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)
AIL SYSTEMS, INC. POLITICAL ACTION COMMITTEE

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

CITY, STATE and ZIP CODE
DEER PARK, NEW YORK 11729

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2. FEC IDENTIFICATION NUMBER
C00292953

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

☒ 12-Day Pre-Election Report for the GENERAL (Type of Election) election on 11/3/98 in the State of NEW YORK

☐ 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 10/1/98 through 10/14/98		
6. (a) Cash on Hand January 1, 19 98		$ 18,830.15
(b) Cash on Hand at Beginning of Reporting Period	$ 20,089.15	
(c) Total Receipts (from Line 19)	$ 441.50	$ 9,025.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 20,530.65	$ 27,855.65
7. Total Disbursements (from Line 30)	$ 2,500.00	$ 9,825.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 18,630.65	$ 18,030.65
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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
DARRELL L. REED

Signature of Treasurer
X Darrell Reed

Date 10/20/98

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)

FE8AN084

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

(revised 1/1/91)

NAME OF COMMITTEE: AIL SYSTEMS, INC. POLITICAL ACTION COMMITTEE

REPORT COVERING PERIOD FROM 10/1/98 TO: 10/14/98

	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)	191.50	4,010.50	11(a)(i)
ii. Unitemized	250.00	5,015.00	11(a)(ii)
iii. Total (add i and ii) ➤	441.50	9,025.50	11(a)(iii)
b. Political Party Committees	0	0	11(b)
c. Other Political Committees (such as PACs)	0	0	11(c)
d. Total Contributions (add a iii, b and c) ➤	441.50	9,025.50	11(d)
12. Transfers From Affiliated/Other Party Committees	0	0	12
13. All Loans Received	0	0	13
14. Loan Repayments Received	0	0	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0	17
18. Transfers from Nonfederal Account for Joint Activity	0	0	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	441.50	9,025.50	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	441.50	9,025.50	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0	0	21(a)(i)
ii. Non-Federal Share	0	0	21(a)(ii)
b. Other Federal Operating Expenditures	0	0	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	0	0	21(c)
22. Transfers to Affiliated/Other Party Committees	0	0	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	2,500.00	8,500.00	23
24. Independent Expenditures (use Schedule E)	0	0	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0	25
26. Loan Repayments Made	0	0	26
27. Loans Made	0	0	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0	0	28(a)
b. Political Party Committees	0	0	28(b)
c. Other Political Committees (such as PACs)	0	0	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	0	0	28(d)
29. Other Disbursements	0.	1,325.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	2,500.00	9,825.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	2,500.00	9,825.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	441.50	9,025.50	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	441.50	9,025.50	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0	0	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0	0	37

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11.A.1

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)
AIL SYSTEMS, INC. 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. JON A. ANDERSON 5023 N. WASHINGTON BLVD. ARLINGTON, VA 22205 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: AIL SYSTEMS, INC. Occupation: DIR. GOVT RELATIONS Aggregate Year-to-Date $ 240.00	PAYROLL DEDUCTION 10/1-10/14/98	$12.00 $6.00 WKLY
B. CHARLES S. ARELT 74 PARKSIDE STREET HOLBROOK, N.Y. 11741 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: AIL SYSTEMS, INC. Occupation: MGR.ENGR STAFF SR. Aggregate Year-to-Date $ 200.00	PAYROLL DEDUCTION 10/1-10/14/98	$10.00 $5.00 WKLY
C. EDMOND R. BRESNIHAN 190 W. ISLIP ROAD WEST ISLIP, N.Y. 11795 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: AIL SYSTEMS, INC. Occupation: V.P. AEROSPACE & DEFENSE Aggregate Year-to-Date $ 400.00	PAYROLL DEDUCTION 10/1-10/14/98	$20.00 $10.00 WKLY
D. THEODORE H. CACCIA 71 S. MONTGOMERY AVENUE BAYSHORE, N.Y. 11706 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: AIL SYSTENS, INC. Occupation: MGR. - PROGRAM II Aggregate Year-to-Date $ 160.00	PAYROLL DEDUCTION 10-1 10/14/98	$8.00 $4.00 WKLY
E. ROBERT S. CLARK 1 WINDSWEPT LANE E. SETAUKET, N.Y. 11733 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: AIL SYSTEMS, INC. Occupation: DIR-PRODUCTION Aggregate Year-to-Date $ 100.00	PAYROLL DEDUCTION 10/1-10/14/98	$0 $4.00 WKLY
F. PATRICIA D. COMISKEY 5 NEW STREET GREAT RIVER, N.Y. 11739 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: AIL SYSTEMS, INC. Occupation: DIRECTOR H.R. Aggregate Year-to-Date $ 160.00	PAYROLL DEDUCTION 10/1-10/14/98	$8.00 $4.00 WKLY
G. MICHAEL A. DUBRITZ 6 LEAH LANE PLAINVIEW, N.Y. 11803 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: AIL SYSTEMS, INC. Occupation: MGR. PROGRAM II Aggregate Year-to-Date $ 160.00	PAYROLL DEDUCTION 10/1-10/14/98	$8.00 $4.00 WKLY

SUBTOTAL of Receipts This Page (optional) $66.00

TOTAL This Period (last page this line number only) ..... -0-

FEBAN064

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11.A.i

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NAME OF COMMITTEE (In Full)
AIL SYSTEMS, INC 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. GEORGE P. FOX 8 EAST GATE LANE OLD FIELD, N.Y. 11733 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AIL SYSTEMS, INC. DIR. PROGRAM Aggregate Year-to-Date > $ 160.00	PAYROLL DEDUCTION 10/1-10/14/98	$8.00 $4.00 WKLY
B. CHARLES R. FRAIME 52 PINE HILL LANE DIX HILLS, N.Y. 11746 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AIL SYSTEMS, INC. MGR. PROGRAM II Aggregate Year-to-Date > $ 160.00	PAYROLL DEDUCTION 10/1-10/14/98	$8.00 $4.00 WKLY
C. HARVEY N. KREISBERG 93 TAHLULAH LANE WEST ISLIP, N.Y. 11795 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AIL SYSTEMS, INC. DIR-DIVERSIFIED-PROG. Aggregate Year-to-Date > $ 160.00	PAYROLL DEDUCTION 10/1-10/14/98	$8.00 $4.00 WKLY
D. RONALD A. LANGE 23 WHITEHALL DRIVE HUNTINGTON, N.Y. 11743 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AIL SYSTEMS, INC. MGR. DEPT. II Aggregate Year-to-Date > $ 160.00	PAYROLL DEDUCTION 10/1-10/14/98	$8.00 $4.00 WKLY
E. ROBERT LUKACHINSKI 135 OLD WINKLE POINT ROAD EATONS NECK, N.Y. 11768 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AIL SYSTEMS, INC. MGR.-PROGRAM II Aggregate Year-to-Date > $ 160.00	PAYOLL DEDUCTION 10/1-10/14/98	$8.00 $4.00 WKLY
F. PETER J. MCVEIGH 10 THOMAS DRIVE HAUPPAUGE, N.Y. 11788 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AIL SYSTEMS, INC DIR-ANTENNA-PROD.&TECH Aggregate Year-to-Date > $ 160.00	PAYROLL DEDUCTION 10/1-10/14/98	$8.00 $4.00 WKLY
G. JOSEPH A. MORRONE 1536 4TH STREET W. BABYLON, N.Y. 11704 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AIL SYSTEMS, INC. MGR. DEPT. I Aggregate Year-to-Date > $ 160.00	PAYROLL DEDUCTION 10/1-10/14/98	$8.00 $4.00 WKLY

SUBTOTAL of Receipts This Page (optional)	$56.00
TOTAL This Period (last page this line number only)	-0-

FEBAN054

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11.A.i

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NAME OF COMMITTEE (In Full)

AIL SYSTEMS, INC 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. HENRY C. PACZKOWSKI 75 EXECUTIVE DRIVE MANHASSET HILLS, N.Y. 11040 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AIL SYSTEMS, INC. Occupation: MGR.-DEPT. II Aggregate Year-to-Date > $ 160.00	PAYROLL DEDUCTION 10/1-10/14/98	$8.00 $4.00 WKLY
B. EDUARDO F. PALACIO 3 TONY DRIVE. KINGS PARK, N.Y. 11754 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AIL SYSTEMS, INC. Occupation: DIR-ENGR Aggregate Year-to-Date > $ 160.00	PAYROLL DEDUCTION 10/1-10/14/98	$8.00 $4.00 WKLY
C. DARRELL L. REED 10 SWAN PLACE ST. JAMES, N.Y. 11780 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AIL SYSTEMS, INC. Occupation: V.P. & C.F.O. Aggregate Year-to-Date > $ 400.00	PAYROLL DEDUCTION 10/1-10/14/98	$20.00 $10.00 WKLY
D. ROBERT SCHANTZ P.O. BOX 851 SHOREHAM, N.Y. 11786-0851 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AIL SYSTEMS, INC. Occupation: ENGR-STAFF-SR. Aggregate Year-to-Date > $ 190.50	PAYROLL DEDUCTION 10/1-10/14/98	$5.50 $5.00 WKLY
E. JAMES M. SMITH 8 DEXTER COURT HAUPPAUGE, N.Y. 11788 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AIL SYSTEMS, INC. Occupation: PRESIDENT & C.E.O. Aggregate Year-to-Date > $ 400.00	PAYROLL DEDUCTION 10-1-10/14/98	$20.00 $10.00 WKLY
F. KARL M. SYGALL 44 PATCHOGUE DRIVE ROCKY POINT, N.Y. 11778 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: AIL SYSTEMS,INC. Occupation: MGR.PROGRAM II Aggregate Year-to-Date > $ 160.00	PAYROLL DEDUCTION 10/1-10/14/98	$8.00 $4.00 WKLY
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ 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) $69.50

TOTAL This Period (last page this line number only) $191.50

FEBAN064

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11.A.11

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NAME OF COMMITTEE (in Full)

AIL SYSTEMS, INC. POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CONTRIBUTIONS FROM INDIVIDUALS UN-ITEMIZED	AIL SYSTEMS, INC.	PAYROLL DEDUCTIONS 10/1 10/14/98	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $ 5,015.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) ..... >	$250.00
TOTAL This Period (last page this line number only) ..... >	$250.00

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)

AIL SYSTEMS, INC. POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
LAZIO FOR CONGRESS	REPRESENT R. LAZIO "98"RE-ELECTION CAMPAIGN Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/1/98	$2,500.00
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)	$2,500.00
TOTAL This Period (last page this line number only)	$2,500.00

FEBANK64

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 10/23/98
☐	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
☐	Electronic Filing	

PREPARER

10/26/98
DATE PREPARED

(4/98)