

JUN 21 1 21 PM '93

NYNEX

June 16, 1993

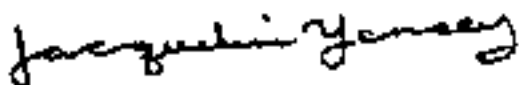
Federal Election Commission
Public Records
999 E Street, N.W.
Washington, DC 20463

Gentlemen:

Attached is FEC Form 3X monthly report due June 20 for the NYNEX Employees' Federal Political Action Committee (PAC), Federal I.D. #00179762. This report covers activities from May 1 thru May 31, 1993.

If you have any questions about this report, please contact me on (212) 370-7531.

Sincerely yours,



Jacqueline C. Yancey
Staff Manager

Enclosure

3 3 3 2 3 4 3 8 3 3 2 3 5

REPORT OF RECEIPTS AND DISBURSEMENTS

For Governing Body and Political Committees
(Secondary Page)

JUN 21 11 17 AM '93

USE REC MARKING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (or full) NYNEX Employees' Federal Political Action Committee		2. REC IDENTIFICATION NUMBER C00179762
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 335 Madison Ave. - 20th Fl.		
CITY, STATE and ZIP CODE New York, NY 10017		
3. This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).		

4. TYPE OF REPORT

- (a) April 15 Quarterly Report Monthly Report Due On:
- July 15 Quarterly Report February 20 June 20 October 20
- October 15 Quarterly Report March 20 July 20 November 20
- January 31 Year End Report April 20 August 20 December 20
- July 31 Mid Year Report (Non-election Year Only) May 20 September 20 January 31
- Termination Report 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 _____

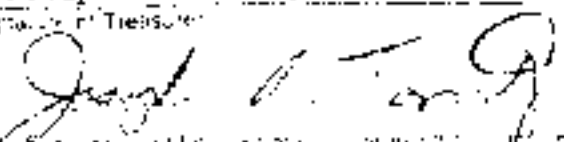
(b) Is the Report an Amendment? YES NO

SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>5/1</u> through <u>5/31/93</u>		
6. (a) Cash on Hand January 1, 19 <u>93</u>		\$ 4,128.61
(b) Cash on Hand at Beginning of Reporting Period	\$ 1,019.60	
(c) Total Receipts (from Line 19)	\$ 3,291.00	\$16,831.99
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 4,310.60	\$20,960.60
7. Total Disbursements (from Line 30)	\$ 0	\$16,650.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from line 6(d))	\$ 4,310.60	\$ 4,310.60
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and or Schedule D)	\$ -	For further information contact: Federal Election Commission 950 E Street NW Washington, DC 20417 Tel: (202) 426-4530 Lock 202 176-3125
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:
Joseph A. Tomitz, Assistant Treasurer

Signature of Treasurer:


Date:
6/1/93

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 316

Revised 11-91

NAME OF COMMITTEE NIVINEX Employees' Federal Political Action Committee		REPORT COVERING PERIOD FROM 5/1 TO 5/31/93	
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11	Contributors (other than loans) from:		
a.	Individuals/Persons Other Than Political Committees:		
i.	Itemized (use Schedule A)	\$ 1,135.00	\$ 3,545.00
ii.	Unitemized	2,156.00	13,287.00
iii.	Total (add i and ii) >	\$ 3,291.00	\$16,832.00
b.	Political Party Committees		
c.	Other Political Committees (such as PACs)		
d.	Total Contributions (add a ii, b and c) >	\$ 3,291.00	\$16,832.00
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) >	\$ 3,291.00	\$16,831.99
20.	Total Federal Receipts (subtract line 18 from line 19) >	\$ 3,291.00	\$16,831.99
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		
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	0	\$16,650.00
24.	Independent Expenditures (use Schedule E)		
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441e(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) >	0	\$16,650.00
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	0	\$16,650.00
III. Net Contributions: Operating Expenditures			
32.	Total Contributions (other than loans) (from line 11d)	\$ 3,291.00	\$16,832.00
33.	Total Contribution Refunds (from line 28d)		
34.	Net Contributions (other than loans) (subtract line 33 from line 32)	\$3,291.00	\$16,832.00
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	-	-
36.	Offsets to Operating Expenditures (from line 15)	-	-

3 0 3 8 4 3 2 3 3 7

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Debtor's ordinary income

PAGE 1 of 2
FOR LINE NUMBER 1181

See instructions on page 10 of this Form for more information on how to report the amounts of the Debtor's ordinary income or for instructions on how to report the name and address of the individual contributor to which contributions have been made.

NAME OF COMMITTEE in Full

NYNEX Employees Federal Political Action Committee - Federal I.D. #000199762

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date month, day, year	Amount of Each Payment for Period
Ivan C. Seidenberg 5 Quail Hollow Lane West Nyack, NY 10994	NYNEX Corporation 1113 Westchester Ave. White Plains, NY 10604	5/1/93 to 5/31/93	\$100.00 mthly. payroll ded.
Reason For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Chairman Vice Chairman Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date month, day, year	Amount of Each Payment for Period
Mitchell J. Stover 176 Broadway New York, NY 10038	M.I. CONSTRUCTION, Inc. 1113 Westchester Ave. White Plains, NY 10604	5/1/93 to 5/31/93	\$150.00 mthly. payroll ded.
Reason For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Chairman President & CEO Aggregate Year-to-Date > \$ 750.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date month, day, year	Amount of Each Payment for Period
Casimir S. Skrzepczak 50 Oxford Road Rocville Center, NY 11770	NYNEX Science & Tech. Co. 120 Bloomingdale Road White Plains, NY 10605	5/1/93 to 5/31/93	\$ 75.00 mthly. payroll ded.
Reason For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Director President Aggregate Year-to-Date > \$ 375.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date month, day, year	Amount of Each Payment for Period
William C. Ferguson 5 Dogwood Place Armonk, NY 10904	NYNEX Corporation 1113 Westchester Ave. White Plains, NY 10604	5/1/93 to 5/31/93	\$100.00 mthly. payroll ded.
Reason For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Chairman Chairman & CEO Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date month, day, year	Amount of Each Payment for Period
Roy C. Doliard 356 Hardacrebble Road Briarcliff Manor, NY 10510	NYNEX Worldwide Svcs. Grp. 2 Blue Hill Plaza Park River, NY 10965	5/1/93 to 5/31/93	\$100.00 mthly. payroll ded.
Reason For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Chairman Vice President Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date month, day, year	Amount of Each Payment for Period
Thomas J. Tauke 3911 Barcroft Home Court Falls Church, VA 22041	SYNEX Govt. Affairs Co. 1300 "I" St., N.W. Washington, DC 20005	5/1/93 to 5/31/93	\$150.00 mthly. payroll ded.
Reason For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Chairman Vice President Aggregate Year-to-Date > \$ 750.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date month, day, year	Amount of Each Payment for Period
Raymond F. Burke 105 Law Road Briarcliff Manor, NY 10510	NYNEX Corporation 1113 Westchester Ave. White Plains, NY 10604	5/1/93 to 5/31/93	\$100.00 mthly. payroll ded.
Reason For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Chairman Executive V.P. Gen. Counsel, Sec'y. Aggregate Year-to-Date > \$ 500.00	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of tax

ATTENTION: Attach this schedule with your Form 1042-BR. Information shown here will be used to calculate your tax liability for the purpose of determining your percentage of tax credit. It is important that you give the name and address of any employer correctly to avoid errors in your tax liability.

NAME OF COMMITTEE IN FULL

NYNEX Employees' Federal Political Action Committee - Federal I.D. #C00179761

2
3
4
3
2
3
9
3

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
Barbara Morris 2336 S. Queens Street Arlington, VA 22202	NYNEX Govt. Affairs Co. 1300 "I" St., N.W. Washington, DC 20005 Occupation Director	5/1/93 to 5/31/93	\$70.00 mthly. payroll ded.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$ 350.00			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
Frank H. Ciccone 732 King Street Port Chester, NY 40573	NYNEX Corporation 1115 Westchester Ave. White Plains, NY 10604 Occupation Vice President	5/1/93 to 5/31/93	\$140.00 mthly. payroll ded.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$ 700.00			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
Donald J. Sacco 121 Concourse West Brightwaters, NY 11718	NYNEX Corporation 1113 Westchester Ave. White Plains, NY 10604 Occupation Vice President	5/1/93 to 5/31/93	\$50.00 mthly. payroll ded.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$ 250.00			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
Gordon R. Evans 8212 Copper Glow Trail Fairfax Station, VA 22039	NYNEX Govt. Affairs Co 1300 "I" St., N.W. Washington, DC 20005 Occupation Executive Director	5/1/93 to 5/31/93	\$50.00 mthly. payroll ded.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date - \$ 250.00			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
W. Edward Senn 314 Kentucky Ave., S.E. Washington, DC 20003	NYNEX Govt. Affairs. Co. 1300 "I" St., N.W. Washington, DC 20005 Occupation Executive Director	5/1/93 to 5/31/93	\$50.00 mthly. payroll ded.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$ 250.00			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$			

TOTAL of Receipts This Page (attach)

TOTAL of Receipts for Entire Form (attach)

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 type="checkbox"/> Hand Delivered	DATE OF RECEIPT
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 6-16-93
<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

JLS

6-21-93

PREPARED

DATE PREPARED

1 5 3 8 4 3 2 3 4 0