	\$ 1000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Emerald Realty P.O. Box 206 Ronkonkoma, NY 11779	office rent	8/16/00	\$ 2000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Budget Printing Center 427 Hawkins Ave. Ronkonkoma, NY 11719	Elect Life print materials	8/16/00	\$ 1281.63
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Syntax 93 main St. W. Sayville, NY 11796	clipping service	8/16/00	\$ 293.88
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Walsh Signs 1018 Hawkins Ave Ronkonkoma, NY 11779	4 signs made	8/16/00	\$ 1552.31
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pugsley & Marty's Auto 815 S. 2nd St. Ronkonkoma, NY 11779	Repair of Elect Life Auto	8/17/00	\$ 423.26
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
St. Regis Knights of Columbus 2850 Pond Rd. Ronkonkoma, NY 11779	9/3/00 Fundraiser breakfast	8/17/00	\$ 1000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hamilton Auto 56 Montgomery St. Hamilton, NY 13346	Elect Life car repair	8/18/00	\$ 379.55
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
SUBTOTAL of Disbursements This Page (optional)			8930.63
TOTAL This Period (last page this line number only)			

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 216

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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
Jim McLean 64 Foster Rd. Ronkonkoma, NY 11779	transportation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/21/00	\$ 1000.00
B. Full Name, Mailing Address and ZIP Code Syntax 93 main St. W. Sayville, NY 11796	Purpose of Disbursement print 1000 Newsletters Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/25/00	\$ 1293.59
C. Full Name, Mailing Address and ZIP Code Ron Kaminski 346 Phyllis Dr Patchogue, NY 11772-	Purpose of Disbursement Travel, office expense (Car.) reimbursed Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/29/00	4283.43
D. Full Name, Mailing Address and ZIP Code GMAC P.O. Box 5180 Carol Stream, IL 60197	Purpose of Disbursement Elect Life 2 months car lease Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/29/00	598.88
E. Full Name, Mailing Address and ZIP Code Perfect Promotional 148 Akron St. Lindenhurst, NY 11757	Purpose of Disbursement 1000 Elect Life posters Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/29/00	617.89
F. Full Name, Mailing Address and ZIP Code Budget Printing 427 Hawkins Ave Ronkonkoma, NY 11779	Purpose of Disbursement Flyers, Cards, Address stamp Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/29/00	364.56
G. Full Name, Mailing Address and ZIP Code John R. Mawn 71 W. 5th St. Ronkonkoma, NY 11779	Purpose of Disbursement Travel, Office expenses reimbursed Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/29/00	860.43
H. Full Name, Mailing Address and ZIP Code LJ Catholic 15 N. Village Ave Rockville Centre, NY 11570	Purpose of Disbursement Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/31/00	3654.00
I. Full Name, Mailing Address and ZIP Code Rhoden for Assembly 5 Sunnyside Ave Hempstead, NY 11550	Purpose of Disbursement Donation Assembly / 18th Dist. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/31/00	1000.00

SUBTOTAL of Disbursements This Page (optional)

13672.78

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 216

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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 Mawn 71 W. 5th St. Ronskonkoma, NY 11779	Trip to Washington, D.C. advance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/5/00	500.00
Ron Kaminski 346 Phyllis Dr Patchogue, NY 11772	Utica supplies EXPENSES REIMBURSED Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/9/00	412.03
Budget Printing 427 Hawkins Ave Ronskonkoma, NY 11779	Elect Life print. material Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/11/00	3162.48
John Mawn 71 W. 5th St. Ronskonkoma, NY 11779	Expense to pick up mobile office from Utica. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/15/00	\$ 500.00
Syntax 93 Main St. W. Sayville NY 11796	website development Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/15/00	4949.13
Budget Printing 427 Hawkins Ave Ronskonkoma, NY 11779	Elect Life informational books made Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/15/00	703.63
Verizon Wireless P.O. Box 489 Newark NJ 07101	cell phone bill Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/15/00	337.45
Emerald Realty P.O. Box 206 Ronskonkoma, NY 11779	office rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/16/00	2000.00
Ron Kaminski 346 Phyllis Dr Patchogue, NY 11772	media consultant Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/16/00	1000.00

SUBTOTAL of Disbursements This Page (optional)

13564.72

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 9
FOR LINE NUMBER 216

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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
Donna Lane 17 Cooke Ave Holtzville, NY 11742	Secretarial & bookkeeping Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/16/00	1000.00
B. Full Name, Mailing Address and ZIP Code John mawia 71 W. 5th St. Ranokoma, NY 11779	Purpose of Disbursement Travel expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/18/00	239.65
C. Full Name, Mailing Address and ZIP Code AT&T wireless P.O. BOX 8220 Aurora, IL 60572	Purpose of Disbursement cell phone bill Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/20/00	1737.52
D. Full Name, Mailing Address and ZIP Code Ron Kaminski 346 Phyllis Dr Patchogue, NY 11772	Purpose of Disbursement Travel, office expenses, reimbursed Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/25/00	1661.68
E. Full Name, Mailing Address and ZIP Code Capital Communications Inc. 1310 South Country Club Drive Mesa, Arizona 85210	Voter Identification, Education and Mobilization through telemarketing and direct mail, printing and list rentals Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/6/00	72,679.47
F. Full Name, Mailing Address and ZIP Code Capital Communications Inc. 1310 South Country Club Drive Mesa, Arizona 85210	Voter Identification, Education and Mobilization through telemarketing and direct mail, printing and list rentals Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/13/00	102,712.41
G. Full Name, Mailing Address and ZIP Code Capital Communications Inc. 1310 South Country Club Drive Mesa, Arizona 85210	Voter Identification, Education and Mobilization through telemarketing and direct mail, printing and list rentals Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/20/00	116,046.90
H. Full Name, Mailing Address and ZIP Code Capital Communications Inc. 1310 South Country Club Drive Mesa, Arizona 85210	Voter Identification, Education and Mobilization through telemarketing and direct mail, printing and list rentals Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/27/00	93,555.86
I. Full Name, Mailing Address and ZIP Code Capital Communications Inc. 1310 South Country Club Drive Mesa, Arizona 85210	Voter Identification, Education and Mobilization through telemarketing and direct mail, printing and list rentals Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/3/00	72,143.81

SUBTOTAL of Disbursements This Page (optional)

461,777.30

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (in Full)

Elect Life

A. Full Name, Mailing Address and ZIP Code	Voter Identification, Education and Mobilization through telemarketing and direct mail, printing and list rentals	Date (month, day, year)	Amount of Each Disbursement This Period
Capital Communications Inc. 1310 South Country Club Drive Mesa, Arizona 85210	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/10/00	63,055.33
Capital Communications Inc. 1310 South Country Club Drive Mesa, Arizona 85210	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/17/00	34,947.20
Capital Communications Inc. 1310 South Country Club Drive Mesa, Arizona 85210	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/24/00	46,391.26
Capital Communications Inc. 1310 South Country Club Drive Mesa, Arizona 85210	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/31/00	46,973.71
Capital Communications Inc. 1310 South Country Club Drive Mesa, Arizona 85210	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/7/00	23,471.41
Capital Communications Inc. 1310 South Country Club Drive Mesa, Arizona 85210	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/14/00	32,484.26
Capital Communications Inc. 1310 South Country Club Drive Mesa, Arizona 85210	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/21/00	66,413.57
Capital Communications Inc. 1310 South Country Club Drive Mesa, Arizona 85210	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/27/00	49,126.95
I. 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)	362,863.69
TOTAL This Period (last page this line number only)	899,816.35

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 10/16/00
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 <i>GL</i>	 10/19/00
PREPARER	DATE PREPARED