

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

APR 15 11 01 AM '96

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

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>03/01/96</u> through <u>03/31/96</u>		
6. (a) Cash on Hand January 1, 19 <u>96</u>		\$ 59,010.33
(b) Cash on Hand at Beginning of Reporting Period	\$ 49,619.93	
(c) Total Receipts (from line 19)	\$ 10,159.87	\$ 26,260.47
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 59,779.80	\$ 85,279.80
7. Total Disbursements (from Line 30)	\$ 22,000.00	\$ 47,500.00
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	\$ 37,779.80	\$ 37,779.80
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. Tomitz - NYNEX Assistant Treasurer

Signature of Treasurer: *Joseph A. Tomitz* Date: 4/17/96

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

DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

Revised (1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
NYNEX Employees' Federal Political Action Committee	FROM: 03/01/96	TO: 03/31/96
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
I. Itemized (Use Schedule A).....	800.00	2,549.82
II. Unitemized.....	9,359.87	23,719.65
iii. Total.....(add I and ii)>	10,159.87	26,269.47
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (such as PACs).....	0.00	0.00
d. Total Contributions.....(add iii, b and c)>	10,159.87	26,269.47
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received.....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity.....	0.00	0.00
19. Total Receipts.....(add 11d, 12, 13, 14, 15, 16, 17, and 18)>	10,159.87	26,269.47
20. Total Federal Receipts.....(subtract line 18 from line 19)>	10,159.87	26,269.47
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share.....	0.00	0.00
ii. Non Federal Share.....	0.00	0.00
b. Other Federal Operating Expenditures.....	5,000.00	5,000.00
c. Total Operating Expenditures.....(Add ai, aii, and b)>	5,000.00	5,000.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17,000.00	42,500.00
24. Independent Expenditures (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees 12 U.S.C.441a(d) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees.....	0.00	0.00
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (Such As PACs).....	0.00	0.00
d. Total Contribution Refunds.....(Add a, b, and c)>	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements.....(Add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)>	22,000.00	47,500.00
31. Total Federal Disbursements.....(Subtract line 21 aii from line 30)>	22,000.00	47,500.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans)(from line 11d).....	10,159.87	26,269.47
33. Total Contribution Refunds (from line 28d).....	0.00	0.00
34. Net Contributions (Other than loans)(subtract line 33 from 32).....	10,159.87	26,269.47
35. Total Federal Operating Expenditures.....(add 21 ai and 21 b)>	5,000.00	5,000.00
36. Offsets to Operating Expenditures (from line 16).....	0.00	0.00
37. Net Operating Expenditures.....(subtract line 36 from 35)>	5,000.00	5,000.00

SCHEDULE A

ITEMIZED RECEIPTS

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

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 or any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full)
NYNEX Employees' Federal Political Action Committee

2 6 0 3 0 2 3 1 9 7 7

A. Full Name, Mailing Address and Zip Code RAYMOND BURKE F 6926 S. E. GOLFHOUSE DR. HOPE SOUND, FL 33455	Name of Employer NYNEX CORP	Date (Month day, Year)	Amount of Each Receipt this Period 300.00
	Occupation EVE GENL COUNSEL & SECTY	Payroll Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 300.00		(\$300.00 Monthly)

B. Full Name, Mailing Address and Zip Code PATRICK MULHEARN F 7 BILLINGTON COURT RYE, NY 10580	Name of Employer TELE RES GROUP	Date (Month day, Year)	Amount of Each Receipt this Period 250.00
	Occupation VICE PRESIDENT	Payroll Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		(\$250.00 Monthly)

C. Full Name, Mailing Address and Zip Code BAILEY GEESLIN M 2 RIVARD CRESCENT WESTPORT, CT 06880	Name of Employer NEW YORK TEL	Date (Month day, Year)	Amount of Each Receipt this Period 250.00
	Occupation VICE PRESIDENT	Payroll Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		(\$250.00 Monthly)

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		

SUB TOTAL of Receipts This Page (Optional).....>	800.00
TOTAL this Period (Last page this line number only).....>	800.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in Full)
NYNEX Employees' Federal Political Action Committee

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A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Paxon For Congress P. O. Box 1995 Williamsville, NY 14231	Bill Paxon, U.S. HOUSE 27th NY Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/27/96	5,000.00
B. 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 Disb. this Period
C. 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 Disb. this Period
D. 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 Disb. this Period
E. 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 Disb. this Period
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 Disb. 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 Disb. 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 Disb. 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 Disb. this Period

SUB TOTAL of Disbursements this page (Optional)..... **5,000.00**

TOTAL this Period (Last page this line number only)..... **5,000.00**

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE **1** OF **3**
FOR LINE NUMBER **23**

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NAME OF COMMITTEE (in Full)
NYNEX Employees' Federal Political Action Committee

<p>A. Full Name, Mailing Address and Zip Code Gary Ackerman P.O. Box 95 Fresh Meadows, NY 11365, NY</p>	<p>Purpose of Disbursement , NY Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996</p>	<p>Date (Month day, Year) 03/27/96</p>	<p>Amount of Each Disb. this Period 500.00</p>
<p>B. Full Name, Mailing Address and Zip Code Brian Bilbray for Congress 4202 Genesee Ave, Suite 102 San Diego, CA 92117,</p>	<p>Purpose of Disbursement , CA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996</p>	<p>Date (Month day, Year) 03/27/96</p>	<p>Amount of Each Disb. this Period 500.00</p>
<p>C. Full Name, Mailing Address and Zip Code The Friends of Sherwood Boehlert P.O. Box C Utica, NY 13503</p>	<p>Purpose of Disbursement Sherwood Boehlert, U.S. HOUSE 23rd NY Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996</p>	<p>Date (Month day, Year) 03/27/96</p>	<p>Amount of Each Disb. this Period 500.00</p>
<p>D. Full Name, Mailing Address and Zip Code People for Boschwitz '96 7415 Wayzata Blvd. Minneapolis, MN 55426</p>	<p>Purpose of Disbursement , MN Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996</p>	<p>Date (Month day, Year) 03/27/96</p>	<p>Amount of Each Disb. this Period 1,000.00</p>
<p>E. Full Name, Mailing Address and Zip Code Boucher for Congress Committee P.O. Box 2000 Abingdon, VA 24210</p>	<p>Purpose of Disbursement Rick Boucher, U.S. HOUSE 9th VA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996</p>	<p>Date (Month day, Year) 03/27/96</p>	<p>Amount of Each Disb. this Period 1,000.00</p>
<p>F. Full Name, Mailing Address and Zip Code Chrysler for Congress Committee P.O. box 1518 Brighton, MI 48116</p>	<p>Purpose of Disbursement , MI Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996</p>	<p>Date (Month day, Year) 03/27/96</p>	<p>Amount of Each Disb. this Period 500.00</p>
<p>G. Full Name, Mailing Address and Zip Code Coburn for Congress P.O.Box 504 Muskogee, OK 74402</p>	<p>Purpose of Disbursement Tom Coburn, U.S. HOUSE 2nd OK Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996</p>	<p>Date (Month day, Year) 03/27/96</p>	<p>Amount of Each Disb. this Period 500.00</p>
<p>H. Full Name, Mailing Address and Zip Code Delahunt for Congress Committee 500 Victory Road Quincy, MA 02171</p>	<p>Purpose of Disbursement , MA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996</p>	<p>Date (Month day, Year) 03/27/96</p>	<p>Amount of Each Disb. this Period 1,000.00</p>
<p>I. Full Name, Mailing Address and Zip Code Friends of Jennifer Dunn 14042 Northeast 8th, suite 206 Bellevue, WA 98007</p>	<p>Purpose of Disbursement , WA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996</p>	<p>Date (Month day, Year) 03/27/96</p>	<p>Amount of Each Disb. this Period 500.00</p>
<p>SUB TOTAL of Disbursements this page (Optional).....</p>			<p>6,000.00</p>
<p>TOTAL this Period (Last page this line number only).....</p>			<p></p>

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
NYNEX Employees' Federal Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Friends of Mike Forbes for Congress Committee P. O. Box 77443 Washington, DC 20013	Mike Forbes, U.S. HOUSE 1th NY Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/27/96	500.00
Franks for Congress 100 Grand Street P.O. Box 2743 Waterbury, CT 06723	Gary Franks, U.S. HOUSE 5th CT Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/27/96	500.00
People for Ganske 5907 Grand Avenue Des Moines, IA 50312	Greg Ganske, U.S. HOUSE 4th IA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/27/96	500.00
Goodlatte for Congress P.O. Box 292 Roanoke, VA 24002,	 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/27/96	500.00
Friends for Houghton P.O. Box 1107 Corning, NY 14830	Anno Houghton, U.S. HOUSE 31st NY Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/27/96	500.00
Pete King for Congress Committee Box 1428 Seaford, NY 11783	Peter T. King, U.S. HOUSE 3rd NY Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/27/96	1,000.00
Lazio for Congress P.O. Box 5063 Bay Shore, NY 11706	Rick A. Lazio, U.S. HOUSE 2nd NY Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/27/96	500.00
Nita Lowey for Congress P.O. Box 271 White Plains, NY 10605	Nita M. Lowey, U.S. HOUSE 18th NY Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/27/96	500.00
Richard E. Neal for Congress Committee 76 Magnolia Terrace Springfield, MA 01108	Richard E. Neal, U.S. HOUSE 2nd MA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/27/96	500.00

SUB TOTAL of Disbursements this page (Optional).....	5,000.00
TOTAL this Period (Last page this line number only).....	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

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NAME OF COMMITTEE (in Full)
NYNEX Employees' Federal Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
New Republican Majority Fund c/o 3001 Park Center Drive, Suite 1105 Alexandria, VA 22302	New Republican Majority Fund Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/27/96	1,000.00
B. Full Name, Mailing Address and Zip Code Pickering for Congress P. O. Box 6440 Laurel, MS 39441	Chip Pickering, U.S. HOUSE MS Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/27/96	1,000.00
C. Full Name, Mailing Address and Zip Code Pat Roberts for Senate Box 433 Great Bend, KS 67530	, KS Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/27/96	3,000.00
D. Full Name, Mailing Address and Zip Code Billy Tauzin Committee P.O. Box 1407 Thibodaux, LA 70302,	, LA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	03/27/96	1,000.00
E. 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 Disb. this Period
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 Disb. 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 Disb. 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 Disb. 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 Disb. this Period

SUB TOTAL of Disbursements this page (Optional).....	6,000.00
TOTAL this Period (Last page this line number only).....	17,000.00

19960323

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
4-18-90

First Class Mail POSTMARKED

Registered/Certified Mail POSTMARKED

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

StB
PREPARER

4-18-90
DATE PREPARED

95030431912