

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 APR 17 P 3:55

USE FCC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) CAROLYN'S PAC		2. FEC IDENTIFICATION NUMBER C 00341990
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 49 East 92nd St. #1A		
CITY, STATE and ZIP CODE New York, NY 10128		
3. <input 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>1/1/00</u> through <u>3/31/00</u>		
6. (a) Cash on Hand January 1, <u>2000</u>		\$ 41,257.95
(b) Cash on Hand at Beginning of Reporting Period	\$ 41,257.95	
(c) Total Receipts (from Line 1B)	\$ 4,250.00	\$ 4,250.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 45,507.95	\$ 45,507.95
7. Total Disbursements (from Line 3D)	\$ 23,233.66	\$ 23,233.66
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 22,274.29	\$ 22,274.29
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	
10. Debts and Obligations Owed BY 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

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

CLIFTON H. W. MALONEY

Signature of Treasurer

Clifton Maloney

Date

4/12/00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 6437g.

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FEC FORM 3X

(revised 9/93)

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

(revised 1/1/95)

NAME OF COMMITTEE CAROLYN'S PAC C00341990		REPORT COVERING PERIOD FROM 1/1/00 TO 3/31/00	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees		4,250.00	4,250.00
i. Named (use Schedule A)		0	0
ii. Unitemized		0	0
iii. Total (add i and ii) >		4,250.00	4,250.00
b. Political Party Committees		0	0
c. Other Political Committees (such as PACs)		0	0
d. Total Contributions (add a ii, b and c) >		4,250.00	4,250.00
12. Transfers From Affiliated/Other Party Committees		0	0
13. All Loans Received		0	0
14. Loan Repayments Received		0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		0	0
17. Other Federal Receipts (Dividends, Interest, etc.)		0	0
18. Transfers from Nonfederal Account for Joint Activity		0	0
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		4,250.00	4,250.00
20. Total Federal Receipts (subtract line 18 from line 19) >		4,250.00	4,250.00
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)		0	0
i. Federal Share		0	0
ii. Non-Federal Share		0	0
b. Other Federal Operating Expenditures		3,853.66	3,853.66
c. Total Operating Expenditures (add a i, a ii, and b) >		3,853.66	3,853.66
22. Transfers to Affiliated/Other Party Committees		0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees		18,380.00	18,380.00
24. Independent Expenditures (use Schedule E)		0	0
25. Coordinated Expenditures Made by Party Committees [2 U.S.C. 441a(d)] (use Schedule F)		0	0
26. Loan Repayments Made		0	0
27. Loans Made		0	0
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees		1,000.00	1,000.00
b. Political Party Committees		0	0
c. Other Political Committees (such as PACs)		0	0
d. Total Contribution Refunds (add a, b and c) >		1,000.00	1,000.00
29. Other Disbursements		0	0
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		23,233.66	23,233.66
31. Total Federal Disbursements (subtract line 21 a i from line 30) >		23,233.66	23,233.66
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		4,250.00	4,250.00
33. Total Contribution Refunds (from line 28d)		1,000.00	1,000.00
34. Net Contributions (other than loans)(subtract line 33 from 32)		3,250.00	3,250.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		23,233.66	23,233.66
36. Offsets to Operating Expenditures (from line 15)		0	0
37. Net Operating Expenditures (subtract line 36 from 35) >		23,233.66	23,233.66

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 112

Contributions from Individuals

All 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)

CAROLYN'S PAC

C 0 0 341990

A. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Carol Ludwig c/o Mr. Eugene Ludwig 130 Liberty Street NYC 10006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	self Doctor \$ 2000.00	1/3/00	2000.00
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Helen Moxnes 1835 Opt. Kennedy Blvd Bayside NY 11360 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	none Retired \$ 250.00	2/7/00	250.00
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
KATE HOBBS 151 E. 80TH ST - PHB NY NY 10021 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		2/22/00	1000.00
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
KATE HOBBS 151 E. 80TH ST - PHB NY NY 10021 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		2/22/00	1000.00
E. Full Name, Mailing Address and ZIP Code Receipt For: <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"/> 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"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

4,250.00

TOTAL This Period (last page this line number only)

4,250.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

EXPENDITURES

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

PAGE 1 OF 1
FOR LINE NUMBER 1, 2, 3

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NAME OF COMMITTEE (In Full)

CAROLYN'S PAC

CO# 341990

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BROWN & WILKINS, INC. 8 East 36th St - 5th floor NY NY 10016	Computer work Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/12/00	400.00
ERIC SPENCER 22-29 19th Street ASTORIA, NY 11005	FUNDRAISING CONSULTANT SERVICES Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/28/00	1,000.00
ANDREW R. TULLOCH, ESQ SUITE 1803 - 501 FIFTH AVE NY NY 10017-6107	LEGAL FEES EXPENSE REIMB. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/28/00	2,203.66
C. B. MALONEY 49 E. 92nd St. NYC 10128	EXPENSE REIMB. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/18/00	250.00
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)

3,853.66

TOTAL This Period (last page this line number only)

3,853.66

SCHEDULE B

ITEMIZED DISBURSEMENTS *Political*

Contributions to Federal Candidates, & other Comm.

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

PAGE 1 OF 2
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

CAROLYN'S PAC

C 00 341990

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>IMPAC 2000 4 E. Street SE Washington DC 20003</i>	<i>Contributions - PAC</i> Federal Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>2/15/00</i>	<i>5,000.00</i>
<i>N.Y. County Democratic Comm. 60 East 42nd Street NY NY 10165</i>	<i>Contribution - Party</i> Party Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>2/15/00</i>	<i>300.00</i>
<i>DCCC - Democratic Congressional Campaign Committee 430 South Capitol St. Wash. DC 20003</i>	<i>Contribution - Party</i> Party Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>2/18/00</i>	<i>5,000.00</i>
<i>Democratic Organization of Queens County 72-50 Austin St. Forest Hills NY 11375</i>	<i>Contribution - Party</i> Party Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>2/23/00</i>	<i>80.00</i>
<i>Shelley Berkley for Congress 64 Quiet Desert Lane Henderson, NV 89014</i>	<i>House Candidate</i> NEVADA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>2/18/00</i>	<i>500.00</i>
<i>Friends of Lane Evans Comm. 1800 3rd Ave. #308 ROCK ISLAND, IL 61201</i>	<i>House Candidate</i> ILLINOIS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>2/18/00</i>	<i>500.00</i>
<i>Friends of Lois Capps PO Box 23940 Santa Barbara CA 93121</i>	<i>House Candidate</i> CALIFORNIA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>2/18/00</i>	<i>500.00</i>
<i>Barn Hill for Congress P.O. Box 1071 Seymour, Indiana 47274</i>	<i>House Candidate</i> INDIANA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>2/18/00</i>	<i>500.00</i>
<i>Joe Hoeffel for Congress 23 West Arny St. Norristown, PA 19401</i>	<i>House Candidate</i> PENNSYLVANIA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>2/18/00</i>	<i>500.00</i>

SUBTOTAL of Disbursements This Page (optional)

12,860.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Political

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

PAGE 2 OF 2
FOR LINE NUMBER 23

Contributions to Federal Candidates, other Comm.

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NAME OF COMMITTEE (In Full)

CAROLYN'S PAC CDD341990

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Rush Holt for Congress P.O. Box 782 Pennington, NJ 08534</i>	<i>House Candidate NEW JERSEY</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>2/18/00</i>	<i>500.00</i>
<i>Jay Inslee for Congress PO Box 33027 Seattle, WA 98133</i>	<i>House Candidate WASHINGTON</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>2/18/00</i>	<i>500.00</i>
<i>Friends of Jim Maloney 20 East Main Street - Ste 305 Waterbury, CT 06702</i>	<i>House Candidate CONNECTICUT</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>2/18/00</i>	<i>500.00</i>
<i>Moore for Congress P.O. Box 431 Shawnee, KS 66285</i>	<i>House Candidate KANSAS</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>2/18/00</i>	<i>500.00</i>
<i>David Wu for U.S. Congress 625 S.W. 10th Ave. #1824 Portland OR 97205</i>	<i>House Candidate OREGON</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>2/18/00</i>	<i>500.00</i>
<i>Friends of Jane Harmon P.O. Box 46 Torrance, CA 90507</i>	<i>House Candidate CALIFORNIA</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>2/18/00</i>	<i>500.00</i>
<i>Mike Honda for Congress PO Box 41205 San Jose, CA 95160-1205</i>	<i>House Candidate CALIFORNIA</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>2/18/00</i>	<i>500.00</i>
<i>Jodie Wagner for Congress 51-04 Cleveland St. Ste. 305 Virginia Beach, VA 23462</i>	<i>House Candidate VIRGINIA</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>3/20/00</i>	<i>1,000.00</i>
<i>Manhattan Delegates and Alternates for GORE COMMITTEE - Suite 4600 305 Madison Av. NY NY 10165</i>	<i>GORE DEBATE CANDIDATES</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>3/03/00</i>	<i>1,000.00</i>

SUBTOTAL of Disbursements This Page (optional)

5,500.00

TOTAL This Period (last page this line number only)

18,380.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

REFUNDS OF CONTRIBUTIONS

1 / 1
280

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 FUR)

CAROLYN'S PAC C 00 341990

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PO BOX 45A Dennis Mehiel - 9th Floor 373 Park Ave South New York, NY 10016	REFUND OF PROHIBITED CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) REFUND	1/28/00	1,000.00
B. 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
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)	1,000.00
TOTAL This Period (last page this line number only)	1,000.00

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 4-13-00
<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	
V.C.	4-17-00
PREPARER	DATE PREPARED