REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Community Bankers Assn. of New York State Political Action Cmte.

ADDRESS (number and street) ☐ Check if different than previously reported

P.O. Box 524 - Grand Central Station

CITY, STATE and ZIP CODE

N.Y.C., N.Y. 10163

JUL 10 11 35 AM '95

2. FEC IDENTIFICATION NUMBER C000 98301

3. ☒ 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:

☐ 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 4/1/95 through 6/30/95		
6. (a) Cash on Hand January 1, 19____		$ 62,831.06
(b) Cash on Hand at Beginning of Reporting Period	$ 58,808.00	
(c) Total Receipts (from Line 19)	$ 21,196.72	$ 22,173.66
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 80,004.72	$ 85,004.72
7. Total Disbursements (from Line 30)	$ 3,110.00	$ 8,110.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 76,894.72	$ 76,894.72
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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: Edward A. Brable

Signature of Treasurer: Edward A. Brable

Date: 7-7-95

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

FEC FORM 3X
(revised 9/93)

4 00173

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

(revised 1/1/91)

NAME OF COMMITTEE: Community Bankers Assn of NYS Political Action Cmte

REPORT COVERING PERIOD FROM 4/1/95 TO: 6/30/95

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	2350.00	2350.00
ii. Unitemized	17,519.00	18,274.00
iii. Total (add i and ii) ➤		
b. Political Party Committees		
c. Other Political Committees (such as PACs)	1000.00	1000.00
d. Total Contributions (add a iii, b and c) ➤	20869.00	21,624.00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.) Interest	327.72	549.66
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	21,196.72	22173.66
20. Total Federal Receipts (subtract line 18 from line 19) ➤	21,196.72	22,173.66
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	10.00	10.00
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	3100.00	8,100.00
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. Individuals/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) ➤	3110.00	8110.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	3110.00	8110.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)		
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)		
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤		
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) ➤		

95031438

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 11a i

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)

Community Bankers Assn of N.Y.S Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. William Rincker 2153 E Hamton Road Binghamton, NY 13903 Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Binghamton S.B. Occupation: Bank Executive Aggregate Year-to-Date > $ 200	4/3/95	$ 200.00
B. George Engelke 83 Chelsea Road Garden City, NY 11530 Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Astoria Federal S+L Occupation: Bank Executive Aggregate Year-to-Date > $ 500	4/18/95	$ 500.00
C. Monte Redman 69 Third Street Garden City, N.Y. 11530 Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Astoria Federal S+L Occupation: Bank Executive Aggregate Year-to-Date > $ 200	5/5/95	$ 200.00
D. Thomas Drennan 15 Whitman Avenue Syosset, N.Y 11791 Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Astoria Federal S+L Occupation: Bank Executive Aggregate Year-to-Date > $ 200	5/5/95	$ 200.00
E. William Sheerin 63 Parkway Drive Commack, N.Y. 11725 Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Astoria Federal S+L Occupation: Bank Executive Aggregate Year-to-Date > $ 200	5/5/95	$ 200.00
F. Harry Doherty 441 Di Gorman Avenue Staten Island, N.Y. 10308 Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Staten Island S.B. Occupation: Bank Executive Aggregate Year-to-Date > $ 200	5/5/95	$ 200.00
G. Arnold Greenberg 40 Quintree Lane Melville, N.Y. 11747 Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Astoria Federal S+L Occupation: Bank Executive Aggregate Year-to-Date > $ 250	5/22/95	$ 250.00

SUBTOTAL of Receipts This Page (optional) ..... $ 1,750.00

TOTAL This Period (last page this line number only) .....

95039514379

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 2

FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (In Full)

Community Bankers Assn. of N.Y.S. Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Howard Phillips 11 Gina Drive Centerport, N.Y. 11721 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Employer: Astoria Federal S+L Occupation: Bank Executive Aggregate Year-to-Date > $ 200	5/22/95	$ 200.00
B. John Rhein 127 Cherry Valley Avenue Garden City, N.Y. 11538 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Employer: Astoria Federal S+L Occupation: Bank Executive Aggregate Year-to-Date > $ 200	5/22/95	$ 200.00
C. Thomas Clark 65 Kent Road White Plains, N.Y 10630 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Employer: Carver Federal S.B. Occupation: Bank Executive Aggregate Year-to-Date > $ 200	5/22/95	$ 200.00
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Occupation: Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Occupation: Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Occupation: Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Occupation: Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) > $ 600.00

TOTAL This Period (last page this line number only) > $ 2350.00

9 5 0 3 9 6 1 4 3 5 0

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11 C

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NAME OF COMMITTEE (In Full)

Community Bankers Assn. of N.Y.S Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Long Island S.B. PAC 201 Old Country Road Melville, N.Y. 11747 Receipt For: Primary [X] General [ ] Other (specify)	Name of Employer: P.A.C. Occupation: P.A.C Aggregate Year-to-Date $ 1000.00	5/5/95	$ 1,000.00
B. Full Name, Mailing Address and ZIP Code Receipt For: Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date $		
C. Full Name, Mailing Address and ZIP Code Receipt For: Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date $		
D. Full Name, Mailing Address and ZIP Code Receipt For: Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date $		
E. Full Name, Mailing Address and ZIP Code Receipt For: Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date $		
F. Full Name, Mailing Address and ZIP Code Receipt For: Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date $		
G. Full Name, Mailing Address and ZIP Code Receipt For: Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) ..... $ 1,000.00

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Community Bankers Assn. of N.Y.S Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Apple Bank 666 Third Avenue NYC, NY 10017 Receipt For: ☐ Primary ☐ General ☐ Other (specify): Interest	Name of Employer Occupation Aggregate Year-to-Date $ 343.67	3/22/95	$121.73
B. Full Name, Mailing Address and ZIP Code Apple Bank (Same as Above) Receipt For: ☐ Primary ☐ General ☐ Other (specify): Interest	Name of Employer Occupation Aggregate Year-to-Date $ 444.21	4/15/95	$100.54
C. Full Name, Mailing Address and ZIP Code Apple Bank (Same as Above) Receipt For: ☐ Primary ☐ General ☐ Other (specify): Interest	Name of Employer Occupation Aggregate Year-to-Date $ 549.66	5/15/95	$105.45
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $		
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date $		
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $		
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) $327.72

9 5 0 3 9 0 1 4 3 4 2

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
Community Bankers Assn. of N.Y.S Political Action Cmte.

Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Congressman Jack Quinn P.O. Box 2012 Blasdell, NY 14219	Contribution Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	5/15/95	$500.00
B. Congresswoman Sue Kelly 2555 Pennsylvania Ave, N.W. Washington, D.C. 20037	Contribution Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	5/15/95	$500.00
C. Congressman John LaFalce P.O. Box 2884 Washington, D.C. 20013	Contribution Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	5/15/95	$500.00
D. Congressman Bill McCollum 1850 Lee Road, Suite 236 Winter Park, Florida 32789	Contribution Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	6/9/95	$500.00
E. Congressman Charles Rangel 850 Seventh Ave, Suite 701 NYC, N.Y. 10019	Contribution Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	6/9/95	$600.00
F. Congressman Charles Schumer 432 Park Avenue South NYC, NY 10016	Contribution Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	6/1/95	$500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	$3,100.00

9 5 0 3 9 0 1 4 3 4 3

4-00173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 21-B

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)

Community Bankers Assn. of N.Y.S. Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
APPLE BANK 666 Third Ave NYC, NY 10017	Bank Charge Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6/1/95	$10.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) $10.00

95031434

4-00173

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.

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 7/7/95
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

D.A.Q.
PREPARER

7/10/95
DATE PREPARED

FEC FORM 70-2 (12/92)

95039014345