

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUL 28 12 52 PM '97

1. NAME OF COMMITTEE (in full)
Long Island Savings Bank, FSB Political Action Committee

ADDRESS (number and street) Check if different than previously reported
201 Old Country Road

CITY, STATE and ZIP CODE
Melville, NY 11747

2. FEC IDENTIFICATION NUMBER
C00234245

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 _____
(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>Jan. 1, 1997</u> through <u>June 30, 1997</u>			
6.	(a) Cash on Hand January 1, 1997		\$ 17,778
	(b) Cash on hand at Beginning of Reporting Period	\$ 17,778	
	(c) Total Receipts (from Line 19)	\$ 7,351	\$ 7,351
	(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 25,129	\$ 25,129
7.	Total Disbursements (from Line 30)	\$ 3,850	\$ 3,850
8.	Cash on Hand at Close of Reporting Period (subtract line 7 from 6(d))	\$ 21,279	\$ 21,279
9.	Debts and Obligations Owed TO 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 20469 Toll Free 800-424-5930 Local 202-219-3420
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	

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
Christine Quigley

Signature of Treasurer
Christine Quigley 7/23/97

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**

NAME OF COMMITTEE Long Island Savings Bank, FSB Political Action Committee	REPORT COVERING PERIOD January 1, 1997 to June 30, 1997	
	COLUMN A TOTAL THIS PERIOD	COLUMN A CALENDAR YEAR
☐ Receipts		
11. Contributions (other than Loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (Use Schedule A).....	2,655	2,655
ii. Unitemized.....	4,568	4,568
iii. Total..... (add i and ii) ▶	7,213	7,213
b. Political Party Committees.....		
c. Other Political Committees (such as PACs).....		
d. Total Contributions.....(add a iii, b and c) ▶	7,213	7,213
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.).....	138	138
18. Transfers from Nonfederal Account for Joint Activity.....		
19. Total Receipts.....(add 11d, 12, 13, 14, 15, 16, 17 and 18) ▶▶	7,351	7,351
20. Total Federal Receipts.....(subtract line 18 from line 19) ▶▶	7,213	7,213

☐ Disbursements

21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share.....	0	0
ii. Non-Federal Share.....	0	0
b. Other Federal Operating Expenditures.....	0	0
c. Total Operating Expenditures.....(add a i, a ii, and b) ▶	0	0
22. Transfer to Affiliated/Other Party Committees.....	3,850	3,850
23. Contributions to Federal Candidates/Committees and other Political Committees.....	0	0
24. Independent Expenditures (use Schedule E).....	0	0
25. Coordinated Expenditures Made by Party Committees(2 U.S.C. 441a(d))(use schedule F)	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees.....	0	0
b. Political Party Committees.....	0	0
c. Other Political Committees (such as PACs).....	0	0
d. Total Contribution Refunds.....(add a, b and c) ▶	0	0
29. Other Disbursements.....		
30. Total Disbursements.....(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ▶▶	3,850	3,850
31. Total Federal Disbursements.....(subtract line 21a ii from line 30) ▶▶	3,850	3,850

☐ Net Contributions/Operating Expenditures

32. Total Contributions (other than loans)(from Line 11d).....	7,213	7,213
33. Total Contribution Refunds (from line 28d).....	0	0
34. Net Contributions (other than loans)(subtract line 33 from 32).....	0	0
35. Total Federal Operating Expenditures.....(add 21 a i and 21 b) ▶	0	0
36. Offsets to Operating Expenditures (from line 15).....	0	0
37. Net Operating Expenditures.....(subtract line 36 from 35) ▶	0	0

SCHEDULE A

use separate sheet(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 of political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Long Island Savings Bank, FSB Political Action Committee

A. Full Name, Mailing Address and Zip Code John J. Conafry 5 Butler Place Garden City, NY 11530 Receipt for <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) PAC General	Name of Employer Long Island Savings Bank, FSB	Date (month, day, year)	Amount of Each Receipt this Period \$1,300 (\$ 100 biweekly)
	Occupation Chairman & CEO	payroll deduction	
	Aggregate Year-to-Date > \$ 1,300		
B. Full Name, Mailing Address and Zip Code Robert Volk 408 Smith Ave Islip, NY 11751 Receipt for <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) PAC General	Name of Employer Long Island Savings Bank, FSB	Date (month, day, year)	Amount of Each Receipt this Period \$260 (\$ 20 biweekly)
	Occupation Executive VP-Consumer Banking	payroll deduction	
	Aggregate Year-to-Date > \$ 260		
C. Full Name, Mailing Address and Zip Code William Purschke 3 Fairwind Court Northport, NY 11768 Receipt for <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) PAC General	Name of Employer Long Island Savings Bank, FSB	Date (month, day, year)	Amount of Each Receipt this Period \$325 (\$ 35 biweekly)
	Occupation Senior VP - Mortgage	payroll deduction	
	Aggregate Year-to-Date > \$ 325		
D. Full Name, Mailing Address and Zip Code Joseph Bryant 36 Timber Knoll Dr Washington Crossing, PA 18977 Receipt for <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) PAC General	Name of Employer Long Island Savings Bank, FSB	Date (month, day, year)	Amount of Each Receipt this Period \$270 (\$ 30 biweekly)
	Occupation Executive VP - Mortgage	payroll deduction	
	Aggregate Year-to-Date > \$ 270		
E. Full Name, Mailing Address and Zip Code Karen Cultan 20 East 9th Street Apt 4F New York, NY 10003 Receipt for <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) PAC General	Name of Employer Long Island Savings Bank, FSB	Date (month, day, year) 5/28/97	Amount of Each Receipt this Period \$500
	Occupation Chief Counsel	payroll deduction	
	Aggregate Year-to-Date > \$ 500		
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	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	payroll deduction	
	Aggregate Year-to-Date > \$		
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	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	payroll deduction	
	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional).....	\$2,655
Total This Period (last page this line number only).....	\$2,655

SCHEDULE B

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

PAGE 1 OF 1
FOR LINE NUMBER
Line 23

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NAME OF COMMITTEE (in Full)
Long Island Savings Bank, FSB Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Receipt this Period
Lazio for Congress PO Box 50563 Bayside, NY 11703	Lazio House of Representatives Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/4/97	6350
B. Full Name, Mailing Address and Zip Code Congressman Floyd H Flake Campaign Co. 114-16A Merrick Blvd Jamaica, NY 11433	Purpose of Disbursement Flake House of Representatives Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/14/97	\$1,000
C. Full Name, Mailing Address and Zip Code CBANYS-PAC PO Box 326 Grand Central Station New York, NY 10183	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Pac Activity	4/14/97	\$1,500
D. Full Name, Mailing Address and Zip Code Committee to Re-elect Congressman Ed Towns 360 Clinton Ave, Suite 6R Brooklyn, NY 11238	Purpose of Disbursement Towns House of Representatives Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/27/97	\$1,000
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 Receipt 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 Receipt 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 Receipt 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 Receipt 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 Receipt this Period

SUBTOTAL of Disbursements This Page (optional).....	\$3,850
Total This Period (last page this line number only).....	\$3,850

**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 checked="" type="checkbox"/> First Class Mail	POSTMARKED <i>7-23-97</i>
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<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
<i>MAF</i>	<i>7-28-97</i>
PREPARER	DATE PREPARED