

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

1. NAME OF COMMITTEE (in full) <u>CABLEVISION SYSTEMS CORP. PAC</u>		2. FEC IDENTIFICATION NUMBER <u>C00197863</u>
ADDRESS (number and street) <u>ONE MEDIA CROSSWAYS</u>	<input type="checkbox"/> Check if different than previously reported	
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 \_\_\_\_\_ election on \_\_\_\_\_ in the State of \_\_\_\_\_  
 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>7-01-98</u> through <u>9-30-98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		<u>\$12,770.00</u>
(b) Cash on Hand at Beginning of Reporting Period	<u>\$22,070.00</u>	
(c) Total Receipts (from Line 19)	<u>\$200.00</u>	<u>\$15,200.00</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<u>\$22,270.00</u>	<u>\$27,970.00</u>
7. Total Disbursements (from Line 30)	<u>\$9,700.00</u>	<u>\$15,400.00</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<u>\$12,570.00</u>	<u>\$12,570.00</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<u>0.00</u>	Federal Election Commission 999 E Street, NW Washington, DC 20463 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)	<u>0.00</u>	

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  
 Date  
11-30-98

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