

REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee
(Summary Page)

FEDERAL ELECTION
COMMISSION

1. NAME OF COMMITTEE (in full) <u>CABLEVISION SYSTEMS CORP. PAC</u>		2. FEC IDENTIFICATION NUMBER <u>C00197863</u>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <u>ONE MEDIA CROSSWAYS</u>	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee (see FEC FORM 1M)	
CITY, STATE and ZIP CODE <u>WOODBURY, NEW YORK 11797</u>		

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
- Twelfth day report preceding GENERAL election on 11-03-98 in the State of NEW YORK
 Thirtieth day 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>10-01-98</u> through <u>10-14-98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$12,770.00
(b) Cash on Hand at Beginning of Reporting Period	\$12,570.00	
(c) Total Receipts (from Line 19)	\$17,450.00	\$32,650.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$30,020.00	\$45,420.00
7. Total Disbursements (from Line 30)	\$14,000.00	\$29,400.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$16,020.00	\$16,020.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	Federal Election Commission 999 E Street, NW Washington, DC 20483 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
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
ELIZABETH A. LOSINSKI, ASST. TREASURER

Signature of Treasurer [Signature] Date 11-30-98

Submission of false, erroneous, or incomplete information may subject signer to penalties of 2 U.S.C.437g.

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

(revised 1/1/91)

COMMITTEE <u>SASLEY/STEW SYSTEMS CORPORATION</u> <u>POLITICAL ACTION COMMITTEE</u>		REPORT COVERING PERIOD	
		FROM <u>10/1/92</u>	TO <u>10/31/92</u>
		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)		\$17,450.00	\$32,450.00
ii. Unitemized			
iii. Total (add i and ii) >		\$17,450.00	\$32,450.00
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions (add a iii, b and c) >		\$17,450.00	\$32,450.00
12. Transfers From Affiliated/Other Party Committees			
13. All Loans Received			
14. Loan Repayments Received			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		- 0 -	\$200.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			
17. Other Federal Receipts (Dividends, Interest, etc.)			
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		\$17,450.00	\$32,650.00
20. Total Federal Receipts (subtract line 18 from line 19) >		\$17,450.00	\$32,650.00
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			
c. Total Operating Expenditures (add a i, a ii, and b) >			
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees		\$14,000.00	\$29,200.00
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			
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds (add a, b and c) >			
29. Other Disbursements			
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		\$14,000.00	\$29,200.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		\$14,000.00	\$29,200.00
III Not Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)		\$17,450.00	\$32,450.00
33. Total Contribution Refunds (from line 28d)		0	0
34. Net Contributions (other than loans) (subtract line 33 from line 32)		\$17,450.00	\$32,450.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		0	0
36. Offsets to Operating Expenditures (from line 15)		0	\$200.00
37. Net Operating Expenditures (subtract line 33 from line 35) >		\$0	-\$200.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER 11a1

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 uses, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CABLEVISION SYSTEMS CORP. POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Heitschusen 62 Stratmore Lane Rockville Center, NY 11570-1848	Cablevision		\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Margaret Albergo 10 Cobler Lane East Setauket, NY 11733	Cablevision		\$ 1,500.00
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
Marc Lustgarten 1195 Park Avenue, Apt. 12D New York, NY 10128	Cablevision		\$ 5,000.00
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
Sheila Mahony 89 Cove Road Oyster Bay Cove, NY 11771	Cablevision		\$ 5,000.00
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
William J. Bell 22 Youngs Hill Road Huntington, NY 11743	Cablevision		\$ 5,000.00
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
Joel Peresman 85 East End Avenue, Apt. 12J New York, NY 10028	Cablevision		\$ 100.00
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
Edward J. Mazzeola 87 Elwin Street Pearl River, NY 10965	Cablevision		\$ 100.00
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)

\$ 17,200.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 2
FOR LINE NUMBER 11a1

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)

CABLEVISION SYSTEMS CORP - POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code Stewan R. Reagan 21 Michael Drive Maynard, MA. 01754 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Cablevision Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period \$250.00
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
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 -

SUBTOTAL of Receipts This Page (optional)	\$250.00
TOTAL This Period (last page this line number only)	\$17,450.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 23

Any information copied from such Reports and Statements may not be sold or used by any person for the purposes 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)

Cablevision Systems Corp. - Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Schumer for Senate 333 W. Sand Street, 6th Fl. New York, NY 10019	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-12-98	\$5,000.00
B. Full Name, Mailing Address and ZIP Code Friends of D'Amato P.O. Box 1000 Mineola, NY 11501	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-12-98	\$5,000.00
C. Full Name, Mailing Address and ZIP Code Schumer for Senate 333 W. Sand Street, 6th Fl. New York, NY 10019	Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-12-98	\$2,000.00
D. Full Name, Mailing Address and ZIP Code Friends of D'Amato P.O. Box 1000 Mineola, NY 11501	Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-12-98	\$2,000.00
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)

\$14,000.00


TOTAL This Period (last page this line number only)

\$14,000.00

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 11/30/98
<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	12/3/98 DATE PREPARED