

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEC MAIL ROOM

2000 OCT 26 A 11:51

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in NR)		
C00339481	090600	P 279
MR JOHN MAWN		d
ELECT LIFE		
PO BOX 1336		
KORRONGONA	NY 11779	
2. FEC IDENTIFICATION NUMBER <b>C00339481</b>		
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:

- February 20     June 20     October 20  
 March 20     July 20     November 20  
 April 20     August 20     December 20  
 May 20     September 20     January 31

- 12-Day Pre-Election Report for the General  
(Type of Election)  
election on Nov. 7<sup>th</sup> in the State of NY  
 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>10/1/00</u> through <u>10/18/00</u>		
6. (a) Cash on Hand January 1, <sup>2000</sup> <del>1999</del>			\$ 69,767.36
(b) Cash on Hand at Beginning of Reporting Period		\$ 32,551.41	
(c) Total Receipts (from Line 19)		\$ 101,687.23	\$ 3,075,230.23
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 134,238.64	\$ 3,144,997.59
7. Total Disbursements (from Line 20)		\$ 110,025.77	\$ 3,120,784.72
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 24,212.87	\$ 24,212.87
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 20483 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	<u>John R. Mawn</u>	Date	<u>10/24/00</u>
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.

FEC FORM 3X  
(revised 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE Elect Life

REPORT COVERING PERIOD  
FROM 10/1/00 TO 10/18/00

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)	6195.00	20163.00
ii. Unitemized	95492.23	3053770.08
iii. Total (add i and ii)	101687.23	3073933.08
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c)	101687.23	3073933.08
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	250.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	0	1047.15
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)	101687.23	3075230.23
20. Total Federal Receipts (subtract line 18 from line 19)	101687.23	3075230.23

**II. Disbursements**

21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures	104387.29	3086568.49
c. Total Operating Expenditures (add a i, a ii, and b)	104387.29	3086568.49
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	5638.48	33638.48
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees		577.15
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c)	0	577.15
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	110025.77	3120784.72
31. Total Federal Disbursements (subtract line 21 a ii from line 30)	110025.77	3120784.72

**III. Net Contributions/Operating Expenditures**

32. Total Contributions (other than loans)(from line 11d)	101687.23	3073933.08
33. Total Contribution Refunds (from line 28d)	0	577.15
34. Net Contributions (other than loans)(subtract line 33 from 32)	101687.23	3073355.33
35. Total Federal Operating Expenditures (add 21 a i and 21 b)	104387.29	3086568.49
36. Offsets to Operating Expenditures (from line 15)	0	250.00
37. Net Operating Expenditures (subtract line 36 from 35)	104387.29	3086318.49

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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
David Listoe P.O. Box 55587 North Pole, AK 99705 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ 300 -	10/13/00	\$ 100.00
George Rehn 286 Main St. E. Setauket, NY 11733 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ 5000 -	10/12/00	\$ 5000.00
Bart Gerhardt 1013 Bronze Medal Rd. Moore, OK 73160 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ 210 -	10/2/00	\$ 20.00
Donald Mason 418 O Hair Dr. Las Cruces, NM 88001 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ 275 -	10/4/00	\$ 50.00
Joy Stanton 608 Jonquil Ct. Modesto, CA 95356 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ 325 -	10/11/00	\$ 25.00
Lillian Bergman 2121 Buena Vista Rd. Winston Salem, NC 27104 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ 550 -	10/13/00	\$ 100.00
Jacques Vinmont 21 Aspen Ct. Boynton Beach, FL 33436 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ 350 -	10/16/00	\$ 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>5395.00</b>
<b>TOTAL</b> 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 2  
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>Linda Lauffin</u> <u>32 S. Wendy Dr.</u> <u>Newbury Pk, CA 91320</u>		<u>10/2/00</u>	<u>\$ 100.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <u>300 -</u>	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<u>Terry Schaefer</u> <u>12231 Wilken Way</u> <u>Garden Grove, CA 92840</u>		<u>10/2/00</u>	<u>\$ 100.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <u>225 -</u>	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<u>Peggy Lambert</u> <u>2660 Summit Dr.</u> <u>Burlingame, CA 94010</u>		<u>10/3/00</u>	<u>\$ 150.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <u>300 -</u>	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<u>James Crouch</u> <u>3220 S. Knoxville Ave #1</u> <u>Tulsa, OK 74135</u>		<u>10/4/00</u>	<u>\$ 75.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <u>225 -</u>	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<u>Sharon Torres</u> <u>22026 Hwy M</u> <u>Weston, MO 64098</u>		<u>10/6/00</u>	<u>\$ 100.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <u>300 -</u>	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<u>Charles Nelson</u> <u>1302 Elm St.</u> <u>Beloit, WI 53511</u>		<u>10/10/00</u>	<u>\$ 200.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <u>325 -</u>	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<u>Mary Cason</u> <u>2301 Deloraine Trl</u> <u>Maitland, FL 32751</u>		<u>10/13/00</u>	<u>\$ 75.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <u>250 -</u>	

SUBTOTAL of Receipts This Page (optional) ..... \$ 800.00

TOTAL This Period (last page this line number only) ..... \$ 6195.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
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 In kind Contribution Mildred Rosario 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
Verizon PO BOX 15124 ALBANY, NY 12212	telephone House / 12 <sup>th</sup> District Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/2/00	\$ 412.62
Mildred Rosario 140 E. 83 <sup>rd</sup> St. Apt 1A New York, NY 10028	House / 12 <sup>th</sup> District Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/2/00	\$ 412.62 memo
Verizon Wireless PO BOX 489 Newark, NJ 07101	telephone In kind contribution Mildred Rosario Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/5/00	\$ 225.86
Mildred Rosario 140 E. 83 <sup>rd</sup> St. Apt 1A New York, NY 10028	House / 12 <sup>th</sup> District Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/5/00	\$ 225.86 memo
E. Full Name, Mailing Address and ZIP Code Bob Walsh for Congress PO Box 500 Deer Park, NY 11729	House / 2ND DISTRICT CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/00	\$ 5000.00
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)

\$ 5638.48

TOTAL This Period (last page this line number only)

\$ 5638.48

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2  
FOR LINE NUMBER 210

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
Verizon PO Box 15124 Albany NY 12212	phone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/2/00	\$ 1098.99
B. Full Name, Mailing Address and ZIP Code John Mawn 71 W. 5th St. Ronkonkoma, NY 11779	Purpose of Disbursement Travel, meeting, office expenses reimbursed Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/10/00	\$ 1194.77
C. Full Name, Mailing Address and ZIP Code Q-40 Realty 205 Ronkonkoma Ave Ronkonkoma, NY 11779	Purpose of Disbursement 3 months mobile office storage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/11/00	\$ 300.00
D. Full Name, Mailing Address and ZIP Code Verizon Wireless PO Box 489 Newark, NJ 07101	Purpose of Disbursement Utica cell phone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/11/00	\$ 984.51
E. Full Name, Mailing Address and ZIP Code M & M Brothers Entertainment 2141 Deer Park Ave Deer Park, NY 11747	Purpose of Disbursement Elect Life cocktail Party entertainment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/00	\$ 350.00
F. Full Name, Mailing Address and ZIP Code Emerald Realty PO Box 206 Ronkonkoma, NY 11779	Purpose of Disbursement office rent & renovations Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/00	\$ 3000.00
G. Full Name, Mailing Address and ZIP Code Donna Lake 17 Cooke Ave Holtsville, NY 11742	Purpose of Disbursement Bookkeeping & secretarial Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/00	\$ 1000.00
H. Full Name, Mailing Address and ZIP Code Jim McLean 64 Foster Rd. Ronkonkoma, NY 11779	Purpose of Disbursement transportation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/00	\$ 1000.00
I. Full Name, Mailing Address and ZIP Code Ron Kaminski 346 Phyllis Dr Patchogue, NY 11792	Purpose of Disbursement media consultant Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/00	\$ 1000.00

SUBTOTAL of Disbursements This Page (optional)

9928.27

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 2 OF 2  
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
Irish Coffee Pub 131 Canton Ave E. Islip, NY 11730	Rally Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/17/00	\$ 1500.00
B. Full Name, Mailing Address and ZIP Code Good Year P.O. Box 1262, 2020 Lakeland Ave Ronkonkoma, NY 11779	Purpose of Disbursement Elect Life car repair Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/00	\$ 273.87
C. Full Name, Mailing Address and ZIP Code Friends to Elect Catherine Young PO Box 29 Olean, NY 14760	Purpose of Disbursement Contribution 149th Assembly Dist. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/00	\$ 1000.00
D. Full Name, Mailing Address and ZIP Code Elect Leah Jefferson PO. Box 2207 Patchogue, NY 11772	Purpose of Disbursement Contribution 3rd Assembly Dist. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/2/00	\$ 1350.00
E. Full Name, Mailing Address and ZIP Code Capitol Communications, Inc. 1310 S. Country Club Dr. Mesa, AZ 85210	Purpose of Disbursement Voter ID Education & mobilization through telemarket. & mail Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/5/00	\$ 48,617.68
F. Full Name, Mailing Address and ZIP Code Capitol Communications, Inc 1310 S. Country Club Dr. Mesa, AZ 85210	Purpose of Disbursement Voter ID Education & mobilization through telemarket. & mail Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/00	\$ 36,162.30
G. Full Name, Mailing Address and ZIP Code Response Unlimited 284 Shalom Rd. Waynesboro, VA 22980	Purpose of Disbursement List Rentals Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/00	\$ 4902.73
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

GRAND TOTAL of Disbursements This Page (optional) .....	93806.58
GRAND TOTAL This Period (last page this line number only) .....	103,734.85

Federal Election Commission

**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 checked="" type="checkbox"/> First Class Mail	POSTMARKED 10 25 00
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<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	
JG.	10 26 00
PREPARER	DATE PREPARED