

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

FEB 1 10 17 AM '98

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <b>CABLEVISION SYSTEMS CORPORATION POLITICAL ACTION COMMITTEE</b>		2. FEC IDENTIFICATION NUMBER <b>C00197863</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <b>ONE MEDIA CROSSWAYS</b>		
CITY, STATE and ZIP CODE <b>WOODENY, NY 11797</b>		
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:

February 20     June 20     October 20  
 March 20     July 20     November 20  
 April 20     August 20     December 20  
 May 20     September 20     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>7/1/97</u> through <u>12/31/97</u>		
6. (a) Cash on Hand January 1, 19 <u>97</u>			\$ 7,020.00
(b) Cash on Hand at Beginning of Reporting Period		\$ 2,020.00	
(c) Total Receipts (from Line 19)		\$ 15,000.00	\$ 15,000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 17,020.00	\$ 22,020.00
7. Total Disbursements (from Line 30)		\$ 5,250.00	\$ 10,250.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 11,770.00	\$ 11,770.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$	For further information contact: Federal Election Commission 899 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-218-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$	
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 <b>ELIZABETH A. LOSANSKI ASSISTANT TREASURER</b>			
Signature of Treasurer <i>Elizabeth A. Losanski</i>			Date <b>1/26/98</b>

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

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**FEC FORM 3X**  
(revised 9/93)

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE <i>CABLEVISION SYSTEMS CORPORATION POLITICAL ACTION COMMITTEE</i>		REPORT COVERING PERIOD	
<i>COOP7863</i>		FROM <i>7/1/97</i>	TO <i>12/31/97</i>
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		\$ 15,000.00	\$ 15,000.00
ii. Unitemized			
iii. Total (add i and ii) >		\$ 15,000.00	\$ 15,000.00
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions (add a ii, b and c) >		\$ 15,000.00	\$ 15,000.00
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.)			
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		\$ 15,000.00	\$ 15,000.00
20. Total Federal Receipts (subtract line 18 from line 19) >		\$ 15,000.00	\$ 15,000.00
<b>II Disbursements</b>			
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		\$ 5,250.00	\$ 10,250.00
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, 29d, and 29) >		\$ 5,250.00	\$ 10,250.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		\$ 5,250.00	\$ 10,250.00
<b>III Net Contributions/Operating Expenditures</b>			
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) >			

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 1a1

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) **CABLEVISION SYSTEMS CORPORATION POLITICAL ACTION COMMITTEE (C00197863)**

A. Full Name, Mailing Address and ZIP Code CHARLES F. DOLAN COVE NECK ROAD OYSTER BAY, NY 11771 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CABLEVISION SYSTEMS CORPORATION Occupation CHAIRMAN Aggregate Year-to-Date > \$	Date (month, day, year) 7/15/97	Amount of Each Receipt this Period \$ 5000.00
B. Full Name, Mailing Address and ZIP Code HELEN DOLAN COVE NECK ROAD OYSTER BAY, NY 11771 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF Occupation HOMEMAKER Aggregate Year-to-Date > \$	Date (month, day, year) 7/15/97	Amount of Each Receipt this Period \$ 5000.00
C. Full Name, Mailing Address and ZIP Code JAMES L. DOLAN 125 COVE NECK ROAD OYSTER BAY, NY 11771 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CABLEVISION SYSTEMS CORPORATION Occupation C.E.O. Aggregate Year-to-Date > \$	Date (month, day, year) 7/15/97	Amount of Each Receipt this Period \$ 5000.00
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) .....	\$ 15,000.00
TOTAL This Period (last page this line number only) .....	\$ 15,000.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

CABLEVISION SYSTEMS CORPORATION POLITICAL ACTION COMMITTEE (C00197863)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CAME TO RE-ELECT CONG. ED TOWNS 40 ARBRET WATSHIRE 360 CLINTON AVE., STE 6R BROOKLYN, NY 11238	POLITICAL CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/16/97	\$ 1000.00
B. Full Name, Mailing Address and ZIP Code EMUEL FOR CONGRESS P.O. Box 60 BRONX, NY 10463-0060	POLITICAL CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/16/97	\$ 250.00
C. Full Name, Mailing Address and ZIP Code HOLLINGS FOR U.S. SENATE 426 C STREET, N.E. WASHINGTON, D.C. 20002	POLITICAL CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/16/97	\$ 1000.00
D. Full Name, Mailing Address and ZIP Code LAZIO FOR CONGRESS P.O. Box 5063 BAYSHIRE, NY 11706	POLITICAL CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/24/97	\$ 1000.00
E. Full Name, Mailing Address and ZIP Code O'LEY FOR CONGRESS P.O. Box 1898 FONDURAY, OH 45839	POLITICAL CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/17/97	\$ 2000.00
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) .....



\$ 5250.00

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

\$ 5250.00

### 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 1/27/98
<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	 DATE PREPARED