

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

1. NAME OF COMMITTEE (in full)
ALBANIAN AMERICAN PAC

ADDRESS (number and street) Check if different than previously reported
5 OLD ROAD

CITY, STATE and ZIP CODE
ELMSFORD, NY 10523

FEB 6 11 32 AM '98

2. FEC IDENTIFICATION NUMBER
C00278689

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

- 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	1-1-97 through 12-31-97		
6. (b) Cash on Hand January 1, 19__			\$ 55.01
(b) Cash on Hand at Beginning of Reporting Period		\$ 2022.59	
(c) Total Receipts (from Line 19)		\$ 7619.50	\$ 13424.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 9642.09	\$ 13479.51
7. Total Disbursements (from Line 30)		\$ 9195.84	\$ 13033.26
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 446.25	\$ 446.25
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 888 E Street, NW Washington, DC 20463 Toll Free 800-424-9539 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: **SHIRLEY A. CLOYES**

Signature of Treasurer: *Shirley A. Cloyes* Date: **1-31-98**

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

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

(revised 1/1/91)

NAME OF COMMITTEE

REPORT COVERING PERIOD

FROM 1-1-97

TO: 12-31-97

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)

ii. Unitemized

iii. Total (add i and ii) >

b. Political Party Committees

c. Other Political Committees (such as PACs)

d. Total Contributions (add a iii, b and c) >

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) >

20. Total Federal Receipts (subtract line 18 from line 19) >

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

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, 28d, and 29) >

31. Total Federal Disbursements (subtract line 21 a ii from line 30) >

III. Net Contributions/Operating Expenditures

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) >

11(a)(i)
11(a)(ii)
11(a)(iii)
11(b)
11(c)
11(d)
12
13
14
15
16
17
18
19
20
21(a)(i)
21(a)(ii)
21(b)
21(c)
22
23
24
25
26
27
28(a)
28(b)
28(c)
28(d)
29
30
31
32
33
34
35
36
37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER

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)

ALBANIAN AMERICAN PAC

A. Full Name, Mailing Address and ZIP Code TURAN IJIL 54 TWEED BLVD NYACK, NY 10960	Name of Employer NEUROCORP Occupation PRESIDENT Aggregate Year-to-Date > \$ 2000.00	Date (month, day, year) 11/7/97	Amount of Each Receipt this Period \$ 2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer RED EAGLE CAR SERVICE Occupation PRESIDENT Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 12/16/97	Amount of Each Receipt this Period \$ 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF Occupation REAL ESTATE DEVELOPER Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 12/16/97	Amount of Each Receipt this Period \$ 300.00
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
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
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
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) \$ 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

PAGE OF FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

ALBANIAN AMERICAN PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
HUDSON VALLEY BANK 328 CENTRAL AVE WHITE PLAINS, NY 10603	SERVICE CHARGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/15/97	\$ 16.53
B. Full Name, Mailing Address and ZIP Code TRAFICANT FOR CONGRESS 125 MARKET ST YOUNGSTOWN, OH 44503	DONATION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/30/97	\$ 1000.00
C. Full Name, Mailing Address and ZIP Code TRAFICANT FOR CONGRESS 125 MARKET ST YOUNGSTOWN, OH 44503	DONATION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/30/97	\$ 600.00
D. Full Name, Mailing Address and ZIP Code HUDSON VALLEY BANK 328 CENTRAL AVE WHITE PLAINS, NY 10603	SERVICE CHARGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/15/97	\$ 15.57
E. Full Name, Mailing Address and ZIP Code HUDSON VALLEY BANK 328 CENTRAL AVE WHITE PLAINS, NY 10603	SERVICE CHARGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/97	\$ 15.16
F. Full Name, Mailing Address and ZIP Code CITIZENS FOR GILMAN PO BOX 3001 MIDDLETOWN, NY 10940	DONATION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/23/97	\$ 350.00
G. Full Name, Mailing Address and ZIP Code HUDSON VALLEY BANK 328 CENTRAL AVE WHITE PLAINS, NY 10603	SERVICE CHARGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/15/97	\$ 15.16
H. Full Name, Mailing Address and ZIP Code CITIZENS FOR GILMAN PO BOX 3001 MIDDLETOWN, NY 10940	DONATION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/25/97	\$ 1000.00
I. Full Name, Mailing Address and ZIP Code SHERATON HOTEL 811 7th AVE NY, NY 10019	FOOD + BEVERAGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/15/97	\$ 1175.46

SUBTOTAL of Disbursements This Page (optional)

\$ 4187.88

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE OF
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

ALBANIAN AMERICAN PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
HUDSON VALLEY BANK 328 CENTRAL AVE WHITE PLAINS, NY 10603	SERVICE CHARGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/13/97	15.41
CITIZENS FOR GILMAN PO BOX 3001 MIDDLETOWN, NY 10940	DONATION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/28/97	3000.00
TRAFICANT FOR CONGRESS 125 MARKET ST YOUNGSTOWN, OH 44503	DONATION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/28/97	1000.00
MARK SABIR 51 HAINES AVE BEDFORD HILLS, NY 10507	VIDEO PRODUCTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/28/97	500.00
JOSEPH DIO GUARDI PO BOX 70 OSSINING, NY 10562	REIMB. TRAVEL EXPENSES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/28/97	370.00
BLACK AMERICA'S PAC 1710 UNDERPASS WAY HAGERSTOWN, MD 21740-6924	DONATION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/31/97	100.00
HUDSON VALLEY BANK 328 CENTRAL AVE WHITE PLAINS, NY 10603	OFFICE SUPPLIES CHECK ORDER Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/31/97	22.55

SUBTOTAL of Disbursements This Page (optional)

\$ 5007.96

TOTAL This Period (last page this line number only)

\$ 9195.84

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 2-2-98
<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 <hr/> and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
MUD	2-6-98
PREPARER	DATE PREPARED