

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
REPORTS ANALYSIS
DIVISION

Oct 18 3 19 PM '96

1. NAME OF COMMITTEE (in full) NYNEX Employees' Federal Political Action Committee		2. FEC IDENTIFICATION NUMBER C00179762
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1095 Avenue of the Americas, 30th Floor	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (See FEC FORM 116)	
CITY, STATE and ZIP CODE New York, NY 10036		

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 _____
(Type of Election)
election on _____ in the State of _____

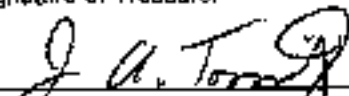
Thirtieth day report following the General Election on _____
in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>01/01/95</u> through <u>01/31/95</u>		
6. (a) Cash on Hand January 1, 19 <u>95</u>		\$ 43,032.22
(b) Cash on Hand at Beginning of Reporting Period	\$ 43,032.22	
(c) Total Receipts (from line 19)	\$ 14,223.56	\$ 14,223.56
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 57,255.78	\$ 57,255.78
7. Total Disbursements (from Line 30)	\$ 0.00	\$ 0.00
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	\$ 57,255.78	\$ 57,255.78
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information: 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)	\$ 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
Joseph A. Tomiz - NYNEX Assistant Treasurer

Signature of Treasurer  Date 10/18/96

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 437g.

**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 checked="" type="checkbox"/> Hand Delivered	DATE OF RECEIPT <i>10-18-96</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<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
<i>slb</i> PREPARED	<i>10-18-96</i> DATE PREPARED