

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

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USE FEC MAILING LABEL OR TYPE OR PRINT

<p>1. NAME OF COMMITTEE (in full)</p> <p>C00339481 102700 P 279</p> <p>MH JOHN MAWN irted</p> <p>ELECT LIFE</p> <p>PO BOX 1556</p> <p>ROHNOKOMA NY 13779</p>	<p>2. FEC IDENTIFICATION NUMBER</p> <p>C00339481</p> <p>3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)</p>
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4. TYPE OF REPORT

- (a) April 15 Quarterly Report Monthly Report Due On:
- February 20 June 20 October 20
 July 15 Quarterly Report March 20 July 20 November 20
 October 15 Quarterly Report April 20 August 20 December 20
 January 31 Year End Report May 20 September 20 January 31
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- 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 Nov 7th in the State of NY
- (b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10/19/00</u> through <u>11/27/00</u>		
6. (a) Cash on Hand January 1, <u>2,000</u>		\$ 69,767.36
(b) Cash on Hand at Beginning of Reporting Period	\$ 24,212.87	
(c) Total Receipts (from Line 18)	\$ 193,117.99	\$ 3,268,348.22
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 217,330.86	\$ 3,338,115.58
7. Total Disbursements (from Line 30)	\$ 202,205.59	\$ 3,322,990.31
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 15,125.27	\$ 15,125.27
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 688 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 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
Signature of Treasurer <i>John R Mawn</i>	<u>12/7/00</u>

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

**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 10/19/00 TO: 11/27/00

TO: 11/27/00

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)	\$ 1645 -	21,808.00
ii. Unitemized	191,151.57	3,249,921.65
iii. Total (add i and ii) >	192,796.57	3,266,729.65
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a ii, b and c) >	192,796.57	3,266,729.65
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	\$ 250 -	\$ 500 -
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	\$ 71.42	\$ 1118.57
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	\$ 193,117.99	3,268,348.22
20. Total Federal Receipts (subtract line 18 from line 19) >	193,117.99	3,268,348.22

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	196,678.28	3,283,246.77
c. Total Operating Expenditures (add a i, a ii, and b) >	196,678.28	3,283,246.77
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	\$ 2527.31	36,165.79
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		577.75
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) >		577.75
29. Other Disbursements	\$ 3000.00	3000.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	202,205.59	3,322,990.31
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	202,205.59	3,322,990.31

III. Net Contributions/Operating Expenditures

32. Total Contributions (other than loans)(from line 11d)	\$ 192,796.57	3,266,729.65
33. Total Contribution Refunds (from line 28d)	0	577.75
34. Net Contributions (other than loans)(subtract line 33 from 32)	192,796.57	3,266,151.90
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	196,678.28	3,283,246.77
36. Offsets to Operating Expenditures (from line 15)	250.00	500.00
37. Net Operating Expenditures (subtract line 36 from 35) >	196,428.28	3,282,746.77

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	11/10/00	\$ 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-

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Elect Life

A. Full Name, Mailing Address and ZIP Code Fleet Bank Holbrook Office Holbrook, NY 11741	Name of Employer Occupation	Date (month, day, year) 10/31/00	Amount of Each Receipt this Period 71.42
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): interest earned			
Aggregate Year-to-Date > \$			
B. Full Name, Mailing Address and ZIP Code			
C. Full Name, Mailing Address and ZIP Code			
D. Full Name, Mailing Address and ZIP Code			
E. Full Name, Mailing Address and ZIP Code			
F. Full Name, Mailing Address and ZIP Code			
G. Full Name, Mailing Address and ZIP Code			

SUBTOTAL of Receipts This Page (optional)	\$ 71.42
TOTAL This Period (last page this line number only)	\$ 71.42

SCHEDULE A

ITEMIZED RECEIPTS

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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>James Gilman</u> <u>3777 Addy St. Space 39</u> <u>Washougal, WA 98671</u>		<u>10/19/00</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>	
<u>Robert Nikolaus</u> <u>237 S 4th St. Apt 6</u> <u>Columbia, PA 17512</u>		<u>10/19/00</u>	<u>\$ 25-</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <u>\$ 220-</u>	
<u>Gail Melton</u> <u>P.O. Box 149</u> <u>Mountain View, AR 72560</u>		<u>10/19/00</u>	<u>\$ 100-</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <u>\$ 300-</u>	
<u>Mary Lou Mathiowetz</u> <u>30689 County Rd 24</u> <u>Sleepy Eye, MN 56085</u>		<u>10/20/00</u>	<u>\$ 100-</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <u>\$ 300-</u>	
<u>Carol Arbury</u> <u>745 S. Meridian Rd.</u> <u>Midland, MI 48640</u>		<u>10/20/00</u>	<u>\$ 100-</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <u>\$ 325-</u>	
<u>TERRI-LYNN CLEAVINGER</u> <u>2323 E CEDAR BYO LYNCH</u> <u>BAYTOWN, TX 77521</u>		<u>10/23/00</u>	<u>\$ 25-</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <u>\$ 225-</u>	
<u>Nina Collier</u> <u>98 Lakeshore Dr.</u> <u>Manson, WA 98831</u>		<u>10/23/00</u>	<u>\$ 100-</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <u>\$ 350-</u>	

SUBTOTAL of Receipts This Page (optional)

\$ 550-

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
Rhoda Roberts 28807 Baseline St. Highland, CA 92346		10/23/00	\$ 200-
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 Michael Lobasso 33 Aster St. Greenlawn, NY 11740		10/24/00	\$ 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 Bruce Meyer 349 6th Ave S. Saint Cloud, MN 56301		10/25/00	\$ 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 Ina Johnson 1004 E Gordon Ave Layton, UT 84040		10/30/00	\$ 10-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 220-	
E. Full Name, Mailing Address and ZIP Code Omar Troyer 7971 S. Lake Shore Dr. Harbor Spgs., MI 49740		11/6/00	\$ 100-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 225-	
F. Full Name, Mailing Address and ZIP Code Marie Ball RR1 Box 95K Telephone, TX 75488		11/7/00	\$ 100-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 625-	
G. Full Name, Mailing Address and ZIP Code Cesarina Milani 127 Tucker Ave San Francisco, CA 94134		11/8/00	\$ 35-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 220-	

SUBTOTAL of Receipts This Page (optional)

\$ 895-

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
James Gilman 3777 Addy St Space 39 Washougal, WA 98671 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	11/20/00	\$ 100-
Aggregate Year-to-Date > \$ 400-			
B. Full Name, Mailing Address and ZIP Code Diane Sweeney 5967 Bayberry Dr. Cincinnati, OH 45242 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	Date (month, day, year) 11/27/00	Amount of Each Receipt this Period \$ 100-
Aggregate Year-to-Date > \$ 275-			
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	Date (month, day, year)	Amount of Each Receipt this Period
Aggregate Year-to-Date > \$			
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	Date (month, day, year)	Amount of Each Receipt this Period
Aggregate Year-to-Date > \$			
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	Date (month, day, year)	Amount of Each Receipt this Period
Aggregate Year-to-Date > \$			
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	Date (month, day, year)	Amount of Each Receipt this Period
Aggregate Year-to-Date > \$			
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	Date (month, day, year)	Amount of Each Receipt this Period
Aggregate Year-to-Date > \$			

SUBTOTAL of Receipts This Page (optional) \$ 200-

TOTAL This Period (last page this line number only) \$ 1645-

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
Con Edison P.O. BOX 1702 NY, NY 10116	Electric paid for Mildred Rosario in kind Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) contribution	10/25/00	\$ 27.31
Mildred Rosario 140 E. 83rd St. Apt 1A New York, NY 10028	House / 12th district Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/25/00	\$ 27.31 MEMO
Greg Becker for Congress P.O. Box 424 Lynbrook, NY 11563	contribution House / 4th district Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/5/00	\$ 2000.00
Felix Grucci for Congress P.O. Box 790 Medford, NY 11763	contribution House / 1st district Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/5/00	\$ 500.00
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)	2527.31
TOTAL This Period (last page this line number only)	2527.31

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 29

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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
Robert Daly for Assembly 8928 Griffin Ave Niagara Falls, NY 14304	Contribution 138 th Assembly district Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/5/00	\$ 500 -
B. Full Name, Mailing Address and ZIP Code People for Robert Prentiss P.O. Box 5120 Colonie, NY 12205	Contribution 107 th Assembly District Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/5/00	\$ 500 -
C. Full Name, Mailing Address and ZIP Code Robert Helbeck for Assembly 735 Castleton Ave Staten Island, NY 10310	Contribution 59 th Assembly District Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/5/00	\$ 500 -
D. Full Name, Mailing Address and ZIP Code Steve DeRegis / Team DeRegis 400 Brattle Rd. Syracuse, NY 13203	Contribution 120 th Assembly District Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/5/00	\$ 500 -
E. Full Name, Mailing Address and ZIP Code Friends to Elect John Arena P.O. Box 865 Rome, NY 13442	Contribution 116 th Assembly Dist. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/5/00	\$ 500 -
F. Full Name, Mailing Address and ZIP Code Elect Leah Jefferson P.O. Box 2207 Patchogue, NY 11772	Contribution 3 rd Assembly District Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/00	\$ 500 -
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

TOTAL of Disbursements This Page (optional)	\$ 3000.00
TOTAL This Period (last page this line number only)	\$ 3000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 3
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
Budget Printing 427 Hawkins Ave Ronkonkoma, NY 11774	Elect Life Flyers printed Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/22/00	\$ 295.63
Perfect Promotional 148 Akron St. Lindenhurst, NY 11757	5000 promotional balloons Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/23/00	\$ 543.65
GMAC P.O. Box 5180 Carol Stream, IL 60197	Elect Life 2 month car lease Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/23/00	\$ 598.88
State Farm P.O. Box 588002 N. Metro, GA 30029	insurance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/24/00	\$ 342.30
Verizon P.O. Box 15124 Albany, NY 12212	phone bill Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/00	\$ 365.97
Long Island Catholic 15 N. village Ave Rockville Centre, NY 11570	Election Day Ad Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/28/00	\$ 3654.00
AT&T wireless P.O. Box 8220 Aurora, IL 60572	cell phone bill Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/00	\$ 361.08
Ron Kaminski 346 Phyllis Dr. Patchogue, NY 11773 11772	Travel & office expense reimbursed Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/00	\$ 383.79
Syntax Communications 93 main St. W. Sayville, NY 11796	public relations Sept. & Oct. retainer Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/00	\$ 3000.00
TOTAL of Disbursements This Page (optional)			\$ 9545.30
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 3
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
Walsh Signs 101 D Hawkins Ave Ronkonkoma, NY 11779	Elect Life signs Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/8/00	\$ 960.00
Syntax Communications 93 main Street W. Sayville, NY 11796	Clipping service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/12/00	\$ 292.28
Syntax Communications 93 main Street W. Sayville, NY 11796	public relations August retainer Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/12/00	\$ 1500.00
Donna Lane 17 Cooke Ave Holtsville, NY 11742	secretarial & bookkeeping Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/00	\$ 1000.00
Capital Communications Inc. 1310 South Country Club Drive Mesa, Arizona 85210	Voter Identification, Education and Mobilization through telemarketing and direct mail Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/00	\$ 21,639.33
United Printing & mailing Inc 3523 E Broadway Phoenix, AZ 85040	Literature Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/00	\$ 18,279.79
Capital Communications Inc. 1310 South Country Club Drive Mesa, Arizona 85210	Voter Identification, Education and Mobilization through telemarketing and direct mail Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/00	\$ 56,176.49
Capital Communications Inc. 1310 South Country Club Drive Mesa, Arizona 85210	Voter Identification, Education and Mobilization through telemarketing and direct mail Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/2/00	\$ 29,282.30
Capital Communications Inc. 1310 South Country Club Drive Mesa, Arizona 85210	Voter Identification, Education and Mobilization through telemarketing and direct mail Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/9/00	\$ 21,802.13

TOTAL of Disbursements This Page (optional) 150,932.32

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 3
FOR LINE NUMBER 21b

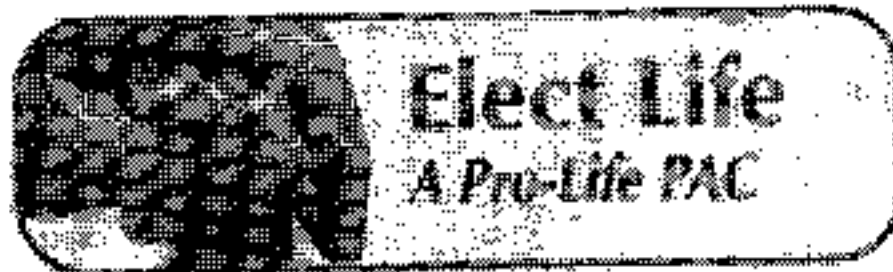
Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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
Response Unlimited 284 Shalom Rd. Waynesboro, VA 22980	List rentals Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/9/00	\$ 2100.35
B. Full Name, Mailing Address and ZIP Code Capital Communications Inc. 1310 South Country Club Drive Mesa, Arizona 85210	Purpose of Disbursement Voter identification, education and mobilization through telemarketing and direct mail Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/00	\$ 16,377.55
C. 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 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/21/00	\$ 9,266.45
D. Full Name, Mailing Address and ZIP Code Response Unlimited 284 Shalom Rd. Waynesboro, VA 22980	List rentals Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/21/00	\$ 7,778.43
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)	35,522.78
TOTAL This Period (last page this line number only)	\$ 196,000.40



December 07, 2000

Federal Election Commission
Attn: Dominick Ciaraldi
999 E Street, N.W.
Washington, D.C. 20463

Dear Mr. Ciaraldi,

Please note that as of today's date, Elect Life has received one response to the three letters sent to candidates requesting refunds of contributions. Murray Sabrin has sent Elect Life a check for \$1000.00 which was received and deposited on December 1, 2000. This refund will be reflected on the next report filed by Elect Life with the Commission.

Sincerely,


A handwritten signature in cursive script that reads "John R. Mawn".

John R. Mawn

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 type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) <i>12/7/00</i>
<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	
 PREPARER	<i>12/9/00</i> DATE PREPARED