



FEDERAL ELECTION COMMISSION

1125 K STREET NW
WASHINGTON, D.C. 20463

THIS IS THE END OF MUR # 2070

Date Filmed 2/21/86 Camera No. --- 2

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FEDERAL ELECTION COMMISSION

Extra copies of close out letter letters, 1st GC Report, Letter
to Complainant during investigation, response from Respondents;
Response which includes financial information about Respondents;..
File Tabs and Index; Routing Slips; Docket Sheet with names,
addresses of Respondents

The above-described material was removed from this file pursuant to the following exemption provided in the Freedom of Information Act, 5 U.S.C. Section 552 (b):

- | | |
|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> (1) Classified Information | <input type="checkbox"/> (6) Personal privacy |
| <input checked="" type="checkbox"/> (2) Internal rules and practices | <input type="checkbox"/> (7) Investigatory files |
| <input type="checkbox"/> (3) Exempted by other statute | <input type="checkbox"/> (8) Banking Information |
| <input checked="" type="checkbox"/> (4) Trade secrets and commercial or financial information | <input type="checkbox"/> (9) Well Information (geographic or geophysical) |
| <input checked="" type="checkbox"/> (5) Internal Documents | |

Signed Mohit A. Mehta

date 2/6/86



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

December 27, 1985

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

George McDonald
211 East 81st Street
New York, New York 10028

RE: MUR 2070

Dear Mr. McDonald:

The Federal Election Commission has reviewed the allegations of your complaint dated August 12, 1985. On December 3, 1985, the Commission determined that on the basis of the information provided in your complaint and information provided by the Respondent, there is no reason to believe that a violation of the Federal Election Campaign Act of 1971, as amended ("the Act") has been committed. Accordingly, the Commission decided on that same date to close the file in this matter. The Federal Election Campaign Act allows a complainant to seek judicial review of the Commission's dismissal of this action. See 2 U.S.C. § 437g(a)(8).

Enclosed is a copy of the General Counsel's Report on this matter. Pursuant to 2 U.S.C. § 552b(c)(7)(C), we have deleted from the Report information from investigatory records compiled for law enforcement purposes which, if disclosed, would constitute an unwarranted invasion of personal privacy.

Should additional information come to your attention which you believe establishes a violation of the Act, you may file a complaint pursuant to the requirements set forth in 2 U.S.C. § 437g(a)(1) and 11 C.F.R. § 111.4.

Sincerely,

Charles N. Steele
General Counsel

A handwritten signature in dark ink, appearing to read "Kenneth A. Gross", is written over the typed name of the Associate General Counsel.

BY: Kenneth A. Gross
Associate General Counsel

Enclosure
General Counsel's Report

06740570668



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

December , 1985

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

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211 East 81st Street
New York, New York 10028

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Sincerely,

Charles N. Steele
General Counsel

BY: Kenneth A. Gross
Associate General Counsel

Enclosure
General Counsel's Report



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

December 18, 1985

Mr. Thomas J. Schwarz
Skadden, Arps, Slate, Meagher & Flom
919 Third Avenue
New York, New York 10022-9931

Re: MUR 2070
Stein for Congress Committee

Dear Mr. Schwarz:

On August 22, 1985, the Commission notified your client of a complaint alleging violations of certain sections of the Federal Election Campaign Act of 1971, as amended.

The Commission, on December 3, 1985, determined that on the basis of the information in the complaint, and information provided by you, there is no reason to believe that a violation of any statute within its jurisdiction has been committed. Accordingly, the Commission closed its file in this matter. This matter will become a part of the public record within 30 days.

Sincerely,

Charles N. Steele
General Counsel

A handwritten signature in dark ink, appearing to read "Kenneth A. Gross".

By: Kenneth A. Gross
Associate General Counsel

Enclosure
General Counsel's Report

86040370670

BEFORE THE FEDERAL ELECTION COMMISSION

In the Matter of

Stein for Congress Committee,
Joanne Jarett, as treasurer,
Andrew Stein
Lynn Stein

)
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)
)
)
)

MUR 2070

CERTIFICATION

I, Marjorie W. Emmons, recording secretary for the Federal Election Commission executive session of December 3, 1985, do hereby certify that the Commission decided by a vote of 5-1 to take the following actions in MUR 2070:

1. Find no reason to believe Andrew Stein, Lynn Stein or the Stein for Congress Committee and Joanne Jarett, as treasurer, violated any provisions of the FECA as amended.
2. Close the file.
3. Send the letters attached to the General Counsel's report dated November 14, 1985.

Commissioners Aikens, Elliott, Josefiak, McDonald, and McGarry voted affirmatively for the decision. Commissioner Harris dissented.

Attest:

12-4-85

Date

Marjorie W. Emmons

Marjorie W. Emmons
Secretary of the Commission

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FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

MEMORANDUM TO: CHARLES STEELE, GENERAL COUNSEL
FROM: MARJORIE W. EMMONS/ CHERYL A. FLEMING
DATE: NOVEMBER 20, 1985
SUBJECT: OBJECTION - MUR 2070- General Counsel's Report

The above-named document was circulated to the
Commission on Tuesday, November 18, 1985, 11:00.

Objections have been received from the Commissioners
as indicated by the name(s) checked:

Commissioner Aikens	_____
Commissioner Elliott	_____
Commissioner Harris	_____X_____
Commissioner Josefiak	_____
Commissioner McDonald	_____
Commissioner McGarry	_____

This matter will be placed on the Executive Session
agenda for Tuesday, December 3, 1985.

86040570672



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

MEMORANDUM TO: CHARLES N. STEELE
GENERAL COUNSEL

FROM: MARJORIE W. EMMONS/ CHERYL A. FLEMING *CF*

DATE: NOVEMBER 20, 1985

SUBJECT: OBJECTION TO MUR 2070 - General Counsels' Report

Attached is a copy of Commissioner's Harris
vote sheet with comments regarding the above-captioned matter.

Attachment:
copy of vote sheet

36740570673



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

MEMORANDUM

TO: Office of the Commission Secretary
FROM: Office of General Counsel *rd*
DATE: November 15, 1985
SUBJECT: MUR 2070 - General Counsel's Report

The attached is submitted as an Agenda document
for the Commission Meeting of _____

Open Session _____

Closed Session _____

CIRCULATIONS

48 Hour Tally Vote ☒
Sensitive ☒
Non-Sensitive ☐

24 Hour No Objection ☐
Sensitive ☐
Non-Sensitive ☐

Information ☐
Sensitive ☐
Non-Sensitive ☐

Other ☐

DISTRIBUTION

Compliance ☒
Audit Matters ☐

Litigation ☐
Closed MUR Letters ☐

Status Sheets ☐
Advisory Opinions ☐

Other (see distribution
below) ☐

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SENSITIVE
BEFORE THE FEDERAL ELECTION COMMISSION

RECEIVED
OFFICE OF THE FEC
COMMISSION SECRETARY

85 NOV 15 P12:19

In the Matter of)
)
Stein for Congress Committee,) MUR 2070
Joanne Jarett, as treasurer,)
Andrew Stein, and Lynn Stein)

GENERAL COUNSEL'S REPORT

I. BACKGROUND

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In 1984, Andrew Stein was a candidate for Representative of the 18th District of New York. Over the course of his campaign, Mr. Stein lent \$891,873.43^{*/} to his principal campaign committee, Stein for Congress. The complainant, George McDonald, alleges that the amount of these loans is in disproportion to Mr. Stein's personal assets as determined by an examination of his 1983 Federal Income Tax Return, 1983 and 1984 City of New York Report of Financial Interests and 1984 Federal Ethics in Government Act-Financial Disclosure Statement. The complainant states that the 1984 City Disclosure Form indicates that Mr. Stein had only \$107,077 in assets that he owned exclusively. According to the complainant, Mr. Stein owns his other assets jointly with his wife Lynn. Based on information in the 1983 Federal Income Tax Return, the complainant maintains that the Steins did not have either interest or accounts which could produce \$800,000 in income during 1984. He alleges that at least part of the money which Mr. Stein lent to his committee belonged

^{*/} The complaint alleges Mr. Stein lent \$836,873.43 to his committee. According to the most recent report filed by the campaign committee, the July 31 Mid Year Report filed on July 28, 1985, Mr. Stein lent the committee an additional \$55,000 (\$40,000 on 3/12/85 and \$15,000 on 4/28/85), bringing the total to \$891.873.43.

to Mr. Stein's wife and constitutes an excessive contribution from Mrs. Stein which the Committee accepted in violation of 2 U.S.C. § 441a(a)(1)(A) and 11 C.F.R. § 110.1(a)(1).

In addition, the complainant alleges that Mr. Stein received income that he did not report on his tax forms, City Disclosure Forms or FEC disclosure forms and used this income to lend to his committee. One possible source of the funds, according to the complainant, is a bank loan to the candidate and his wife. Manufacturers Hanover Trust lent Mr. and Mrs. Stein an amount between \$100,000 and \$500,000 on October 18, 1984.

On October 18, 1984, Mr. Stein lent his committee \$250,000, and made additional loans of \$125,000 and \$24,000 two weeks later. If the money lent by the candidate to the committee was obtained through a bank loan, then, the complainant asserts, the committee would have violated 2 U.S.C. § 434(b)(1)(G) by not reporting the original source of the money.

II. LEGAL ANALYSIS

11 C.F.R. 110.10(a) states that, except as provided in 11 C.F.R. Parts 9001, et seq. and 9031, et seq., Federal candidates may make unlimited expenditures to their campaigns from personal funds. Personal assets include assets which the candidate had legal access to or control over at the time he or she became a candidate and which the candidate had either legal and rightful title to or an equitable interest in. 11 C.F.R. 110.10(b)(1). In addition, employment salaries, dividends and

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proceeds from the sale of the candidate's stocks or other investments are within the definition of personal funds.

11 C.F.R. 110.10(b)(2).

Respondents have submitted the affidavit of Arthur Tarlow, Mr. Stein's accountant. Mr. Tarlow states that Mr. Stein had several assets from which he was able to lend money to his campaign committee. First, Mr. Stein had several sources of investment funds.

Second, Mr. Stein sold securities in 1984

Finally, in 1984, Mr. Stein also received a loan repayment
, a net salary and
interest and dividends on securities owned by him or for his
equitable account and federal and state tax refunds

Counsel for Respondents state that "the securities that originally funded the brokerage accounts were equitably those of Andrew Stein and were never conveyed to Lynn Stein."

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On February 14, 1984, Mr. Stein signed a Statement of Candidacy which the Commission received on February 17, 1984. Section 432(e)(1) requires a candidate to designate an authorized committee within 15 days of becoming a candidate. Because Mr. Stein did not make such a designation until 1984, it appears he was not a candidate until 1984. Therefore, the 1981 holding company assets, the profit from the investment of the holding company proceeds, and the 1982 cooperative apartment proceeds all were assets to which Mr. Stein had access before he became a candidate in 1984. The affidavit does not state that any part of any of the assets belonged to Lynn Stein, Andrew Stein's wife. These assets, therefore, fall within the definition of personal assets set out in 11 C.F.R. 110.10(b)(1)

The other assets Mr. Stein had access to in 1984 also fall within the definition of personal assets. Mr. Stein sold some of his securities He received a net employment salary for 1984 Also, he received securities dividends and interest, and tax refunds totaling , and a loan repayment of including interest.

, Mr. Stein's available assets total . Mr. Stein lent his campaign committee \$891,873.43. From the information supplied by Mr. Stein's accountant, it appears that Mr. Stein had enough of his own assets to have lent his committee \$891,873.43. Therefore, there

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is no reason to believe Andrew Stein used assets belonging to his wife to lend to this committee, nor is there reason to believe Lynn Stein made an excessive contribution to the committee by allowing her husband to use her assets to lend money to the committee. Also, there is no reason to believe the committee violated any provisions of the Act by accepting an excessive contribution.

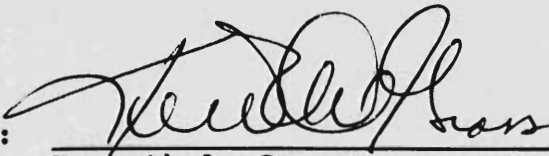
III. RECOMMENDATIONS

1. Find no reason to believe Andrew Stein, Lynn Stein or the Stein for Congress Committee and Joanne Jarett, as treasurer, violated any provisions of the FECA as amended.
2. Close the file.
3. Send the attached letters.

Charles N. Steele
General Counsel

November 14, 1985
Date

BY:


Kenneth A. Gross
Associate General Counsel

Attachments

Letter from Respondents' Counsel
Letter to Respondents' Counsel
Letter to Complainant

06740570679

600 FT 8684

SKADDEN, ARPS, SLATE, MEAGHER & FLOM

810 THIRD AVENUE
NEW YORK 10022-0031
(212) 735-3000

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"SKADDEN NEW YORK"
TWX 710 501-3014
TELEX 046000
TELEPHONE
(212) 735-1004
DIRECT DIAL
(212) 735-

ONE BEACON STREET
BOSTON, MASSACHUSETTS 02201
(617) 552-0000
510 EIGHTEENTH STREET, N.W.
WASHINGTON, D.C. 20036
(202) 462-0700
ONE ROBERT SQUARE
WILMINGTON, DELAWARE 19801
(302) 422-0000
810 SOUTH FLORENCE STREET
LOS ANGELES, CALIFORNIA 90017
(213) 400-0000
333 WEST Wacker Drive
CHICAGO, ILLINOIS 60606
(312) 407-0700

T. Brown

October 7, 1985

Michelle Brown, Esq.
Federal Election Commission
Washington, D.C. 20463

RE: MUR 2070

Dear Ms. Brown:

Pursuant to my conversation with Ken Gross, I am hereby filing a telecopied copy of the response to the complaint in the above MUR. I will file the original documents with you tomorrow. Since the information contains personal financial information of Mr. Stein, it is hereby requested that such information be treated in a confidential manner and excerpted from the public file in connection with this matter when it is closed.

If you have any questions, please call me.

Very truly yours,

Thomas J. Schwarz
Thomas J. Schwarz

11/17
p4:16

36740570630

BEFORE THE FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

In the Matter of)
Andrew Stein,)
Lynn Stein,) NUR 2070
Stein for Congress Committee)

RESPONSE OF ANDREW STEIN, LYNN STEIN AND
STEIN FOR CONGRESS COMMITTEE TO
NOTIFICATION OF COMPLAINT

I. INTRODUCTION

This Response to Notification of Complaint is filed by Andrew Stein, Lynn Stein and Stein for Congress Committee (the "Committee") in response to the notification by the Federal Election Commission (the "Commission") of the complaint (the "Complaint") filed by George McDonald. Andrew Stein, Lynn Stein and the Committee are referred to herein collectively as "Respondents". Respondents submit that the Complaint fails to state any grounds for further action by the Commission and respectfully request that the Commission find no reason to believe that a violation of the Federal Election Campaign Act of 1971, as amended (the "Campaign Act"), or the Regulations of the Commission promulgated thereunder (the "Regulations"), has occurred. Accordingly, Respondents

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request that the Commission determine to take no further action against Respondents in this matter.

II. SUMMARY OF POSITION

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The \$836,873.43 lent by Andrew Stein to the Committee (the "Loans") was properly reported in the periodic filings made by the Committee with the Commission under the Campaign Act. As demonstrated in the accompanying affidavit of Arthur Tarlow, the allegations in the Complaint that the Loans were made in amounts greater than the personal liquid assets available to Andrew Stein under the Campaign Act are baseless and wholly without merit. The total amount of the Loans was derived, directly or indirectly, from Andrew Stein's "personal funds" as such term is defined in Section 110.10 of the Regulations, 11 C.F.R. § 110.10. Those personal funds included funds derived from the sale of securities as to which Andrew Stein was the beneficial and equitable owner, salary, interest and dividend income, tax refunds and proceeds from the repayment of loans owed to Andrew Stein by a previous campaign committee. Of course, Mr. Stein was also entitled to borrow money from a bank in the ordinary course in his own name and contribute the proceeds of any such loan to his Committee.

III. DISCUSSION

The accompanying Affidavit of Arthur Tarlow (Exhibit A hereto) thoroughly sets forth the amounts and sources of personal funds available to Andrew Stein during the period in question. That analysis clearly indicates that personal funds in appropriate amounts were available to Andrew Stein throughout the period. Furthermore, the securities that originally funded the brokerage accounts were equitably those of Andrew Stein and were never conveyed to Lynn Stein.

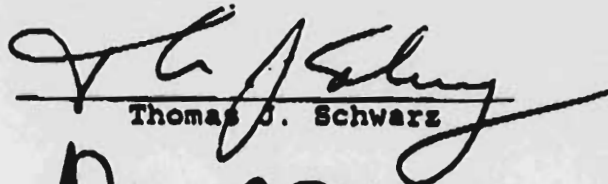
The fact that money was borrowed from Manufacturers Hanover Trust Company and Bank Leumi Trust Company and subsequently additional amounts loaned to the Committee is not determinative of whether Andrew Stein had personal funds sufficient to make such loans. As set forth in the Tarlow affidavit, Mr. Stein had sufficient funds to make the loans to the Committee. This is not a situation where the candidate did not have sufficient assets of his own during the campaign to make a loan to his Committee. Compare MUR 892 and MUR 1890. If a candidate and his wife determine to use the candidate's assets for the campaign while the wife supports the family, the Commission can not find that to be a violation of the Act or Regulations. Otherwise, every candidate

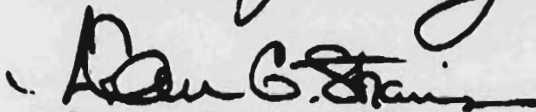
who spent personal funds would violate the law if the spouse spent her own money to support the family during the campaign. Obviously, that could not have been the intended effect of the law or the Regulations.

IV. CONCLUSION

For the reasons stated above, Respondents respectfully submit that no further action should be taken against them by the Commission in connection with this matter and request that the Commission find no reason to believe that a violation of the Act or the Regulations has occurred.

Respectfully submitted,


Thomas J. Schwarz


Alan G. Straus

Skadden, Arps, Slate,
Meagher & Flom
Attorneys for Respondents
919 Third Avenue
New York, New York 10022

Dated: October 7, 1985

8 6 5 4 3 2 1

AFFIDAVIT

ARTHUR TARLOW, being duly sworn, deposes and says:

2. Mr. Stein was the nominee of the Democratic Party for the House of Representatives from the 15th District of New York, for the general election held on November 6, 1984. His campaign was conducted through Stein for Congress Committee (the "Committee"), which was the "principal committee" under the Federal Election Campaign Act of 1971, as amended (the "Act").

3. In the course of the campaign, Mr. Stein made loans to the Committee aggregating \$836,873.43 in principal

(c) He also received the following amounts in

1984:

- (i) from the repayment to him of loans, together with interest, from Stein '81 \$
- (ii) from his salary for services as Manhattan Borough President, net of withheld taxes. . . \$
- (iii) from interest and dividends relating to securities owned by him or for his equitable account and federal and state tax refunds. \$

5. The amount of personal funds available to Mr. Stein during 1984 was significantly greater than the principal amount of loans made by him to the Committee, \$836,873.43 and far greater than any amounts borrowed from banks.

Dated: October 7, 1985

Arthur Tarlow
Arthur Tarlow

Sworn to before me this
7th day of October, 1985

Ruth A. Milbach
Notary Public

RUTH A. MILBACH
Notary Public, State of New York
No. 41-4820080
Qualified in Queens County
Commission Expires March 30, 1987



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

Mr. Thomas J. Schwarz
Skadden, Arps, Slate, Meagher & Flom
919 Third Avenue
New York, New York 10022-9931

Re: MUR 2070
Stein for Congress Committee

Dear Mr. Schwarz:

On August 22, 1985, the Commission notified your client of a complaint alleging violations of certain sections of the Federal Election Campaign Act of 1971, as amended.

The Commission, on , 1985, determined that on the basis of the information in the complaint, and information provided by you, there is no reason to believe that a violation of any statute within its jurisdiction has been committed. Accordingly, the Commission closed its file in this matter. This matter will become a part of the public record within 30 days.

Sincerely,

Charles N. Steele
General Counsel

By: Kenneth A. Gross
Associate General Counsel

Enclosure
General Counsel's Report



FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

George McDonald
211 East 81st Street
New York, New York 10028

Re: MUR 2070

Dear Mr. McDonald:

The Federal Election Commission has reviewed the allegations of your complaint dated August 12, 1985, and determined that on the basis of the information provided in your complaint and information provided by the Respondent, there is no reason to believe that a violation of the Federal Election Campaign Act of 1971, as amended ("the Act") has been committed. Accordingly, the Commission has decided to close the file in this matter. The Federal Election Campaign Act allows a complainant to seek judicial review of the Commission's dismissal of this action. See 2 U.S.C. § 437g(a)(8).

Should additional information come to your attention which you believe establishes a violation of the Act, you may file a complaint pursuant to the requirements set forth in 2 U.S.C. § 437g(a)(1) and 11 C.F.R. § 111.4.

Sincerely,

Charles N. Steele
General Counsel

BY: Kenneth A. Gross
Associate General Counsel

Enclosure
General Counsel's Report

GCCFT 8684

SKADDEN, ARPS, SLATE, MEAGHER & FLOM

310 THIRD AVENUE
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(212) 735-3000

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(617) 552-0000
310 EIGHTEENTH STREET, N.W.
WASHINGTON, D.C. 20036
(202) 462-0700
ONE RIVERSIDE SQUARE
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LOS ANGELES, CALIFORNIA 90071
(213) 405-4000
225 WEST WACKER DRIVE
CHICAGO, ILLINOIS 60606
(312) 467-0700

T.B.

October 7, 1985

Michelle Brown, Esq.
Federal Election Commission
Washington, D.C. 20463

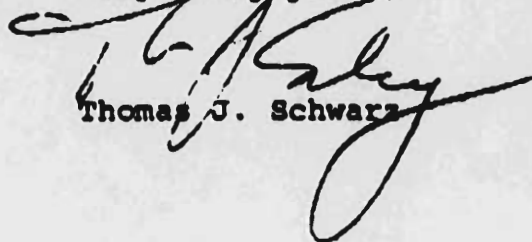
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Very truly yours,


Thomas J. Schwarz

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11/11
10:16

BEFORE THE FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

In the Matter of)
Andrew Stein,)
Lynn Stein,) MUR 2070
Stein for Congress Committee)

RESPONSE OF ANDREW STEIN, LYNN STEIN AND
STEIN FOR CONGRESS COMMITTEE TO
NOTIFICATION OF COMPLAINT

I. INTRODUCTION

86740570690

This Response to Notification of Complaint is filed by Andrew Stein, Lynn Stein and Stein for Congress Committee (the "Committee") in response to the notification by the Federal Election Commission (the "Commission") of the complaint (the "Complaint") filed by George McDonald. Andrew Stein, Lynn Stein and the Committee are referred to herein collectively as "Respondents". Respondents submit that the Complaint fails to state any grounds for further action by the Commission and respectfully request that the Commission find no reason to believe that a violation of the Federal Election Campaign Act of 1971, as amended (the "Campaign Act"), or the Regulations of the Commission promulgated thereunder (the "Regulations"), has occurred. Accordingly, Respondents

request that the Commission determine to take no further action against Respondents in this matter.

II. SUMMARY OF POSITION

The \$836,873.43 lent by Andrew Stein to the Committee (the "Loans") was properly reported in the periodic filings made by the Committee with the Commission under the Campaign Act. As demonstrated in the accompanying affidavit of Arthur Tarlow, the allegations in the Complaint that the Loans were made in amounts greater than the personal liquid assets available to Andrew Stein under the Campaign Act are baseless and wholly without merit. The total amount of the Loans was derived, directly or indirectly, from Andrew Stein's "personal funds" as such term is defined in Section 110.10 of the Regulations, 11 C.F.R. § 110.10. Those personal funds included funds derived from the sale of securities as to which Andrew Stein was the beneficial and equitable owner, salary, interest and dividend income, tax refunds and proceeds from the repayment of loans owed to Andrew Stein by a previous campaign committee. Of course, Mr. Stein was also entitled to borrow money from a bank in the ordinary course in his own name and contribute the proceeds of any such loan to his Committee.

III. DISCUSSION

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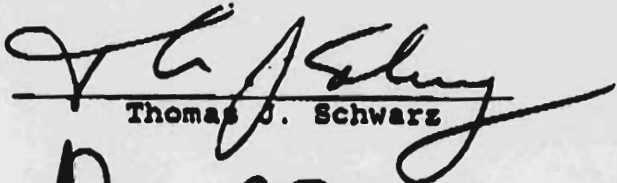
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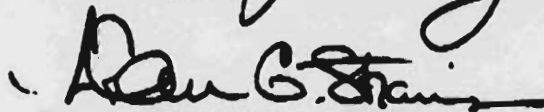
who spent personal funds would violate the law if the spouse spent her own money to support the family during the campaign. Obviously, that could not have been the intended effect of the law or the Regulations.

IV. CONCLUSION

For the reasons stated above, Respondents respectfully submit that no further action should be taken against them by the Commission in connection with this matter and request that the Commission find no reason to believe that a violation of the Act or the Regulations has occurred.

Respectfully submitted,


Thomas J. Schwarz


Alan G. Straus

Skadden, Arps, Slate,
Meagher & Flom
Attorneys for Respondents
919 Third Avenue
New York, New York 10022

Dated: October 7, 1985

BEFORE THE FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

In the Matter of)
Andrew Stein,)
Lynn Stein,) MUR 2070
Stein for Congress Committee)

AFFIDAVIT

STATE OF NEW YORK)
: ss.:
COUNTY OF NEW YORK)

ARTHUR TARLOW, being duly sworn, deposes and says:

1. I am the accountant for Andrew Stein and am familiar with Mr. Stein's financial affairs. I am a certified public accountant. I have been responsible for preparation of Mr. Stein's Federal Election Commission, New York State Board of Elections and New York City filings.

2. Mr. Stein was the nominee of the Democratic Party for the House of Representatives from the 15th District of New York, for the general election held on November 6, 1984. His campaign was conducted through Stein for Congress Committee (the "Committee"), which was the "principal committee" under the Federal Election Campaign Act of 1971, as amended (the "Act").

3. In the course of the campaign, Mr. Stein made loans to the Committee aggregating \$836,873.43 in principal

86740570694

(c) He also received the following amounts in

1984:

- (i) from the repayment to him of loans, together with interest, from Stein '81 \$
- (ii) from his salary for services as Manhattan Borough President, net of withheld taxes. . . \$
- (iii) from interest and dividends relating to securities owned by him or for his equitable account and federal and state tax refunds. \$

5. The amount of personal funds available to Mr. Stein during 1984 was significantly greater than the principal amount of loans made by him to the Committee, \$836,873.43 and far greater than any amounts borrowed from banks.

Dated: October 7, 1985

Arthur Tarlow
Arthur Tarlow

Sworn to before me this
7th day of October, 1985

Ruth A. Millidach
Notary Public

RUTH A. MILLIDACH
Notary Public, State of New York
No. 41-4820080
Qualified in Queens County
Commission Expires March 30, 1987



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

MEMORANDUM TO: CHARLES N. STEELE
GENERAL COUNSEL

FROM: MARJORIE W. EMMONS/JODY C. RANSOM *JCR*

DATE: SEPTEMBER 24, 1985

SUBJECT: MUR 2070 - First General Counsel's
Report signed September 19, 1985

5670696

The above-captioned matter was circulated to the Commission on a 24 hour no-objection basis at 4:00, September 23, 1985.

There were no objections to the First General Counsel's Report at the time of the deadline.



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

MEMORANDUM

TO: Office of the Commission Secretary
FROM: Office of General Counsel *RMB*
DATE: September 20, 1985
SUBJECT: MUR 2070 - First General Counsel's Report

The attached is submitted as an Agenda document
for the Commission Meeting of _____

Open Session _____

Closed Session _____

CIRCULATIONS

48 Hour Tally Vote []
Sensitive []
Non-Sensitive []
24 Hour No Objection [X]
Sensitive [X]
Non-Sensitive []
Information []
Sensitive []
Non-Sensitive []

Other []

DISTRIBUTION

Compliance [X]
Audit Matters []
Litigation []
Closed MUR Letters []
Status Sheets []
Advisory Opinions []
Other (see distribution below) []

06040570677

SENSITIVE

FEDERAL ELECTION COMMISSION
1325 K Street, N.W.
Washington, D.C. 20463

RECEIVED
OFFICE OF THE
COMMISSIONER OF THE
FEDERAL ELECTION COMMISSION
SECRETARY

FIRST GENERAL COUNSEL'S REPORT

85 SEP 20 P 4:44

DATE AND TIME OF TRANSMITTAL

BY OGC TO THE COMMISSION 9-20-85 3:30pm

MUR # 2070

DATE COMPLAINT RECEIVED

BY OGC 8/13/85

DATE OF NOTIFICATION TO

RESPONDENT 8/22/85

STAFF MEMBER M. Brown

Complainant's Name:

George McDonald

Respondents' Names:

Andrew Stein, Lynn Stein, Stein for
Congress Committee, Joanne Jarett,
as treasurer

Relevant Statutes:

2 U.S.C. §§ 441a(a)(1)(A),
434(b)(1)(G) and 434(b)(3)(E);
11 C.F.R. 100.7(a)(1)(i)(D),
110.1(a)(1), 110.10(b)(3), 104.3(a)(3)
(vii)(A) and (B)

Internal Reports Checked:

1984 and 1985 Disclosure Reports filed
by Stein for Congress Committee

Federal Agencies Checked: None

Summary of Allegations

In 1984, Andrew Stein was a candidate for Representative of the 18th District of New York. Over the course of his campaign, Mr. Stein lent \$891,873.43* to his principal campaign committee, Stein for Congress. The complainant, George McDonald, alleges that the amount of these loans is in disproportion to Mr. Stein's personal assets as determined by an examination of his 1983 Federal Income Tax Return, 1983 and 1984 City of New York Report

*/ The complaint alleges Mr. Stein lent \$836,873.43 to his committee. According to the most recent report filed by the campaign committee, the July 31 Mid Year Report filed on July 28, 1985, Mr. Stein lent the committee an additional \$55,000 (\$40,000 on 3/12/85 and \$15,000 on 4/28/85), bringing the total to \$891.873.43.

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of Financial Interests and 1984 Federal Ethics in Government Act-Financial Disclosure Statement. The complainant states that the 1984 City Disclosure Form indicates that Mr. Stein had only \$107,077 in assets that he owned exclusively. According to the complainant, Mr. Stein owns his other assets jointly with his wife Lynn. Based on information in the 1983 Federal Income Tax Return, the complainant maintains that the Steins did not have either interest or accounts which could produce \$800,000 in income during 1984. He alleges that at least part of the money which Mr. Stein lent to his committee belonged to Mr. Stein's wife and constituted an excessive contribution from Mrs. Stein which the Committee accepted in violation of 2 U.S.C. § 441a(a)(1)(A) and 11 C.F.R. 110.1(a)(1).

In addition, the complainant alleges that Mr. Stein received income that he did not report on his tax forms, City Disclosure Forms or FEC disclosure forms and used this income to lend to his committee. One possible source of the funds, according to the complainant, is a bank loan to the candidate and his wife. Manufacturers Hanover Trust lent Mr. and Mrs. Stein an amount between \$100,000 and \$500,000 on October 18, 1984.

On October 18, 1984, Mr. Stein lent his committee \$250,000, and made additional loans of \$125,000 and \$24,000 two weeks later. If the money lent by the candidate to the committee was obtained through a bank loan, then, the complainant asserts, the committee would have violated 2 U. .C. § 434(b)(1)(G) by not reporting the original source of the money.

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The Office of General Counsel notified the respondents of the complaint on August 22, 1985. On August 28th, counsel whom respondents designated, requested an extension of 30 days to respond "because of the technical nature of the allegations in the complaint and the pendency of the New York primary in which Mr. Stein is a candidate." The Office of General Counsel granted a 20 day extension until October 3rd and so notified counsel.

When the Office of General Counsel receives the response it will make a report to the Commission including recommendations.

Charles N. Steele
General Counsel

Sept. 15, 1985
Date

BY:

Kenneth A. Gross
Kenneth A. Gross
Associate General Counsel

86040570700



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

September 6, 1985

Thomas J. Schwarz
Skadden, Arps, Slate, Meagher & Flom
919 Third Avenue
New York, New York 10022-9931

RE: MUR 2070
Andrew Stein, Lynn
Stein, Stein for Congress
Committee

Dear Mr. Schwarz:

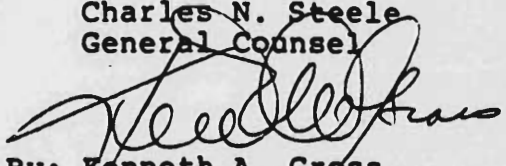
This is in reference to your letter dated August 28, 1985, requesting an extension of 30 days to respond to the Commission's notification of receipt of a complaint against your clients.

Considering the Commission's responsibilities under 2 U.S.C. § 437g(a)(8)(A) to act expeditiously on complaints and the circumstances of this matter, your request for an extension will be granted only until October 3, 1985.

If you have any questions, please contact Michele Brown, the staff member handling this matter, at (202)523-4143.

Sincerely,

Charles N. Steele
General Counsel


By: Kenneth A. Gross
Associate General Counsel

RECEIVED AT THE FEC
GCC# 8435

SKADDEN, ARPS, SLATE, MEAGHER & FLORES SEP 3 12: 08

919 THIRD AVENUE
NEW YORK 10022-9931

(212) 735-3000

CABLE ADDRESS
"SKARBLAW NEW YORK"
TWX: 710 581-3814
TELEX: 648899
TELECOPIER:
(212) 752-1084
DIRECT DIAL
(212) 735-

ONE BEACON STREET
BOSTON, MASSACHUSETTS 02108
(617) 523-0002
919 EIGHTEENTH STREET, N.W.
WASHINGTON, D.C. 20006
(202) 463-8700
ONE RODNEY SQUARE
WILMINGTON, DELAWARE 19801
(302) 429-9800
515 SOUTH FIGUEROA STREET
LOS ANGELES, CALIFORNIA 90071
(213) 486-4800
333 WEST WACKER DRIVE
CHICAGO, ILLINOIS 60606
(312) 407-0700

August 28, 1985

Kenneth A. Gross, Esq.
Associate General Counsel
Federal Election Commission
Washington, D.C. 20463

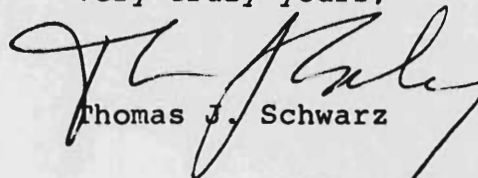
Re: MUR 2070

Dear Mr. Gross:

Enclosed please find a Statement of Designation of Counsel in the above matter. Because of the technical nature of the allegations in the complaint and the pendency of the New York City primary in which Mr. Stein is a candidate, I request a 30-day extension of time in which to file a response.

Please advise me as to whether such extension is acceptable.

Very truly yours,


Thomas J. Schwarz

Enclosure

SEP 4 9:40

0070702

STATEMENT OF DESIGNATION OF COUNSEL

MUR 2070

NAME OF COUNSEL: Thomas J. Schwarz, Esq.


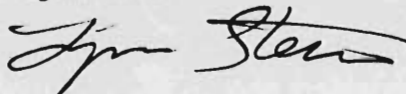
ADDRESS: 919 Third Avenue

New York, New York 10022

TELEPHONE: (212) 735-3400

The above-named individual is hereby designated as my counsel and is authorized to receive any notifications and other communications from the Commission and to act on my behalf before the Commission.

August 28, 1985
Date


Signature


RESPONDENT'S NAME: Andrew & Lynn Stein

ADDRESS: 2050 Municipal Building

1 Centre Street

New York, New York 10007

HOME PHONE: _____

BUSINESS PHONE: (212) 566-4429

06040570703



FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

September 26, 1985

George McDonald
211 East 81st Street
New York, New York 10028

Dear Mr. McDonald:

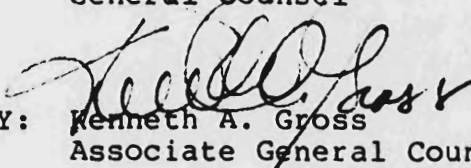
This is in response to your telephone call of September 23, 1985, in which you requested information pertaining to the complaint you filed with the Commission.

The Federal Election Campaign Act prohibits any person from making public the fact of any notification or investigation by the Commission unless the party being investigated has agreed in writing that the matter be made public. (See 2 U.S.C. § 437g(a)(4)(B) and § 437g(a)(12)(a)) Because there has been no written agreement that the matter be made public, we are not in a position to release any information at this time.

As you were informed by letter of August 21, 1985, (copy attached) we will notify you as soon as the Commission takes final action on your complaint.

Sincerely,

Charles N. Steele
General Counsel

BY: 
Kenneth A. Gross
Associate General Counsel

Enclosure

36740570705



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

George McDonald
211 East 81st Street
New York, New York 10028

Dear Mr. McDonald:

This is in response to your telephone call of September 23, 1985, in which you requested information pertaining to the complaint you filed with the Commission.

The Federal Election Campaign Act prohibits any person from making public the fact of any notification or investigation by the Commission unless the party being investigated has agreed in writing that the matter be made public. (See 2 U.S.C. § 437g(a)(4)(B) and § 437g(a)(12)(a)) Because there has been no written agreement that the matter be made public, we are not in a position to release any information at this time.

As you were informed by letter of August 21, 1985, (copy attached) we will notify you as soon as the Commission takes final action on your complaint.

Sincerely,

Charles N. Steele
General Counsel

BY: Kenneth A. Gross
Associate General Counsel

Enclosure

867405706



FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

August 21, 1985

George McDonald
211 East 81st Street
New York, NY 10028

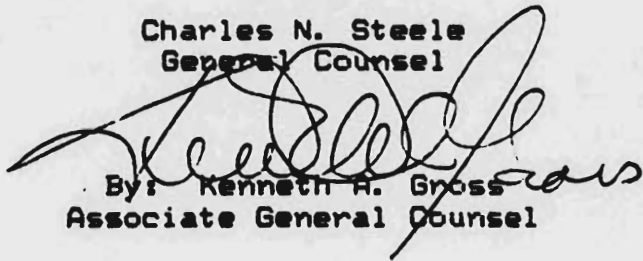
Dear Mr. McDonald:

This letter is to acknowledge receipt of your complaint which we received on August 13, 1985, against the Stein for Congress Committee, which alleges violations of the Federal Election Campaign laws. A staff member has been assigned to analyze your allegations. The respondent will be notified of this complaint within five days.

You will be notified as soon as the Commission takes final action on your complaint. Should you receive any additional information in this matter, please forward it to this office. We suggest that this information be sworn to in the same manner as your original complaint. For your information, we have attached a brief description of the Commission's procedure for handling complaints. We have numbered this matter under review MUR 2070. Please refer to this number in all future correspondence. If you have any questions, please contact Stuart C. Mc Hardy at (202) 523-4075.

Sincerely,

Charles N. Steele
General Counsel


By: Kenneth A. Gross
Associate General Counsel

Enclosure

0040570737

PS Form 3811, Dec. 1969

15am

MAR 20 70

8/22

- **SENDER:** Complete Items 1, 2, 3, and 4.
Add your address in the "RETURN TO" space on reverse.

(CONSULT POSTMASTER FOR FEES)

1. The following service is requested (check one).

☐ Show to whom and date delivered —f

☐ Show to whom, date, and address of delivery.. —f

2. ☐ **RESTRICTED DELIVERY** —f

(The restricted delivery fee is charged in addition to the return receipt fee.)

TOTAL \$ _____

2. **ARTICLE ADDRESSED TO:**

Stein for Congress Committee
60 East 42nd Street
Suite 2212
New York, NY 10017

4. **TYPE OF SERVICE:**

☐ REGISTERED ☐ INSURED

☒ CERTIFIED ☐ OOD

☐ EXPRESS MAIL

ARTICLE NUMBER

94344

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE ☐ Addressee ☐ Authorized agent

Robert L. ...

5. **DATE OF DELIVERY**

6. **ADDRESSEE'S ADDRESS** (Only if requested)

7. **UNABLE TO DELIVER BECAUSE:**

7a. **EMPLOYEE'S INITIALS**



RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL



FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

August 21, 1985

George McDonald
211 East 81st Street
New York, NY 10028

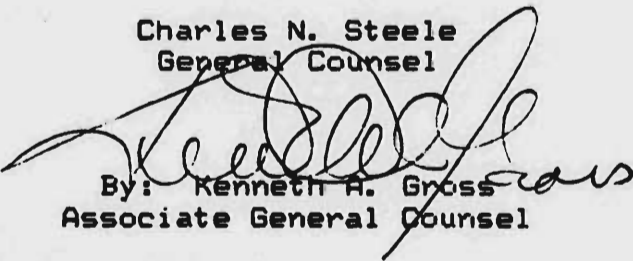
Dear Mr. McDonald:

This letter is to acknowledge receipt of your complaint which we received on August 13, 1985, against the Stein for Congress Committee, which alleges violations of the Federal Election Campaign laws. A staff member has been assigned to analyze your allegations. The respondent will be notified of this complaint within five days.

You will be notified as soon as the Commission takes final action on your complaint. Should you receive any additional information in this matter, please forward it to this office. We suggest that this information be sworn to in the same manner as your original complaint. For your information, we have attached a brief description of the Commission's procedure for handling complaints. We have numbered this matter under review MUR 2070. Please refer to this number in all future correspondence. If you have any questions, please contact Stuart C. Mc Hardy at (202) 523-4075.

Sincerely,

Charles N. Steele
General Counsel


By: Kenneth A. Gross
Associate General Counsel

Enclosure

600#8291
RECEIVED AT THE FEC
HAND DELIVERED
85 AUG 13 4 3: 21

GEORGE MCDONALD
211 East 81st Street
New York, New York 10028

August 12, 1985

The Federal Election Commission
1325 K Street, N.W.
Washington, D.C. 20463

Ladies and Gentlemen:

This letter is a formal complaint under Part III of the Federal Election Commission Regulations and a request for investigations into the campaign financing of "Stein for Congress", the principal campaign committee of Andrew Stein for the 1984 15th Congressional District of New York election. I am requesting an investigation as to possible violations of the \$1,000.00 contribution ceiling imposed on all Federal campaigns during 1984. In addition, I am also requesting that an investigation be made of the tremendous amount of loans by Andrew Stein to "Stein for Congress." This total of \$836,873.43 is in obvious disproportion to Mr. Stein's personal assets as illustrated by cross-referencing Mr. Stein's 1983 Federal Income Tax Return (Exhibit A) with his 1983 and 1984 City of New York Report of Financial Interests (hereinafter City Disclosure forms) (Exhibits B & C, respectively) and his 1984 Federal Ethics in Government Act-Financial Disclosure Statement (hereinafter Federal Disclosure Form). (Exhibit D).

Under Section 441A(1) of Title 2, United States Code (Disclosure of Federal Campaign Funds):

"No person shall make contributions-

- (A) to any candidate and his authorized political committees with respect to any election for Federal Office which, in the aggregate, exceed \$1,000.00."

A contribution is further defined in Title 2 United States Code Section 431(8)(A)(i) as "any gift, subscription, loan, advance, or deposit or anything of value made by any person for the purpose of influencing any election for Federal Office,"...

Pursuant to these sections, there is conspicuously no exception or raised limitation allowed for families of the candidate. Furthermore, case law has held that members of a candidate's family are not excluded from the dictates of the above section. (Buckley v. Valeo, 424 U.S. 1 (1976)).

According to the Federal Report of Receipts and Disbursements dated January 28, 1985, Andrew Stein lent \$836,873.43 to "Stein for Congress" over the life of the campaign. (Exhibit E, page 2). However, Mr. Stein's 1984 City Disclosure Form (filed July 2, 1985) indicates that he had only \$107,077.00 in assets that he owned exclusively. All of Mr. Stein's other assets are owned jointly by he and his wife, Lynn Stein. (Exhibit C). Although no interest income or bank accounts are listed on the 1984 City Disclosure form, Mr. Stein's 1983 Federal Income Tax Return gives no indication that either interest or accounts would produce \$800,000.00 in income in 1984. (Exhibit A, page 7). The total interest earned by the Steins in 1983 was \$40,250.00 (Exhibit A, Schedule B) of which \$30,000.00 was received by Stein from a \$530,000.00 loan that he had made to "Stein 81" (Stein's Manhattan Borough President Campaign Committee). (Exhibit B, page 4). The source of those funds was a loan acquired by Stein from Manufacturers Hanover Trust Company which Stein reports in his City Disclosure Form for 1981. (Exhibit G, page 9).

In 1984, the Stein's income from interest, dividends and capital gains was again severely limited. "Stein 81" finished repayment of the outstanding loan and Andrew Stein received a final interest payment of \$27,077.00 (Exhibit C, page 4). Mr. & Mrs. Stein also earned interest, dividends and capital gains income between \$26,004.00 and a possible \$81,000.00. (Exhibit D, page 1, after deducting their 1983 interest income). As such, Mr. Stein was entitled to use only half of this income for his Congressional Campaign. Obviously, use of his wife's half of these monies would constitute a contribution by her in excess of the statutory limitations previously set forth. (See page 2, supra). Therefore, this income source provided Mr. Stein with modest available assets between the amounts of \$13,002.00 and

\$40,500.00. The specific figure depends on where the actual income amounts fall in terms of the ranges given on the Federal Disclosure Form. (Exhibit D, page 1).

Mr. Stein is further entitled to the use of 1/2 of the monies acquired by both he and Mrs. Stein in loans. According to Mr. Stein's 1984 City Disclosure Form, this amount prior to October 18, 1984, consisted of one outstanding loan between \$25,000.00 and \$100,000.00 issued to both Mr. & Mrs. Stein by Bank Leumi Trust Company. (Exhibit C, page 9). This would give Mr. Stein an additional \$12,500-\$50,000 in liquid assets. Moreover, Mr. Stein lists a \$100,000.00 loan from an R. Perelman on his 1984 Federal Disclosure Form (Exhibit D, page 2) but conspicuously omits this information from his City Disclosure form of the same year. These funds would not be available for use in Mr. Stein's Congressional Campaign however, since they would fall into the category of Contributions and would be limited to \$1,000.00.

As for the availability of any monies earned in capital gains, it is abundantly clear from Mr. & Mrs. Stein's 1983 Federal Income Tax Return that after deducting their capital losses for the year, the end result was a net loss. (\$202,829.00 Short-term capital gain minus \$108,434.00 Short-term capital loss carryover, minus, \$147,157.00 Long-term capital loss, minus \$8,322.00 Carry-over = A net loss of \$61,084.00). (Exhibit A, Schedule D, page 1 & 2). Furthermore, according to Mr. Stein's 1984 City Disclosure form, he and Mrs. Stein accrued a maximum capital gain between \$6,000.00 and \$30,000.00. (Exhibit C, page 5). Since these assets were jointly owned, Mr. Stein may only use \$3,000.00 to \$15,000.00 for his campaign.

The foregoing analysis of Stein's liquid assets reveals the following: Prior to October 18, 1984, Andrew Stein lent "Stein for Congress" \$437,873.43 allegedly from personal funds. (Exhibit F, page 2). However, the proceeding chart shows an immediate discrepancy ranging from \$185,046.43 to \$262,044.43.

	Minimum Assets Available	Maximum Assets Available
Salary:	\$ 80,000.00	\$ 80,000.00
1983 Interest	\$ 40,250.00	\$ 40,250.00

The Federal Election Commission
August 12, 1985
Page Four

1984 Interest
from Stein '81
Income \$ 27,077.00 \$ 27,077.00

1984 Interest,
Rent & Capital \$ 13,002.50 \$ 40,500.00

1984 Gains
Income Loan
from Bank
Leumi Trust
Company \$ 12,500.00 \$ 50,000.00

1984 Actual
Capital Gains \$ 3,000.00 \$15,000.00
TOTAL: \$175,829.00 \$252,827.00

Amount of Stein's loan to "Stein for Congress" \$437,873.43
minus Stein's minimum available assets - 175,829.00
equals : Discrepancy \$262,044.43

Amount of Stein's loan to "Stein for Congress" \$437,873.43
minus Stein's maximum available assets - 252,827.00
equals : Discrepancy \$185,046.43

Since it is clear that Mr. Stein had expended all of his assets, prior to October 17, 1984, two matters worthy of your investigation come to light. The first of these concerns the origin of the funds involved in the discrepancy outlined above. The facts indicate that Mr. Stein must have used part of his wife's portion of their liquid assets to meet this deficit or in the alternative, Mr. Stein received significant unreported outside funds. Either of these actions constitutes a violation of Section 441A in conjunction with Section 431(8)(A)(i) of Title 2 United States Code. (See, page 1, supra).

The second inquiry, and perhaps the more serious one, involves transactions after October 17, 1984 including a \$399,000 loan made by Stein to his Congressional Campaign organization. (Exhibit E, page 14 & 15). Having established that Mr. Stein had

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already exhausted his liquid assets prior to that time, it is apparent that the ensuing loans did not come from Mr. Stein's existing personal funds. Instead, on October 18, 1984, Mr. & Mrs. Stein jointly received a loan from Manufacturers Hanover Trust Company in an amount between \$100,000.00 and \$500,000.00. (Exhibit C, page 9). Further evidence of the joint nature of this loan can be found in a letter dated January 9, 1985, from Manufacturers Hanover Trust Company and addressed to Mr. & Mrs. Stein. (Exhibit H). Although that letter indicates the loan was granted specifically for personal needs, the same day that the loan was acquired, October 18, 1984, Andrew Stein lent "Stein for Congress" \$250,000.00. (Exhibit E, page 13). Two weeks later, Andrew Stein made additional loans to "Stein for Congress" in the amounts of \$125,000.00 and \$24,000.00 respectively. (Exhibit E, page 14). This money could only have come from the loan made by Manufacturers Hanover to Mr. & Mrs. Stein and is a clear violation of the aforementioned statutes.

Gentlemen, Mr. Stein has flagrantly abused the electoral process. According to his signed City and Federal Financial Disclosure Statements and his Federal Income Tax Return, Mr. Stein's total liquid assets fall far short of supporting an \$800,000.00 loan. These same financial statements however, brazenly admit that Mr. Stein in fact lent "Stein for Congress" \$836,873.43. The impossibility of this feat is evident and yet Mr. Stein continues to run for public office with a sense of both arrogance and security that his abuses will continue to go undetected and unchallenged.

I strongly urge you to seriously consider these allegations and their supporting proof. It is my belief that after such an examination of the facts, you will recognize the need for an investigation into these matters.

The Federal Election Commission
August 12, 1985
Page 6

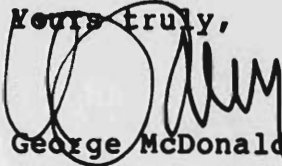
Addendum

As requested by your letter dated August 2, 1985, the following information is provided:

Complainant, George McDonald, has no telephone.

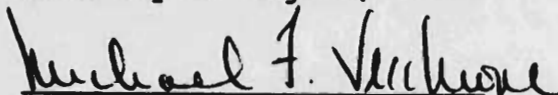
Respondents: Andrew Stein
38 East 85th Street
New York, N.Y.

Lynn Stein
38 East 85th Street
New York, N.Y.

Yours truly,

George McDonald

Enclosures

Sworn before me this
12th day of August, 1985.



MICHAEL F. VECCHIONE
Notary Public, State of New York
No. 41-4776136
Qualified in Queens County
Commission Expires March 30, 1986

A

1040 U.S. Individual Income Tax Return 1983

ANDREW L LYNN

STEIN

C/O DAVID TARLOW & CO 60 E 42ND ST

NEW YORK

NEW YORK

10165

BOROUGH PRES
LAWYER

Presidential
Election
Campaign

Do you want \$1 to go to this fund?

Do your return does your spouse want \$1 to go to this fund?

Your occupation
Spouse's occupation

X Yes
X Yes

No No
No No

Filing Status

1 Single

2 ☒ Married filing joint return (even if only one had income)

Check only
one box.

3 Married filing separate return. Enter spouse's social security number and full name here

4 Head of household (with qualifying person). (See page 6 of instructions.)

5 Qualifying widow(er) with dependent child (year spouse died 19)

(See page 6 of instructions.)

Exemptions

6a ☒ Yourself

65 or over

☐ Blind

b ☒ Spouse

65 or over

☐ Blind

c First names of your dependent children who lived with you

PAIGE

Enter number of boxes checked on 6a and b
Enter number of children listed on 6c

2

1

d Other dependents:

(1) Relationship

(2) Number of months lived in your home

(3) Did dependent have income of \$1,000 or more?

(4) Did you provide more than one-half of dependent's support?

Enter number of other dependents. Add numbers entered in boxes above

3

e Total number of exemptions claimed

Income

7 Wages, salaries, tips, etc.

SEE STATEMENT 1

126,653.

8 Interest income (also attach Schedule B if over \$400 or you have any All-Savers interest)

32,314.

9a Dividends (also attach Schedule B if over \$400)

7,936.

b Exclusion

200.

c Subtract line 9b from line 9a and enter the result

7,736.

10 Refunds of state and local income taxes

11 Alimony received

12 Business income or (loss) (attach Schedule C)

13 Capital gain or (loss) (attach Schedule D)

14 40% capital gain distributions not reported on line 13 (See page 10 of instructions)

15 Supplemental gains or (losses) (attach Form 4797)

16 Fully taxable pensions, IRA distributions, and annuities not reported on line 17

17a Other pensions and annuities, including rollovers. Total received

b Taxable amount, if any, from worksheet on page 10 of instructions

18 Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)

19 Farm income or (loss) (attach Schedule F)

20a Unemployment compensation (insurance). Total received

b Taxable amount, if any, from worksheet on page 11 of instructions

21 Other income

22 Total income. Add amounts in column for lines 7 through 21

163,703.

Adjustments
to income

23 Moving expense (attach Form 3903 or 3903F)

24 Employee business expenses

25a IRA deduction from the worksheet on page 12

b Enter here IRA payments you made in 1984 that are included in line 25a above

26 Payments to a Keogh (N.R. 18) retirement plan

27 Penalty on early withdrawal of savings

28 Alimony paid

29 Deduction for married couple when both work (attach Schedule W)

30 Disability income exclusion (attach Form 2440)

31 Total adjustments. Add lines 23 through 30

3,000.

Adjusted
Gross Income

32 Adjusted gross income. Subtract line 31 from line 22. If this line is less than \$12,000, see "Earned Income Credit" line 59 on page 16 of instructions. If you were 183 to figure your tax, see page 3 of instructions

160,703.

Exhibit A

98-2250893

86040570716

COPY

Tax Computation	33 Amount from line 32 (adjusted gross income)	33	160,703.
	34a If you itemize, complete Schedule A (Form 1040), and enter the amount from Schedule A, line 28. Caution: If you have unearned income and can be claimed as a dependent on your parent's return, check here <input type="checkbox"/> and see page 13 of the instructions. Also see page 13 of the instructions if: • You are married filing a separate return and your spouse itemizes deductions, OR • You file Form 4553, OR • You are a dual-status alien	34a	101,082.
	34b If you do not itemize deductions on Schedule A (Form 1040), complete the worksheet on page 14. Then enter the allowable part of your charitable contributions here.	34b	
	35 Subtract line 34a or 34b, whichever applies, from line 33	35	59,621.
	36 Multiply \$1,000 by the total number of exemptions claimed on Form 1040, line 6c.	36	3,000.
	37 Taxable income. Subtract line 36 from line 35	37	56,621.
	38 Tax. Enter tax here and check if from <input type="checkbox"/> Tax Table, <input checked="" type="checkbox"/> Tax Rate Schedule X, Y, or Z, or <input type="checkbox"/> Schedule G	38	14,662.
	39 Add: one Taxes. (See page 14 of instructions.) Enter here and check if from <input type="checkbox"/> Form 4972, <input type="checkbox"/> Form 4372, <input type="checkbox"/> Form 5544, or <input type="checkbox"/> section 72 penalty taxes	39	

	40 Total. Add lines 35 and 39	40	14,662.
Credits	41 Credit for the elderly (attach Schedules A & AP)	41	
	42 Foreign tax credit (attach Form 1116)	42	
	43 Investment credit (attach Form 3468)	43	
	44 Partial credit for political contributions	44	100.
	45 Credit for child and dependent care expenses (attach Form 2441)	45	
	46 Jobs credit (attach Form 5386)	46	
	47 Residential energy credit (attach Form 5695)	47	
	48 Total credits. Add lines 41 through 47	48	100.
	49 Balance. Subtract line 48 from line 40 and enter difference (but not less than zero)	49	14,562.

Other Taxes	50 Self-employment tax (attach Schedule SE)	50	
	51 Alternative minimum tax (attach Form 6251)	51	
	52 Tax from recapture of investment credit (attach Form 4255)	52	
	53 Social security tax on tip income not reported to employer (attach Form 4324)	53	
	54 Uncollected employee social security tax and RRTA tax on tips (from Form W-2)	54	
	55 Tax on an IRA (attach Form 5329)	55	

56 Total tax. Add lines 49 through 55	56	14,562.
---------------------------------------	----	---------

Payments	57 Federal income tax withheld	57	28,608.
	58 1983 estimated tax payments and amount applied from 1982 return	58	
	59 Earned income credit. If line 33 is under \$10,000, see page 16.	59	
	60 Amount paid with Form 4853	60	
	61 Excess social security tax and RRTA tax withheld (two or more employers)	61	1,409.
	62 Credit for federal tax on special fuels and oils (attach Form 4136)	62	
	63 Regulated Investment Company credit (attach Form 2439)	63	

64 Total payments. Add lines 57 through 63	64	30,017.
--------------------------------------------	----	---------

Refund or Amount You Owe	65 If line 64 is larger than line 56, enter amount OVERPAID	65	15,455.
	66 Amount of line 65 to be REFUNDED TO YOU	66	15,455.
	67 Amount of line 65 to be applied to your 1984 estimated tax	67	
	68 If line 56 is larger than line 64, enter AMOUNT YOU OWE. Attach check or money order for full amount payable to "Internal Revenue Service." Write your social security number and "1983 Form 1040" on it. (Check <input type="checkbox"/> if Form 2210 (2210P) is attached.)	68	

I, the preparer of this return, declare that I have examined this return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Preparer's signature	Date	Taxpayer's signature (if filing jointly, BOTH must sign)
DAVID TARLOW & CO. 60 EAST 42ND ST NEW YORK, NY	7/2/84	
Form's name for years, if self-employed and address	E.I. No.	ZIP code
	13-1367870	10165

**Schedule W
(Form 1040)**

Department of the Treasury,
Internal Revenue Service

**Deduction for a Married Couple
When Both Work**

► For Paperwork Reduction Act Notice. See Form 1040 Instructions.
► Attach to Form 1040.

OMB No. 1545-0047

1983
21

Name as shown on Form 1040
ANDREW E LYNN STEIN

Step 1 Figure your earned income

	(a) You	(b) Your Spouse
1 Wages, salaries, tips, etc., from Form 1040, line 7. (Do not include any amount your spouse paid you.)	1 69,910.	56,743.
2 Net profit or (loss) from self-employment (from Schedules C and F (Form 1040), Schedule K-1 (Form 1055), and any other taxable self-employment or earned income)	2	
3 Add lines 1 and 2. This is your total earned income.	3 69,910.	56,743.

Step 2 Figure your qualified earned income

4 Adjustments from Form 1040, lines 24, 25a, 26, 30, and any repayment of salary included on line 31.	4	
5 Subtract line 4 from line 3. This is your qualified earned income. (If the amount in column (a) or (b) is zero (-0-) or less, stop here. You may not claim this deduction.)	5 69,910.	56,743.

Step 3 Figure your deduction

6 Compare the amounts on line 5(a) and line 5(b) and write the smaller amount here. (Write either amount if 5(a) and 5(b) are exactly the same.) Do not write more than \$30,000.	6 30,000.
7 Percentage used to figure the deduction (10%)	7 x .10
8 Multiply the amount on line 6 by the percentage on line 7. This is the amount of your deduction. Write the answer here and on Form 1040, line 29.	8 3,000.

56-2375833

Schedule W (Form 1040) 1983

06740570713

**SCHEDULE D
(FORM 1040)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses Examples of property to be reported on this Schedule are gains and losses on stocks, bonds, and similar investments, and gains (but not losses) on personal assets such as a home or jewelry.
▶ Attach to Form 1040. ▶ See instructions for Schedule D (Form 1983).

OMB No. 1545-0047

1983

11

Name(s) as shown on Form 1040
ANDREW & LYNN STEIN

PART I - Short-term Capital Gains and Losses-Assets Held One Year or Less

a. Description of property, including date acquired or date sold	b. Date acquired or date sold	c. Basis or other cost	d. Gross sales price	e. Loss or other basis plus expenses of sale	f. Gain or loss	g. Short-term capital gain or loss
1 SCHEDULE ATTACHED	83					171,765.
SCHEDULE ATTACHED	83					10,184.
SCHEDULE ATTACHED	83					20,880.
2 Short-term gain from sale or exchange of a principal residence from Form 2119, line 7 or 11						2
3 Short-term capital gain from installment sales from Form 6252, line 21 or 29						3
4 Net short-term gain or (loss) from partnerships, S corporations, and fiduciaries						4
5 Add lines 1 through 4 in column f and column g						5 202,829.
6 Combine columns f and g of line 5 and enter the net gain or (loss)						6 202,829.
7 Short-term capital loss carryover from years beginning after 1969						7 -108,434.
8 Net short-term gain or (loss); combine lines 5 and 7						8 94,395.

PART II - Long-term Capital Gains and Losses-Assets Held More Than One Year

9 SCHEDULE ATTACHED	83					147,157.
10 Long-term gain from sale or exchange of a principal residence from Form 2119, lines 7, 11, 16 or 18						10
11 Long-term capital gain from installment sales from Form 6252, line 21 or 29						11
12 Net long-term gain or (loss) from partnerships, S corporations, and fiduciaries						12
13 Add lines 9 through 12 in column f and column g						13 147,157.
14 Combine columns f and g of line 13 and enter the net gain or (loss)						14 -147,157.
15 Capital gain distributions						15
16 Enter gain from Form 4797, line 6(a)(1)						16
17 Combine lines 14 through 16						17 -147,157.
18 Long-term capital loss carryover from years beginning after 1969						18 -8,322.
19 Net long-term gain or (loss); combine lines 17 and 18						19 -155,479.

Note: Complete this form on page 2. However, if you have capital loss carryovers from years beginning before 1970, do not complete Part II of 1. See Form 4798 instead.

PART III. - Summary of Parts I and II

20 Combine lines 8 and 19, and enter the net gain or (loss) here

20 -61,084.

Note: If line 20 is a loss, skip lines 21 through 23 and complete lines 24 and 25. If line 20 is a gain, complete lines 21 through 23 and skip lines 24 and 25.

21 If line 20 shows a gain, enter the smaller of line 19 or line 20. Enter zero if there is a loss or no entry on line 19.

21 0.

22 Enter 50% of line 21

22

If line 22 is more than zero, you may be liable for the alternative minimum tax. See Form 6251.

23 Subtract line 22 from line 20. Enter here and on Form 1040, line 13

23

24 If line 20 shows a loss, enter one of the following amounts:

a If line 8 is zero or a net gain, enter 50% of line 20.

b If line 19 is zero or a net gain, enter line 20; or

c If line 8 and line 19 are net losses, enter amount on line 8 added to 50% of the amount on line 19

24 30,542.

25 Enter here and as a loss on Form 1040, line 13, the smallest of:

a The amount on line 24;

b \$3,000 (\$1,500 if married and filing a separate return); or

c Taxable income, as adjusted

25 3,000.

PART IV. - Complete this Part Only if You Elect Out of the Installment Method And Report a Note or Other Obligation at Less Than Full Face Value
☐ Check here if you elect out of the installment method.

Enter the face amount of the note or other obligation ▶

Enter the percentage of valuation of the note or other obligation ▶

PART V. - Computation of Post-1989 Capital Loss Carryovers from 1983 to 1984

(Complete this part if the loss on line 24 is more than the loss on line 25)

Note: You do not have to complete Part V on the copy you file with IRS.

Section A. - Short-term Capital Loss Carryover

26 Enter loss shown on line 8; if none, enter zero and skip lines 27 through 30 - then go to line 31

26 0.

27 Enter gain shown on line 19. If that line is blank or shows a loss, enter zero

27

28 Reduce any loss on line 26 to the extent of any gain on line 27

28

29 Enter smaller of line 26 or line 28

29

30 Subtract line 29 from line 25. This is your short-term capital loss carryover from 1983 to 1984

30

Section B. - Long-term Capital Loss Carryover

31 Subtract line 29 from line 25 (Note: If you skipped lines 27 through 30, enter amount from line 25)

31 -3,000.

32 Enter loss from line 19; if none, enter zero and skip lines 33 through 36

32 155,479.

33 Enter gain shown on line 8. If that line is blank or shows a loss, enter zero.

33 94,395.

34 Reduce any loss on line 32 to the extent of any gain on line 33

34 61,084.

35 Multiply amount on line 31 by 2

35 6,000.

36 Subtract line 35 from line 34. This is your long-term capital loss carryover from 1983 to 1984

36 55,084.

Schedules A & B
(Form 1040)

Schedule A - Itemized Deductions

1040-SS 1001-0014

1983

Department of the Treasury,
Internal Revenue Service

▶ Attach to Form 1040. ▶ See instructions for Schedules A and B Form 1040.

Name as shown on Form 1040

ANDREW E LYNN STEIN

Medical and Dental Expenses	1	Medicines and drugs	1	1,951.
	2	Write 1% of Form 1040, line 33	2	1,607.
(Do not include expenses reimbursed or paid by others.)	3	Subtract line 2 from line 1. If line 2 is more than line 1, write zero	3	344.
(See page 18 of instructions.)	4	Other medical and dental expenses:		
	a	Doctors, dentists, nurses, hospitals, insurance premiums you paid for medical and dental care, etc.	4a	10,586.
	b	Transportation	4b	
	c	Other (list - include hearing aids, dentures, eyeglasses, etc.)	4c	
	5	Add lines 3 through 4c	5	10,930.
	6	Multiply amount on Form 1040, line 33, by 5% (.05)	6	8,035.
	7	Subtract line 6 from line 5. If line 6 is more than line 5, write zero	7	2,895.
Taxes	8	State and local income	8	13,102.
	9	Real estate	9	2,195.
	10a	General sales (see sales tax tables)	10a	1,072.
(See page 18 of instructions.)	10b	General sales on motor vehicles	10b	
	11	Other (list - include personal property) ▶	11	
	12	Add lines 8 through 11. Write your answer here	12	16,369.
Interest Expense	13a	Home mortgage interest paid to financial institutions	13a	13,997.
	13b	Home mortgage interest paid to individuals (show that person's name and address) ▶	13b	
(See page 20 of instructions.)	14	Credit cards and charge accounts	14	357.
	15	Other (list) ▶ SEE STATEMENT 2		21,370.
		FROM FORM 4952		45,268.
	15		15	
	16	Add lines 13a through 15. Write your answer here	16	80,992.
Contributions	17a	Cash contributions. (If you gave \$3,000 or more to any one organization, report those contributions on line 17b.)	17a	4,226.
(See page 20 of instructions.)	17b	Cash contributions totaling \$3,000 or more to any one organization. (Show to whom you gave and how much you gave.) ▶	17b	
	18	Other than cash (attach required statement)	18	
	19	Carryover from prior years	19	
	20	Add lines 17a through 19. Write your answer here	20	4,226.
Casualty and Theft Losses	21	Total casualty or theft losses (attach Form 4694)	21	
Miscellaneous Deductions	22	Union and professional dues	22	
	23	Tax return preparation fee	23	
(See page 21 of instructions.)	24	Other (list) ▶	24	
	25	Add lines 22 through 24. Write your answer here	25	
Summary of Itemized Deductions	26	Add lines 7, 12, 16, 20, 21 and 25	26	104,482.
	27	If you checked Form 1040 (Filing Status box 2 or 5, write \$3,400; Filing Status box 1 or 4, write \$2,300; Filing Status box 3, write \$1,700)	27	3,400.
(See page 21 of instructions.)	28	Subtract line 27 from line 26. Write your answer here and on Form 1040, line 34a. (If line 27 is more than line 26, see the instructions for line 28 on page 21.)	28	101,082.

Schedule B-Interest and Dividend Income 08 1514-2074 Page 2

ANDREW & LYNN STEIN

Part I
Interest
Income

If you received more than \$400 in interest or you received any interest from an All-Savers Certificate, you must complete Part I and list ALL interest received. If you received interest as a nominee for another, or you received or paid accrued interest on securities transferred between interest payment dates, please see page 22.

See pages
9 and
21 of in-
structions.

Also
complete
Part II.

Interest income other than interest from All-Savers Certificates		Amount
1 Interest income from seller-financed mortgages. (See instructions and show name of payer.)	1	
2 Other interest income (list name of payer) ▶	2	
MANUFACTURERS HANDOVER TRUST		405.
INTERNAL REVENUE SERVICE		1,871.
MURIEL SIEBERT		27.
OVEST SECURITIES		11.
STEIN-81	2	30,000.
3 Add lines 1 and 2.	3	32,314.
Interest from All-Savers Certificates (ASCs). (See page 22.)		Amount
4	4	
5 Add amounts on line 4.	5	
6 Write the amount of your ASC exclusion from the worksheet on page 22 of instructions.	6	
7 Subtract line 6 from line 5.	7	
8 Add lines 3 and 7. Write your answer here and on Form 1040, line 8.	8	32,314.

Part II
Dividend
Income

If you received more than \$400 in gross dividends (including capital gain distributions) and other distributions on stock, or you are electing to exclude qualified reinvested dividends from a public utility, complete Part II. If you received dividends as a nominee for another, see page 22.

See pages
9 and
22 of in-
structions.

Also
complete
Part III.

Name of Payer		Amount
9 SHEARSON AMERICAN EXPRESS	9	7,211.
MURIEL SIEBERT		370.
OVEST SECURITIES		136.
ROTHSCHILD UNTERBERG TOWBIN		39.
BRADFORD TRUST CO		130.
WEBSTER CASH RESERVE FUND		50.
10 Add amounts on line 9.	10	7,936.
11 Capital gain distributions. Enter here and on line 15, Schedule D.*	11	
12 Nontaxable distributions. (See instructions for adjustment to basis)	12	
13 Exclusion of qualified reinvested dividends from a public utility. (See page 22 of instructions.)	13	
14 Add lines 11, 12, and 13.	14	
15 Subtract line 14 from line 10. Write your answer here and on Form 1040, line 9a.	15	7,936.

* If you received capital gain distributions for the year and you do not need Schedule D to report any other gains or losses, do not file that schedule. Instead, enter 60% of your capital gain distributions on Form 1040, line 14.

Part III
Foreign
Accounts
and
Foreign
Trusts

If you received more than \$400 of interest or dividends, OR if you had a foreign account or were a grantor of, or a transferor to, a foreign trust, you must answer both questions in Part III.

See page
22 of in-
structions.

	Yes	No
16 At any time during the tax year, did you have an interest in or a signature or other authority over a bank account, securities account, or other financial account in a foreign country? (See page 23 of the instructions for exceptions and filing requirements for Form 90-22.1)		X
If "Yes," write the name of the foreign country ▶		
17 Were you the grantor of or transferor to, a foreign trust which existed during the current tax year, whether or not you have any beneficial interest in it? If "Yes," you may have to file Forms 3520, 3520-A, or 926.		X

238833

Schedule B (Form 1040) 1993

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4952

Form
Department of the Treasury
Interest Deduction Section

Investment Interest Expense Deduction

See instructions.
Attach to Form 1040 (or Form 1041).

OMB No. 1545-0047

1983
72

Name as shown on return
ANDREW & LYNN STEIN

Kind of return

☒ Individual☐ Estate☐ Trust

Part I.—Interest on Investment Debts Incurred Before December 17, 1969

Note: Use Part I only if you have investment interest expense on debts incurred before December 17, 1969, and on debts incurred on or after that date.

1	Interest expense on investment debts incurred before December 17, 1969	1	
2	Total net investment income	2	
3	Net investment income allocable to the period before December 17, 1969: Line 1	3	
	Line 1 + Line 7 + Line 15 + Line 27		
4	Subtract line 3 from line 2. Enter here and on line 10a:	4	

Part II.—Interest on Investment Debts Incurred After September 10, 1975

5	Interest expense on investment debts incurred after September 10, 1975	5	33,944.
6	Carryover - Enter amount from 1982 Form 4952, line 14.	6	11,324.
7	Total investment interest expense (add lines 5 and 6)	7	45,268.
8	(a) Individuals enter \$10,000 (\$5,000 if married filing separately)	8a	10,000.
	(b) Additional limitation	8b	
9	Estates enter \$10,000; trusts enter zero	9	
10	(a) Total net investment income (amount from line 4 if Part I is used)	10a	134,445.
	(b) Line 7	10b	134,445.
	Line 7 + Line 15 + Line 27		

11	Excess expenses from "net lease property"	11	
12	Limitation on deduction (add lines 8(a), (b), 9, 10(a), and 11)	12	144,445.
13	Allowable investment interest deduction - Enter the smaller of line 7 or line 12 (see instructions)	13	45,268.
14	Disallowed investment interest to be carried over to 1984 (subtract line 13 from line 7)	14	

Part III.—Interest on Investment Debts Incurred Before September 11, 1975, and After December 16, 1969

15	Interest expense on investment debts incurred before September 11, 1975, and after December 16, 1969	15	
16	Individuals enter \$25,000 (\$12,500 if married filing separately)	16	
17	Estates enter \$25,000; trusts enter zero	17	
18	Net investment income (subtract line 10(b) from line 10(a))	18	
19	Excess expenses from "net lease property"	19	
20	Net long-term capital gain minus net short-term capital loss from sale or exchange of property held for investment.	20	
	Note: To adjust this gain on Schedule D or Form 4798, see Schedule D (Form 1040) instructions, page 24.		
21	Tentative limitation (add lines 16 through 20)	21	
22	Subtract line 21 from line 15. If line 21 is more than line 15, enter zero	22	
23	Additional deduction (50% of line 22)	23	
24	Limitation on deduction (add lines 21 and 23)	24	
25	Allowable investment interest deduction - Enter the smaller of line 15 or line 24 (see instructions)	25	
26	Disallowed investment interest to be carried over to 1984 (subtract line 25 from line 15)	26	

Part IV.—Investment Interest Expense Carryover From Earlier Years—Incurred Before September 11, 1975

27	Carryover - Enter the sum of the amounts from 1982 Form 4952, lines 26 and 35	27	
28	Enter amount reportable on line 18 plus \$25,000	28	
29	Enter the larger of amount on line 15 or \$25,000	29	
30	Subtract line 29 from line 28. If line 29 is larger than line 28, enter zero	30	
31	Enter 50% of line 30	31	
32	Allowable investment interest deduction (enter the smaller of line 27 or line 31)	32	
33	Interest carryover from earlier years disallowed in 1983 (subtract line 32 from line 27)	33	
34	Enter the 60% capital gain deduction from your 1983 Schedule D or 1983 Form 4798	34	
35	Interest carryover to 1984 (subtract line 34 from line 33)	35	

= \$12,500, if married filing separately; zero, if a trust.

1983 FEDERAL INCOME TAX STATEMENTS

PAGE 1

STATEMENT 1 - WAGES, SALARIES, TIPS, ETC.

EMPLOYERS NAME AND ADDRESS	INCOME TAX WITHHELD	WAGES SALARIES TIPS, ETC	FICA
(H) THE CITY OF NEW YORK	20,576	62,910	2,392
(W) SIMPSON THATCHER & BARTLETT	2,260	25,727	1,724
(W) METROMEDIA, INC.	5,772	31,016	2,077
	-----	-----	-----
TOTAL TAX WITHHELD, WAGES, AND FICA	28,608	126,653	6,193
	-----	-----	-----

STATEMENT 2 - ITEMIZED INTEREST EXPENSE

OTHER INTEREST EXPENSE		
LOAN BANK OF COMMERCE	1,353	
LOAN MANUFACTURERS HANOVER		
TR	16,883	
LOAN CARTARET	281	
COOP MORTGAGE	1,212	
NYS INCOME TAX	1,641	

SUBTOTAL		21,370

TOTAL INTEREST EXPENSE		21,370

86740670724



1983-

THE CITY OF NEW YORK
OFFICE OF THE CITY CLERK
 MUNICIPAL BUILDING
 ROOM 261
 NEW YORK, N.Y. 10007

RECEIVED BY CITY CLERK
 Date/Index Number

RECEIVED
 OFFICE OF THE CITY CLERK

004516 JUL -584

REPORT OF FINANCIAL INTERESTS

(Administrative Code, Section 1106-5.0, Title A, Chapter 49)

(See page 13 and following for requests to withhold information from public inspection)

GENERAL INFORMATION: Please read carefully.

1. To insure accurate indexing of your report, PRINT OR TYPE all information clearly and insert your AGENCY CODE in BOX 2. You should contact your payroll, personnel or fiscal officer for this information. This is a three digit code unique to your agency.
2. Be sure to SIGN & DATE the bottom of PAGE 2 and do not detach any pages from the booklet. Submit the entire 16 page, printed booklet. Do not submit a photocopy.
3. Check, YES OR NO to questions 1 through 10 on PAGE 2. If you answer YES to any questions, complete the corresponding numbered schedule. Attach additional schedules as needed.
4. The City Clerk will issue a receipt for the report when it is filed in person by the employee or employee's messenger. Receipts will not be mailed or sent through the Central Messenger Service. If reports are received in batches from an agency, sent by special messenger, the receipt will be given to the messenger and it will be incumbent upon you to obtain the receipt from your agency.
5. THIS REPORT MUST BE FILED IN THE OFFICE OF THE CITY CLERK, ADDRESS ABOVE, ON OR BEFORE JULY 1st. THE LAW DOES NOT MAKE PROVISION FOR EXTENDING THE FILING DEADLINE.
6. Each elected officer described in Sections 4,23,24,81 and 91 of the New York City Charter shall file such report not later than July 1st of each year except, in the year in which such elected officer is a candidate for re-election or a candidate for one of the other offices hereinabove set forth, then and in that event such elected officer, as a candidate, shall file on or before the last day for filing his/her designating petitions pursuant to the election law.
7. Each person who has declared his/her intention to seek nomination or election and who has filed papers or petitions for nomination or election, or on whose behalf a declaration or nominating paper or petition has been made or filed which has not been declined, for an office described above shall file such report on or before the last day for filing his/her designating petitions pursuant to the election law.

Full Name	(last) Stein	(first) Andrew	(middle) J.
Agency Code No. 010	Paid by- Name of: Dept., Agency, Board, Commission, Other: President, Borough of Manhattan		
Your Title: President, Borough of Manhattan		Your Base Annual Salary: \$ 69,910.	
Your Current Office Address: Municipal Building, N.Y., N.Y. 10007		Your Office Telephone Number: 566-4300	
The Period Covered By This Report: January 1st, 1983 to December 31st, 1983			

THIS SPACE TO BE COMPLETED BY CANDIDATES

I am a candidate for the office of:	<input type="checkbox"/> MAYOR <input type="checkbox"/> PRESIDENT OF THE COUNCIL <input type="checkbox"/> COMPTROLLER <input type="checkbox"/> BOROUGH PRESIDENT <input type="checkbox"/> COUNCIL MEMBER
CHECK ONE: <input type="checkbox"/> ELECTION	<input type="checkbox"/> RE-ELECTION

Exhibit B

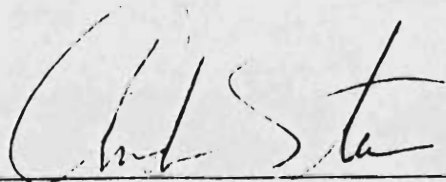
DURING THE PERIOD COVERED BY THIS REPORT

1. Did you or your spouse receive income of \$1,000.00 or more from any professional organization in which you or your spouse is an officer, director, partner, proprietor or employee or for which either of you serves in any advisory capacity? YES XX
NO
2. Did you or your spouse receive or accrue any income of \$1,000.00 or more for services other than described in 1. above? YES
NO XX
3. Did you or your spouse receive a capital gain of \$1,000.00 or more from a single source other than the sale of a residence occupied by the person reporting? YES XX
NO
4. Did you or your spouse receive reimbursement of expenditures of \$1,000.00 or more from a single source? YES
NO XX
5. Did you or your spouse receive honoraria in the amount of \$500.00 or more from a single source? YES
NO XX
6. Did you or your spouse receive gifts in an amount or value of \$500.00 or more from a single source? YES
NO XX
7. Were you or your spouse indebted to one creditor in an amount of \$5,000.00 or more for a period of at least 90 consecutive days? YES XX
NO
8. Did you or your spouse have an investment the value of which was \$20,000.00 or more? YES XX
NO
9. Did you or your spouse own real property worth \$20,000.00 or more? YES XX
NO
10. Did you or your spouse hold a beneficial interest in a trust or fiduciary relationship valued at \$20,000.00 or more? YES XX
NO

If all your answers to the above questions are NO, then please sign below.

If any answer to the above questions were YES, please be sure to fill out the appropriate schedule before signing below.

I CERTIFY THAT ALL INFORMATION GIVEN HEREIN IS TRUE
AND ACCURATE TO THE BEST OF MY KNOWLEDGE.



SIGNATURE

July 2, 1984

DATE

86740570726

SCHEDULE 1

INCOME of \$1,000.00 or more from profession, organization of person reporting or spouse.

(a) Spouse - Lynn Stein

Name of Company or Profession

Simpson Thacher & Bartlett

Address

270 Park Avenue, New York, New York

Interest, e.g., officer, director, partner,
proprietor, employee,
advisory capacity

Employee

Check One

() at least \$1,000.00 but
less than \$5,000.00;

() at least \$5,000.00 but
less than \$25,000.00;

(X) at least \$25,000.00 but
less than \$100,000.00;

() \$100,000.00 or more

Check: () Person reporting
(✓) Spouse

(b)

Spouse, Lynn Stein

Name of Company or Profession

Metromedia, Inc.

Address

1 Harmon Plaza, Secaucus, N.J. 07094

Interest, e.g., officer, director, partner,
proprietor, employee,
advisory capacity

Employee

Check One

() at least \$1,000.00 but
less than \$5,000.00;

() at least \$5,000.00 but
less than \$25,000.00;

(XX) at least \$25,000.00 but
less than \$100,000.00;

() \$100,000.00 or more

Check: () Person reporting
(✓) Spouse

(c)

Name of Company or Profession

Address

Interest, e.g., officer, director, partner,
proprietor, employee,
advisory capacity

Check One

() at least \$1,000.00 but
less than \$5,000.00;

() at least \$5,000.00 but
less than \$25,000.00;

() at least \$25,000.00 but
less than \$100,000.00;

() \$100,000.00 or more

Check: () Person reporting
() Spouse

(d)

Name of Company or Profession

Address

Interest, e.g., officer, director, partner,
proprietor, employee,
advisory capacity

Check One

() at least \$1,000.00 but
less than \$5,000.00;

() at least \$5,000.00 but
less than \$25,000.00;

() at least \$25,000.00 but
less than \$100,000.00;

() \$100,000.00 or more

Check: () Person reporting
() Spouse

If needed attach additional information on appropriately labeled continuation sheets. Additional items should be designated by letters in sequence, "e", "f", "g" and so on.

SCHEDULE 2

INCOME of \$1,000.00 or more, for services rendered, other than in Schedule 1.

<p>(a) <u>Stein in '81 Committee</u></p>	<p>Check One <input type="checkbox"/> at least \$1,000.00 but less than \$5,000.00;</p>
<p>Name of source of income -NONE-</p>	<p><input type="checkbox"/> at least \$5,000.00 but less than \$25,000.00;</p>
<p>Type of Service While this schedule calls for income for services rendered only, Andrew Stein received \$30,000. in interest income from a political committee, Stein in '81, during calendar year 1983. While this is not required to be reported, I report this for clarity.</p>	<p><input checked="" type="checkbox"/> at least \$25,000.00 but less than \$100,000.00; <input type="checkbox"/> \$100,000.00 or more Check: <input checked="" type="checkbox"/> Person reporting <input type="checkbox"/> Spouse</p>
<p>(b)</p>	<p>Check One <input type="checkbox"/> at least \$1,000.00 but less than \$5,000.00;</p>
<p>Name of source of income</p>	<p><input type="checkbox"/> at least \$5,000.00 but less than \$25,000.00;</p>
<p>Type of Service</p> <p>LEGALITY? LOANS? INTEREST?</p>	<p><input type="checkbox"/> at least \$25,000.00 but less than \$100,000.00; <input type="checkbox"/> \$100,000.00 or more Check: <input type="checkbox"/> Person reporting <input type="checkbox"/> Spouse</p>
<p>(c)</p>	<p>Check One <input type="checkbox"/> at least \$1,000.00 but less than \$5,000.00;</p>
<p>Name of source of income</p>	<p><input type="checkbox"/> at least \$5,000.00 but less than \$25,000.00;</p>
<p>Type of Service</p>	<p><input type="checkbox"/> at least \$25,000.00 but less than \$100,000.00; <input type="checkbox"/> \$100,000.00 or more Check: <input type="checkbox"/> Person reporting <input type="checkbox"/> Spouse</p>
<p>(d)</p>	<p>Check One <input type="checkbox"/> at least \$1,000.00 but less than \$5,000.00;</p>
<p>Name of source of income</p>	<p><input type="checkbox"/> at least \$5,000.00 but less than \$25,000.00;</p>
<p>Type of Service</p>	<p><input type="checkbox"/> at least \$25,000.00 but less than \$100,000.00; <input type="checkbox"/> \$100,000.00 or more Check: <input type="checkbox"/> Person reporting <input type="checkbox"/> Spouse</p>

If needed attach additional information on appropriately labeled continuation sheets. Additional items should be designated by letters in sequence, "e", "f", "g" and so on.

SCHEDULE 3

CAPITAL GAINS of \$1,000.00 or more from single source: (other than sale of residence occupied by person reporting)

<p>(a)</p> <p>Marmatech Corp.</p> <p>Source of capital gain</p> <p>Sale Of 75,000 Shares</p>	<p>Check One</p> <p><input checked="" type="checkbox"/> at least \$1,000.00 but less than \$5,000.00;</p> <p><input type="checkbox"/> at least \$5,000.00 but less than \$25,000.00;</p> <p><input type="checkbox"/> at least \$25,000.00 but less than \$100,000.00;</p> <p><input type="checkbox"/> \$100,000.00 or more</p> <p>Check: <input checked="" type="checkbox"/> Person reporting <input type="checkbox"/> Spouse</p>
<p>(b)</p> <p>Wometco Enterprises, Inc.</p> <p>Source of capital gain</p> <p>Sale Of 300 Shares</p>	<p>Check One</p> <p><input checked="" type="checkbox"/> at least \$1,000.00 but less than \$5,000.00;</p> <p><input type="checkbox"/> at least \$5,000.00 but less than \$25,000.00;</p> <p><input type="checkbox"/> at least \$25,000.00 but less than \$100,000.00;</p> <p><input type="checkbox"/> \$100,000.00 or more</p> <p>Check: <input checked="" type="checkbox"/> Person reporting <input type="checkbox"/> Spouse</p>
<p>(c)</p> <p>B.F. Goodrich Co.</p> <p>Source of capital gain</p> <p>Sale of 1,000 Shares</p>	<p>Check One</p> <p><input checked="" type="checkbox"/> at least \$1,000.00 but less than \$5,000.00;</p> <p><input type="checkbox"/> at least \$5,000.00 but less than \$25,000.00;</p> <p><input type="checkbox"/> at least \$25,000.00 but less than \$100,000.00;</p> <p><input type="checkbox"/> \$100,000.00 or more</p> <p>Check: <input checked="" type="checkbox"/> Person reporting <input type="checkbox"/> Spouse</p>
<p>(d)</p> <p>Transco Energy Co.</p> <p>Source of capital gain</p> <p>Sale of 1,000 Shares</p>	<p>Check One</p> <p><input checked="" type="checkbox"/> at least \$1,000.00 but less than \$5,000.00;</p> <p><input type="checkbox"/> at least \$5,000.00 but less than \$25,000.00;</p> <p><input type="checkbox"/> at least \$25,000.00 but less than \$100,000.00;</p> <p><input type="checkbox"/> \$100,000.00 or more</p> <p>Check: <input checked="" type="checkbox"/> Person reporting <input type="checkbox"/> Spouse</p>

If needed attach additional information on appropriate labeled continuation sheets. Additional items should be designated by letters in sequence, "e", "f", "g" and so on.

SCHEDULE 3

CAPITAL GAINS of \$1,000.00 or more
sale of residence occurred

single source: (other than
by person reporting)

(X) (e)
Lumex, Inc.

Source of capital gain

Sale of 1,000 Shares

- Check One**
- (X) at least \$1,000.00 but
less than \$5,000.00;
- () at least \$5,000.00 but
less than \$25,000.00;
- () at least \$25,000.00 but
less than \$100,000.00;
- () \$100,000.00 or more

Check: (X) Person reporting
() Spouse

(X) (f)
Omnicare, Inc.

Source of capital gain

Sale of 500 Shares

- Check One**
- (X) at least \$1,000.00 but
less than \$5,000.00;
- () at least \$5,000.00 but
less than \$25,000.00;
- () at least \$25,000.00 but
less than \$100,000.00;
- () \$100,000.00 or more

Check: (X) Person reporting
() Spouse

(X) (g)
American Bakeries Co.

Source of capital gain

Sale of 7,000 Shares

- Check One**
- () at least \$1,000.00 but
less than \$5,000.00;
- (X) at least \$5,000.00 but
less than \$25,000.00;
- () at least \$25,000.00 but
less than \$100,000.00;
- () \$100,000.00 or more

Check: (X) Person reporting
() Spouse

(X) (h)
New Frontier Petroleum Corp.

Source of capital gain

Sale of 50,000 Shares

- Check One**
- () at least \$1,000.00 but
less than \$5,000.00;
- (X) at least \$5,000.00 but
less than \$25,000.00;
- () at least \$25,000.00 but
less than \$100,000.00;
- () \$100,000.00 or more

Check: (X) Person reporting
() Spouse

If needed attach additional information on appropriate labeled continuation sheets. Additional items should be designated by letters in sequence, "e", "f", "g" and so on.

SCHEDULE 3

CAPITAL GAINS of \$1,000.00 or more from a single source: (other than sale of residence occupied by person reporting)

<p>(i) VLI Corp.</p> <p>Source of capital gain</p> <p>Sale of 500 Shares</p>	<p>Check One</p> <p><input checked="" type="checkbox"/> at least \$1,000.00 but less than \$5,000.00;</p> <p><input type="checkbox"/> at least \$5,000.00 but less than \$25,000.00;</p> <p><input type="checkbox"/> at least \$25,000.00 but less than \$100,000.00;</p> <p><input type="checkbox"/> \$100,000.00 or more</p> <p>Check: <input checked="" type="checkbox"/> Person reporting <input type="checkbox"/> Spouse</p>
<p>(j) Metromedia, Inc.</p> <p>Source of capital gain</p> <p>Sale of 35 Shares</p>	<p>Check One</p> <p><input checked="" type="checkbox"/> at least \$1,000.00 but less than \$5,000.00;</p> <p><input type="checkbox"/> at least \$5,000.00 but less than \$25,000.00;</p> <p><input type="checkbox"/> at least \$25,000.00 but less than \$100,000.00;</p> <p><input type="checkbox"/> \$100,000.00 or more</p> <p>Check: <input type="checkbox"/> Person reporting <input checked="" type="checkbox"/> Spouse</p>
<p>(k) Drew National Corp.</p> <p>Source of capital gain</p> <p>Sale of 4,000 Shares</p>	<p>Check One</p> <p><input checked="" type="checkbox"/> at least \$1,000.00 but less than \$5,000.00;</p> <p><input type="checkbox"/> at least \$5,000.00 but less than \$25,000.00;</p> <p><input type="checkbox"/> at least \$25,000.00 but less than \$100,000.00;</p> <p><input type="checkbox"/> \$100,000.00 or more</p> <p>Check: <input type="checkbox"/> Person reporting <input checked="" type="checkbox"/> Spouse</p>
<p>(l) Thrifty Corp.</p> <p>Source of capital gain</p> <p>Sale of 16,100 Shares</p>	<p>Check One</p> <p><input type="checkbox"/> at least \$1,000.00 but less than \$5,000.00;</p> <p><input type="checkbox"/> at least \$5,000.00 but less than \$25,000.00;</p> <p><input type="checkbox"/> at least \$25,000.00 but less than \$100,000.00;</p> <p><input checked="" type="checkbox"/> \$100,000.00 or more</p> <p>Check: <input checked="" type="checkbox"/> Person reporting <input type="checkbox"/> Spouse</p>

If needed attach additional information on appropriate labeled continuation sheets. Additional items should be designated by letters in sequence, "e", "f", "g" and so on.

SCHEDULE 3

CAPITAL GAINS of \$1,000.00 or more in single source: (other than sale of residence occupied by person reporting)

<p>(a) (m)</p> <p>Dart Drug Corp.</p> <p>Source of capital gain</p> <p>Sale of 3,000 Shares</p>	<p>Check One</p> <p>() at least \$1,000.00 but less than \$5,000.00;</p> <p>(x) at least \$5,000.00 but less than \$25,000.00;</p> <p>() at least \$25,000.00 but less than \$100,000.00;</p> <p>() \$100,000.00 or more</p> <p>Check: (x) Person reporting () Spouse</p>
<p>(b) (n)</p> <p>Andrea Radio Corp.</p> <p>Source of capital gain</p> <p>Sale of 1,500 Shares</p>	<p>Check One</p> <p>(xx) at least \$1,000.00 but less than \$5,000.00;</p> <p>() at least \$5,000.00 but less than \$25,000.00;</p> <p>() at least \$25,000.00 but less than \$100,000.00;</p> <p>() \$100,000.00 or more</p> <p>Check: (x) Person reporting () Spouse</p>
<p>(c) (o)</p> <p>Genesco, Inc.</p> <p>Source of capital gain</p> <p>Sale of 6,000 Shares</p>	<p>Check One</p> <p>(xx) at least \$1,000.00 but less than \$5,000.00;</p> <p>() at least \$5,000.00 but less than \$25,000.00;</p> <p>() at least \$25,000.00 but less than \$100,000.00;</p> <p>() \$100,000.00 or more</p> <p>Check: (x) Person reporting () Spouse</p>
<p>(d) (p)</p> <p>People Express Airlines, Inc.</p> <p>Source of capital gain</p> <p>Sale of 500 Shares</p>	<p>Check One</p> <p>(x) at least \$1,000.00 but less than \$5,000.00;</p> <p>() at least \$5,000.00 but less than \$25,000.00;</p> <p>() at least \$25,000.00 but less than \$100,000.00;</p> <p>() \$100,000.00 or more</p> <p>Check: (x) Person reporting () Spouse</p>

If needed attach additional information on appropriate labeled continuation sheets. Additional items should be designated by letters in sequence, "e", "f", "g" and so on.

SCHEDULE 3

CAPITAL GAINS of \$1,000.00 or more from the sale of residence occupied by person reporting (other than person reporting)

(a) (q)

Goodheart-Willcox Co., Inc.

Source of capital gain

Sale of 700 Shares

Check One

(X) at least \$1,000.00 but less than \$5,000.00;

() at least \$5,000.00 but less than \$25,000.00;

() at least \$25,000.00 but less than \$100,000.00;

() \$100,000.00 or more

Check: (X) Person reporting
() Spouse

(a) (r)

Espey Mfg. & Electronics Corp.

Source of capital gain

Sale of 7,300 Shares

Check One

() at least \$1,000.00 but less than \$5,000.00;

() at least \$5,000.00 but less than \$25,000.00;

() at least \$25,000.00 but less than \$100,000.00;

(X) \$100,000.00 or more

Check: (X) Person reporting
() Spouse

(s) (s)

Interdyne Co.

Source of capital gain

Sale of 1,000 Shares

Check One

(X) at least \$1,000.00 but less than \$5,000.00;

() at least \$5,000.00 but less than \$25,000.00;

() at least \$25,000.00 but less than \$100,000.00;

() \$100,000.00 or more

Check: (X) Person reporting
() Spouse

(a) (t)

Colt Industries

Source of capital gain

Sale of 3,000 Shares

Check One

() at least \$1,000.00 but less than \$5,000.00;

(X) at least \$5,000.00 but less than \$25,000.00;

() at least \$25,000.00 but less than \$100,000.00;

() \$100,000.00 or more

Check: (X) Person reporting
() Spouse

If needed attach additional information on appropriate labeled continuation sheets. Additional items should be designated by letters in sequence, "e", "f", "g" and so on.

SCHEDULE 3

CAPITAL GAINS of \$1,000.00 or more
sale of residence occurredSingle source: (other than
by person reporting)

<p>(e) (u)</p> <p>Storer Communications, Inc.</p> <p>Source of capital gain</p> <p>Sale of 1,000 Shares</p>	<p>Check One</p> <p>(x) at least \$1,000.00 but less than \$5,000.00;</p> <p>() at least \$5,000.00 but less than \$25,000.00;</p> <p>() at least \$25,000.00 but less than \$100,000.00;</p> <p>() \$100,000.00 or more</p> <p>Check: (x) Person reporting () Spouse</p>
<p>(b)</p> <p>Source of capital gain</p>	<p>Check One</p> <p>() at least \$1,000.00 but less than \$5,000.00;</p> <p>() at least \$5,000.00 but less than \$25,000.00;</p> <p>() at least \$25,000.00 but less than \$100,000.00;</p> <p>() \$100,000.00 or more</p> <p>Check: () Person reporting () Spouse</p>
<p>(c)</p> <p>Source of capital gain</p>	<p>Check One</p> <p>() at least \$1,000.00 but less than \$5,000.00;</p> <p>() at least \$5,000.00 but less than \$25,000.00;</p> <p>() at least \$25,000.00 but less than \$100,000.00;</p> <p>() \$100,000.00 or more</p> <p>Check: () Person reporting () Spouse</p>
<p>(d)</p> <p>Source of capital gain</p>	<p>Check One</p> <p>() at least \$1,000.00 but less than \$5,000.00;</p> <p>() at least \$5,000.00 but less than \$25,000.00;</p> <p>() at least \$25,000.00 but less than \$100,000.00;</p> <p>() \$100,000.00 or more</p> <p>Check: () Person reporting () Spouse</p>

If needed attach additional information on appropriate labeled continuation sheets. Additional items should be designated by letters in sequence, "e", "f", "g" and so on.

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SCHEDULE 4

REIMBURSEMENT of expenditures **\$1.0** or more in each instance from a single source.

<p>(a)</p> <p>NOT APPLICABLE</p> <p>Name of person, organization or corporation making re-imbursement.</p>	<p>Check One</p> <p>() at least \$1,000.00 but less than \$5,000.00;</p> <p>() at least \$5,000.00 but less than \$25,000.00;</p> <p>() at least \$25,000.00 but less than \$100,000.00;</p> <p>() \$100,000.00 or more</p> <p>Check: () Person reporting () Spouse</p>
<p>(b)</p> <p>Name of person, organization or corporation making re-imbursement.</p>	<p>Check One</p> <p>() at least \$1,000.00 but less than \$5,000.00;</p> <p>() at least \$5,000.00 but less than \$25,000.00;</p> <p>() at least \$25,000.00 but less than \$100,000.00;</p> <p>() \$100,000.00 or more</p> <p>Check: () Person reporting () Spouse</p>
<p>(c)</p> <p>Name of person, organization or corporation making re-imbursement.</p>	<p>Check One</p> <p>() at least \$1,000.00 but less than \$5,000.00;</p> <p>() at least \$5,000.00 but less than \$25,000.00;</p> <p>() at least \$25,000.00 but less than \$100,000.00;</p> <p>() \$100,000.00 or more</p> <p>Check: () Person reporting () Spouse</p>
<p>(d)</p> <p>Name of person, organization or corporation making re-imbursement.</p>	<p>Check One</p> <p>() at least \$1,000.00 but less than \$5,000.00;</p> <p>() at least \$5,000.00 but less than \$25,000.00;</p> <p>() at least \$25,000.00 but less than \$100,000.00;</p> <p>() \$100,000.00 or more</p> <p>Check: () Person reporting () Spouse</p>

If needed attach additional information on appropriately labeled continuation sheet. Additional items should be designated by letters in sequence, "e", "f", "g" and so on.

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SCHEDULE 5

HONORARIA of \$500.00 or more aggregated from single source

(a) NOT APPLICABLE	Check One <input type="checkbox"/> less than \$1,000.00
Name of donor, (person, organization, corporation)	<input type="checkbox"/> at least \$1,000.00 but less than \$5,000.00;
Address	<input type="checkbox"/> at least \$5,000.00 but less than \$25,000.00;
	<input type="checkbox"/> at least \$25,000.00 but less than \$100,000.00;
	<input type="checkbox"/> \$100,000.00 or more
	Check: <input type="checkbox"/> Person reporting <input type="checkbox"/> Spouse
(b) Name of donor, (person, organization, corporation)	Check One <input type="checkbox"/> less than \$1,000.00
Address	<input type="checkbox"/> at least \$1,000.00 but less than \$5,000.00;
	<input type="checkbox"/> at least \$5,000.00 but less than \$25,000.00;
	<input type="checkbox"/> at least \$25,000.00 but less than \$100,000.00;
	<input type="checkbox"/> \$100,000.00 or more
	Check: <input type="checkbox"/> Person reporting <input type="checkbox"/> Spouse
(c) Name of donor, (person, organization, corporation)	Check One <input type="checkbox"/> less than \$1,000.00
Address	<input type="checkbox"/> at least \$1,000.00 but less than \$5,000.00;
	<input type="checkbox"/> at least \$5,000.00 but less than \$25,000.00;
	<input type="checkbox"/> at least \$25,000.00 but less than \$100,000.00;
	<input type="checkbox"/> \$100,000.00 or more
	Check: <input type="checkbox"/> Person reporting <input type="checkbox"/> Spouse
(d) Name of donor, (person, organization, corporation)	Check One <input type="checkbox"/> less than \$1,000.00
Address	<input type="checkbox"/> at least \$1,000.00 but less than \$5,000.00;
	<input type="checkbox"/> at least \$5,000.00 but less than \$25,000.00;
	<input type="checkbox"/> at least \$25,000.00 but less than \$100,000.00;
	<input type="checkbox"/> \$100,000.00 or more
	Check: <input type="checkbox"/> Person reporting <input type="checkbox"/> Spouse

If needed attach additional information on appropriately labeled continuation sheet. Additional items should be designated by letters in sequence "e", "f", "g" and so on.

SCHEDULE 6

GIFT in aggregate of \$500.00 or more

from single source

(a) NOT APPLICABLE	<p>Check One</p> <p><input type="checkbox"/> less than \$1,000.00</p>
Name of person, organization or corporation making gift.	<p><input type="checkbox"/> at least \$1,000.00 but less than \$5,000.00;</p>
	<p><input type="checkbox"/> at least \$5,000.00 but less than \$25,000.00;</p>
	<p><input type="checkbox"/> at least \$25,000.00 but less than \$100,000.00;</p>
	<p><input type="checkbox"/> \$100,000.00 or more</p>
	<p>Check: <input type="checkbox"/> Person reporting <input type="checkbox"/> Spouse</p>
(b)	<p>Check One</p> <p><input type="checkbox"/> less than \$1,000.00</p>
Name of person, organization or corporation making gift.	<p><input type="checkbox"/> at least \$1,000.00 but less than \$5,000.00;</p>
	<p><input type="checkbox"/> at least \$5,000.00 but less than \$25,000.00;</p>
	<p><input type="checkbox"/> at least \$25,000.00 but less than \$100,000.00;</p>
	<p><input type="checkbox"/> \$100,000.00 or more</p>
	<p>Check: <input type="checkbox"/> Person reporting <input type="checkbox"/> Spouse</p>
(c)	<p>Check One</p> <p><input type="checkbox"/> less than \$1,000.00</p>
Name of person, organization or corporation making gift.	<p><input type="checkbox"/> at least \$1,000.00 but less than \$5,000.00;</p>
	<p><input type="checkbox"/> at least \$5,000.00 but less than \$25,000.00;</p>
	<p><input type="checkbox"/> at least \$25,000.00 but less than \$100,000.00;</p>
	<p><input type="checkbox"/> \$100,000.00 or more</p>
	<p>Check: <input type="checkbox"/> Person reporting <input type="checkbox"/> Spouse</p>
(d)	<p>Check One</p> <p><input type="checkbox"/> less than \$1,000.00</p>
Name of person, organization or corporation making gift.	<p><input type="checkbox"/> at least \$1,000.00 but less than \$5,000.00;</p>
	<p><input type="checkbox"/> at least \$5,000.00 but less than \$25,000.00;</p>
	<p><input type="checkbox"/> at least \$25,000.00 but less than \$100,000.00;</p>
	<p><input type="checkbox"/> \$100,000.00 or more</p>
	<p>Check: <input type="checkbox"/> Person reporting <input type="checkbox"/> Spouse</p>

If needed attach additional information on appropriately labeled continuation sheet. Additional items should be designated by letters in sequence, "e", "f", "g" and so on.

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SCHEDULE 7 INDEBTEDNESS of \$5,000.00 or more.*

or period of 90 consecutive days

<p>(a) <u>Manufacturers Hanover Trust</u> Name of Creditor <u>4 New York Plaza, New York, N.Y.</u> Address Indicate: Still in effect (): Date terminated <u>1/03/84</u> <u>Final Payment of \$33,000. made on 1/03/84</u></p>	<p>Check One () at least \$5,000.00 but less than \$25,000.00; () at least \$25,000.00 but less than \$100,000.00; (<input checked="" type="checkbox"/>) at least \$100,000.00 but less than \$500,000.00; () \$500,000.00 or more Check: (<input checked="" type="checkbox"/>) Person reporting () Spouse</p>
<p>(b) <u>-</u> <u>Oppenheimer & Co., Inc.</u> Name of Creditor <u>One New York Plaza, N.Y., N.Y. 10004</u> Address Indicate: Still in effect (): Date terminated <u>4/21/83</u> <u>Margin Account</u></p>	<p>Check One () at least \$5,000.00 but less than \$25,000.00; () at least \$25,000.00 but less than \$100,000.00; (<input checked="" type="checkbox"/>) at least \$100,000.00 but less than \$500,000.00; () \$500,000.00 or more Check: () Person reporting () Spouse</p>
<p>(c) <u>Shearson/American Express, Inc.</u> Name of Creditor <u>Two World Trade Center, N.Y., N.Y. 10048</u> Address Indicate: Still in effect (): Date terminated <u>3/31/84</u> <u>Margin Account</u></p>	<p>Check One () at least \$5,000.00 but less than \$25,000.00; () at least \$25,000.00 but less than \$100,000.00; (<input checked="" type="checkbox"/>) at least \$100,000.00 but less than \$500,000.00; () \$500,000.00 or more Check: (<input checked="" type="checkbox"/>) Person reporting () Spouse</p>
<p>(d) <u>Oklaster Corp.</u> Name of Creditor <u>33 East 63rd St., N.Y., N.Y.</u> Address Indicate: Still in effect (): Date terminated <u>5/07/84</u></p>	<p>Check One () at least \$5,000.00 but less than \$25,000.00; (<input checked="" type="checkbox"/>) at least \$25,000.00 but less than \$100,000.00; () at least \$100,000.00 but less than \$500,000.00; () \$500,000.00 or more Check: (<input checked="" type="checkbox"/>) Person reporting () Spouse</p>

If needed attach additional information on appropriately labeled continuation sheet. Additional items should be designated by letters in sequence, "e", "f", "g" and so on.

*Excludes transactions with relatives consistent with Federal Law, 2 USC702(4).

SCHEDULE 7 **INDEBTEDNESS** of \$5,000.00 or more for **Period** of 90 consecutive days or more.*

<p>(e)</p> <p>Purcell, Graham & Co., Inc.</p> <p>Name of Creditor</p> <p>61 Broadway, N.Y., N.Y. 10006</p> <p>Address</p> <p>Indicate: Still in effect (): Date terminated <u>12/13/83</u></p> <p>Margin Account</p>	<p>Check One</p> <p>() at least \$5,000.00 but less than \$25,000.00;</p> <p>(X) at least \$25,000.00 but less than \$100,000.00;</p> <p>() at least \$100,000.00 but less than \$500,000.00;</p> <p>() \$500,000.00 or more</p> <p>Check: (X) Person reporting () Spouse</p>
<p>(f)</p> <p>L.F. Rothschild, Unterberg, Towbin</p> <p>Name of Creditor</p> <p>55 Water St., N.Y., N.Y. 10041</p> <p>Address</p> <p>Indicate: Still in effect (): Date terminated <u>11/30/83</u></p> <p>Margin Account</p>	<p>Check One</p> <p>(X) at least \$5,000.00 but less than \$25,000.00;</p> <p>() at least \$25,000.00 but less than \$100,000.00;</p> <p>() at least \$100,000.00 but less than \$500,000.00;</p> <p>() \$500,000.00 or more</p> <p>Check: (X) Person reporting () Spouse</p>
<p>(c)</p> <p>Name of Creditor</p> <p>Address</p> <p>Indicate: Still in effect (): Date terminated</p>	<p>Check One</p> <p>() at least \$5,000.00 but less than \$25,000.00;</p> <p>() at least \$25,000.00 but less than \$100,000.00;</p> <p>() at least \$100,000.00 but less than \$500,000.00;</p> <p>() \$500,000.00 or more</p> <p>Check: () Person reporting () Spouse</p>
<p>(d)</p> <p>Name of Creditor</p> <p>Address</p> <p>Indicate: Still in effect (): Date terminated</p>	<p>Check One</p> <p>() at least \$5,000.00 but less than \$25,000.00;</p> <p>() at least \$25,000.00 but less than \$100,000.00;</p> <p>() at least \$100,000.00 but less than \$500,000.00;</p> <p>() \$500,000.00 or more</p> <p>Check: () Person reporting () Spouse</p>

* Repeat above information on additional sheets labeled "continuation sheet." Additional items should be designated by letters in sequence, e, f, g, and so on.

SCHEDULE 8

INVESTMENTS of \$20,000.00 value or more

<p>(a) American Express Co.</p> <p>Name of Investment</p> <p>Check if value based on cost (<input checked="" type="checkbox"/>); or estimate at time of receipt ()</p>	<p>Check One</p> <p>(X) at least \$20,000.00 but less than \$100,000.00;</p> <p>() at least \$100,000.00 but less than \$500,000.00;</p> <p>() \$500,000.00 or more</p> <p>Check: (X) Person reporting () Spouse</p>
<p>(b) Andal Corp.</p> <p>Name of Investment</p> <p>Check if value based on cost (<input checked="" type="checkbox"/>); or estimate at time of receipt ()</p>	<p>Check One</p> <p>() at least \$20,000.00 but less than \$100,000.00;</p> <p>(X) at least \$100,000.00 but less than \$500,000.00;</p> <p>() \$500,000.00 or more</p> <p>Check: (X) Person reporting () Spouse</p>
<p>(c) Chicago Milwaukee Corp.</p> <p>Name of Investment</p> <p>Check if value based on cost (<input checked="" type="checkbox"/>); or estimate at time of receipt ()</p>	<p>Check One</p> <p>(X) at least \$20,000.00 but less than \$100,000.00;</p> <p>() at least \$100,000.00 but less than \$500,000.00;</p> <p>() \$500,000.00 or more</p> <p>Check: (X) Person reporting () Spouse</p>
<p>(d) Control Data Corp.</p> <p>Name of Investment</p> <p>Check if value based on cost (<input checked="" type="checkbox"/>); or estimate at time of receipt ()</p>	<p>Check One</p> <p>(X) at least \$20,000.00 but less than \$100,000.00;</p> <p>() at least \$100,000.00 but less than \$500,000.00;</p> <p>() \$500,000.00 or more</p> <p>Check: (X) Person reporting () Spouse</p>

If needed attach additional information on appropriately labeled continuation sheet. Additional items should be designated by letters in sequence, "e", "f", "g" and so on.

SCHEDULE 8

INVESTMENTS of \$20,000.00 value or more

(a) (e)

F.M.I. Financial

Name of Investment

Check if value based on cost (X); or estimate at time of receipt ()

Check One

(X) at least \$20,000.00 but less than \$100,000.00;

() at least \$100,000.00 but less than \$500,000.00;

() \$500,000.00 or more

Check: (X) Person reporting
() Spouse

(b) (f)

Instrument Systems Corp.

Name of Investment

Check if value based on cost (X); or estimate at time of receipt ()

Check One

(X) at least \$20,000.00 but less than \$100,000.00;

() at least \$100,000.00 but less than \$500,000.00;

() \$500,000.00 or more

Check: (X) Person reporting
() Spouse

(c) (g)

United Aircraft Products, Inc.

Name of Investment

Check if value based on cost (X); or estimate at time of receipt ()

Check One

(X) at least \$20,000.00 but less than \$100,000.00;

() at least \$100,000.00 but less than \$500,000.00;

() \$500,000.00 or more

Check: (X) Person reporting
() Spouse

(d) (h)

Stanhope Inc.

Name of Investment

Check if value based on cost (X); or estimate at time of receipt ()

Check One

(XX) at least \$20,000.00 but less than \$100,000.00;

() at least \$100,000.00 but less than \$500,000.00;

() \$500,000.00 or more

Check: (X) Person reporting
() Spouse

If needed attach additional information on appropriately labeled continuation sheet. Additional items should be designated by letters in sequence, "e", "f", "g" and so on.

SCHEDULE 8

INVESTMENTS of \$20,000.00 value or more

<p>(i) (i) Thrifty Corp. Name of Investment</p> <p>Check if value based on cost (X); or estimate at time of receipt ()</p>	<p>Check One () at least \$20,000.00 but less than \$100,000.00; (X) at least \$100,000.00 but less than \$500,000.00; () \$500,000.00 or more</p> <p>Check: (X) Person reporting () Spouse</p>
<p>(j) (j) United States Steel Corp. Name of Investment</p> <p>Check if value based on cost (X); or estimate at time of receipt ()</p>	<p>Check One (X) at least \$20,000.00 but less than \$100,000.00; () at least \$100,000.00 but less than \$500,000.00; () \$500,000.00 or more</p> <p>Check: (X) Person reporting () Spouse</p>
<p>(k) (k) Electrospace Systems Name of Investment</p> <p>Check if value based on cost (X); or estimate at time of receipt ()</p>	<p>Check One (X) at least \$20,000.00 but less than \$100,000.00; () at least \$100,000.00 but less than \$500,000.00; () \$500,000.00 or more</p> <p>Check: (X) Person reporting () Spouse</p>
<p>(d) Name of Investment</p> <p>Check if value based on cost (); or estimate at time of receipt ()</p>	<p>Check One () at least \$20,000.00 but less than \$100,000.00; () at least \$100,000.00 but less than \$500,000.00; () \$500,000.00 or more</p> <p>Check: () Person reporting () Spouse</p>

If needed attach additional information on appropriately labeled continuation sheet. Additional items should be designated by letters in sequence, "e", "f", "g" and so on.

SCHEDULE 9

REAL PROPERTY HOLDINGS of \$20,000.00 or more

(a) Apt. 11E, 38 East 85th Street, New York, N.Y.

Street address or precise location of property

Check if value based on cost (X); or estimate at time or receipt ()

Check One

() at least \$20,000.00 but less than \$100,000.00;

(X) at least \$100,000.00 but less than \$500,000.00;

() \$500,000.00 or more

Check: (X) Person reporting
(X) Spouse

(b)

Street address or precise location of property

Check if value based on cost (); or estimate at time of receipt ()

Check One

() at least \$20,000.00 but less than \$100,000.00;

() at least \$100,000.00 but less than \$500,000.00;

() \$500,000.00 or more

Check: () Person reporting
() Spouse

(c)

Street address or precise location of property

Check if value based on cost (); or estimate at time of receipt ()

Check One

() at least \$20,000.00 but less than \$100,000.00;

() at least \$100,000.00 but less than \$500,000.00;

() \$500,000.00 or more

Check: () Person reporting
() Spouse

(d)

Street address or precise location of property

Check if value based on cost (); or estimate at time of receipt ()

Check One

() at least \$20,000.00 but less than \$100,000.00;

() at least \$100,000.00 but less than \$500,000.00;

() \$500,000.00 or more

Check: () Person reporting
() Spouse

If needed attach additional information on appropriately labeled continuation sheet. Additional items should be designated by letters in sequence, "e", "f", "g" and so on.

SCHEDULE 10

TRUST and FIDUCIARY RELATIONSHIPS

with \$20,000.00 value or more

<p>(a)</p> <p>Jerry Finkelstein I/T/F Andrew Stein</p> <p>Name of Trust or Fiduciary relationship</p>	<p>Check One</p> <p><input checked="" type="checkbox"/> at least \$20,000.00 but less than \$100,000.00;</p> <p><input type="checkbox"/> at least \$100,000.00 but less than \$500,000.00;</p> <p><input type="checkbox"/> \$500,000.00 or more</p> <p>Check: <input checked="" type="checkbox"/> Person reporting <input type="checkbox"/> Spouse</p>
<p>(b)</p> <p>Name of Trust or Fiduciary relationship</p>	<p>Check One</p> <p><input type="checkbox"/> at least \$20,000.00 but less than \$100,000.00;</p> <p><input type="checkbox"/> at least \$100,000.00 but less than \$500,000.00;</p> <p><input type="checkbox"/> \$500,000.00 or more</p> <p>Check: <input type="checkbox"/> Person reporting <input type="checkbox"/> Spouse</p>
<p>(c)</p> <p>Name of Trust or Fiduciary relationship</p>	<p>Check One</p> <p><input type="checkbox"/> at least \$20,000.00 but less than \$100,000.00;</p> <p><input type="checkbox"/> at least \$100,000.00 but less than \$500,000.00;</p> <p><input type="checkbox"/> \$500,000.00 or more</p> <p>Check: <input type="checkbox"/> Person reporting <input type="checkbox"/> Spouse</p>
<p>(d)</p> <p>Name of Trust or Fiduciary relationship</p>	<p>Check One</p> <p><input type="checkbox"/> at least \$20,000.00 but less than \$100,000.00;</p> <p><input type="checkbox"/> at least \$100,000.00 but less than \$500,000.00;</p> <p><input type="checkbox"/> \$500,000.00 or more</p> <p>Check: <input type="checkbox"/> Person reporting <input type="checkbox"/> Spouse</p>

If needed attach additional information on appropriately labeled continuation sheet. Additional items should be designated by letters in sequence, "e", "f", "g" and so on.

**REQUEST TO
WITHHOLD INFORMATION
FROM PUBLIC INSPECTION
(Privacy Claims)**

As to each of the following privacy claims, I affirm that I believe the information concerned to be highly personal and unrelated to my New York City office or employment and believe that it does not involve a conflict of interests.

A. I request that the following information contained in schedule _____ item _____ be withheld from public inspection

(describe information to be withheld)

This information is highly personal because _____

B. I request that the following information contained in schedule _____ item _____ be withheld from public inspection

(describe information to be withheld)

This information is highly personal because _____

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C. I request that the following information contained in schedule _____ item _____ be withheld from public inspection

(describe information to be withheld)

This information is highly personal because _____

D. I request that the following information contained in schedule _____ item _____ be withheld from public inspection

(describe information to be withheld)

This information is highly personal because _____

E. I request that the following information contained in schedule _____ item _____ be withheld from public inspection

(describe information to be withheld)

This information is highly personal because _____

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F. I request that the following information contained in schedule _____ item _____ be withheld from public inspection .

(describe information to be withheld)

This information is highly personal because _____

G. I request that the following information contained in schedule _____ item _____ be withheld from public inspection

(describe information to be withheld)

This information is highly personal because _____

H. I request that the following information contained in schedule _____ item _____ be withheld from public inspection

(describe information to be withheld)

86040570747

This information is highly personal because _____

36040570748

If needed attach additional information on appropriately labeled continuation sheet.
Additional items should be designated by letters in sequence, "i", "j", "k" and so on.



1984

**THE CITY OF NEW YORK
OFFICE OF THE CITY CLERK**

MUNICIPAL BUILDING
ROOM 261

NEW YORK, N.Y. 10007

RECEIVED BY CITY CLERK
Date/Index Number

OFFICE OF THE CITY CLERK

005020 JUL-2 85

REPORT OF FINANCIAL INTERESTS

(Administrative Code, Section 1106-5.0, Title A, Chapter 49)

(See page 13 and following for requests to withhold information from public inspection)

GENERAL INFORMATION: Please read carefully.

1. To insure accurate indexing of your report, PRINT OR TYPE all information clearly and insert your AGENCY CODE in BOX 2. You should contact your payroll, personnel or fiscal officer for this information. This is a three digit code unique to your agency.
2. Be sure to SIGN & DATE the bottom of PAGE 2 and do not detach any pages from the booklet. Submit the entire 16 page, printed booklet. Do not submit a photocopy.
3. Check, YES OR NO to questions 1 through 10 on PAGE 2. If you answer YES to any questions, complete the corresponding numbered schedule. Attach additional schedules as needed.
4. The City Clerk will issue a receipt for the report when it is filed in person by the employee or employee's messenger. Receipts will not be mailed or sent through the Central Messenger Service. If reports are received in batches from an agency, sent by special messenger, the receipt will be given to the messenger and it will be incumbent upon you to obtain the receipt from your agency.
5. THIS REPORT MUST BE FILED IN THE OFFICE OF THE CITY CLERK, ADDRESS ABOVE, ON OR BEFORE JULY 1st. THE LAW DOES NOT MAKE PROVISION FOR EXTENDING THE FILING DEADLINE.
6. Each elected officer described in Sections 4,23,24,81 and 91 of the New York City Charter shall file such report not later than July 1st of each year except, in the year in which such elected officer is a candidate for re-election or a candidate for one of the other offices hereinabove set forth, then and in that event such elected officer, as a candidate, shall file on or before the last day for filing his/her designating petitions pursuant to the election law.
7. Each person who has declared his/her intention to seek nomination or election and who has filed papers or petitions for nomination or election, or on whose behalf a declaration or nominating paper or petition has been made or filed which has not been declined, for an office described above shall file such report on or before the last day for filing his/her designating petitions pursuant to the election law.

Full Name	(last) STEIN	(first) ANDREW	(middle) J.
Agency Code No.	Paid by- Name of: Dept., Agency, Board, Commission, Other: President, Borough of Manhattan		
Your Title:	President, Borough of Manhattan		Your Base Annual Salary: \$ 80,000
Your Current Office Address:	1 Centre Street, Municipal Building NYC 10007		Your Office Telephone Number: 566-4429
The Period Covered By This Report: January 1st, 19 84 to December 31st, 19 84			

THIS SPACE TO BE COMPLETED BY CANDIDATES

I am a candidate for the office of:

CHECK ONE: (X) ELECTION

() RE-ELECTION

() MAYOR
(X) PRESIDENT OF THE COUNCIL
() COMPTROLLER
() BOROUGH PRESIDENT
() COUNCIL MEMBER

DURING THE PERIOD COVERED BY THIS REPORT

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| 1. Did you or your spouse receive income of \$1,000.00 or more from any professional organization in which you or your spouse is an officer, director, partner, proprietor or employee or for which either of you serves in any advisory capacity? | YES <u> X </u>
NO <u> </u> |
| 2. Did you or your spouse receive or accrue any income of \$1,000.00 or more for services other than described in 1. above? | YES <u> X </u>
NO <u> </u> |
| 3. Did you or your spouse receive a capital gain of \$1,000.00 or more from a single source other than the sale of a residence occupied by the person reporting? | YES <u> X </u>
NO <u> </u> |
| 4. Did you or your spouse receive reimbursement of expenditures of \$1,000.00 or more from a single source? | YES <u> X </u>
NO <u> </u> |
| 5. Did you or your spouse receive honoraria in the amount of \$500.00 or more from a single source? | YES <u> </u>
NO <u> X </u> |
| 6. Did you or your spouse receive gifts in an amount or value of \$500.00 or more from a single source? | YES <u> </u>
NO <u> X </u> |
| 7. Were you or your spouse indebted to one creditor in an amount of \$5,000.00 or more for a period of at least 90 consecutive days? | YES <u> X </u>
NO <u> </u> |
| 8. Did you or your spouse have an investment the value of which was \$20,000.00 or more? | YES <u> X </u>
NO <u> </u> |
| 9. Did you or your spouse own real property worth \$20,000.00 or more? | YES <u> X </u>
NO <u> </u> |
| 10. Did you or your spouse hold a beneficial interest in a trust or fiduciary relationship valued at \$20,000.00 or more? | YES <u> X </u>
NO <u> </u> |

If all your answers to the above questions are NO, then please sign below.

If any answer to the above questions were YES, please be sure to fill out the appropriate schedule before signing below.

**I CERTIFY THAT ALL INFORMATION GIVEN HEREIN IS TRUE
AND ACCURATE TO THE BEST OF MY KNOWLEDGE.**


SIGNATURE

July 1, 1985
DATE

06740570750

SCHEDULE 1

INCOME of \$1,000.00 or more from professional organization of person reporting or spouse.

(a)		Check One
Metro-Media, Inc.		() at least \$1,000.00 but less than \$5,000.00;
Name of Company or Profession		() at least \$5,000.00 but less than \$25,000.00;
1 Harmon Plaza		(X) at least \$25,000.00 but less than \$100,000.00;
Secaucus, N. J. 07094		() \$100,000.00 or more
Address		Check: () Person reporting
Employee; Consultant		(X) Spouse
Interest, e.g., officer, director, partner, proprietor, employee, advisory capacity		
(b)		Check One
CelluFone Corp.		() at least \$1,000.00 but less than \$5,000.00;
Name of Company or Profession		() at least \$5,000.00 but less than \$25,000.00;
1129 Highway 35		(X) at least \$25,000.00 but less than \$100,000.00;
Shrewsbury, N.J. 07701		() \$100,000.00 or more
Address		Check: () Person reporting
Officer, Employee		(X) Spouse
Interest, e.g., officer, director, partner, proprietor, employee, advisory capacity		
City of New York		
(c) Municipal Building		Check One
Name of Company or Profession		() at least \$1,000.00 but less than \$5,000.00;
New York, N. Y. 10007		() at least \$5,000.00 but less than \$25,000.00;
Address Manhattan		(X) at least \$25,000.00 but less than \$100,000.00;
Borough President		() \$100,000.00 or more
Interest, e.g., officer, director, partner, proprietor, employee, advisory capacity		Check: (X) Person reporting
		() Spouse
(d)		Check One
Name of Company or Profession		() at least \$1,000.00 but less than \$5,000.00;
Address		() at least \$5,000.00 but less than \$25,000.00;
		() at least \$25,000.00 but less than \$100,000.00;
Interest, e.g., officer, director, partner, proprietor, employee, advisory capacity		() \$100,000.00 or more
		Check: () Person reporting
		() Spouse

If needed attach additional information on appropriately labeled continuation sheets. Additional items should be designated by letters in sequence, "e", "f", "g" and so on.

SCHEDULE 2

INCOME of \$1,000.00 or more, for services rendered, other than in Schedule 1.

(a) Stein-81 Committee	<p>Check One</p> <p>() at least \$1,000.00 but less than \$5,000.00;</p>
Name of source of income None	<p>() at least \$5,000.00 but less than \$25,000.00;</p>
<p>Type of Service</p> <p>While this schedule calls for income for services rendered only, Andrew Stein received \$27,077 - in interest income from a political committee, Stein-81, during calendar year 1984. While this is not required to be reported, I do so for clarity.</p>	<p>(X) at least \$25,000.00 but less than \$100,000.00;</p> <p>() \$100,000.00 or more</p> <p>Check: (x) Person reporting () Spouse</p>
(b)	<p>Check One</p> <p>() at least \$1,000.00 but less than \$5,000.00;</p>
Name of source of income	<p>() at least \$5,000.00 but less than \$25,000.00;</p>
Type of Service	<p>() at least \$25,000.00 but less than \$100,000.00;</p> <p>() \$100,000.00 or more</p> <p>Check: () Person reporting () Spouse</p>
(c)	<p>Check One</p> <p>() at least \$1,000.00 but less than \$5,000.00;</p>
Name of source of income	<p>() at least \$5,000.00 but less than \$25,000.00;</p>
Type of Service	<p>() at least \$25,000.00 but less than \$100,000.00;</p> <p>() \$100,000.00 or more</p> <p>Check: () Person reporting () Spouse</p>
(d)	<p>Check One</p> <p>() at least \$1,000.00 but less than \$5,000.00;</p>
Name of source of income	<p>() at least \$5,000.00 but less than \$25,000.00;</p>
Type of Service	<p>() at least \$25,000.00 but less than \$100,000.00;</p> <p>() \$100,000.00 or more</p> <p>Check: () Person reporting () Spouse</p>

If needed attach additional information on appropriately labeled continuation sheets. Additional items should be designated by letters in sequence, "e", "f", "g" and so on.

SCHEDULE 3

CAPITAL GAINS of \$1,000.00 or more from single source: (other than sale of residence occupied by person reporting)

<p>(a)</p> <p>Andal Corp</p> <p>Source of capital gain</p> <p>Sale of 29,100 shares</p>	<p>Check One</p> <p>() at least \$1,000.00 but less than \$5,000.00;</p> <p>(X) at least \$5,000.00 but less than \$25,000.00;</p> <p>() at least \$25,000.00 but less than \$100,000.00;</p> <p>() \$100,000.00 or more</p> <p>Check: (X) Person reporting (X) Spouse</p>
<p>(b)</p> <p>Instrument Systems Corp.</p> <p>Source of capital gain</p> <p>Sale of 15,000 shares</p>	<p>Check One</p> <p>(X) at least \$1,000.00 but less than \$5,000.00;</p> <p>() at least \$5,000.00 but less than \$25,000.00;</p> <p>() at least \$25,000.00 but less than \$100,000.00;</p> <p>() \$100,000.00 or more</p> <p>Check: (X) Person reporting (X) Spouse</p>
<p>(c)</p> <p>Source of capital gain</p>	<p>Check One</p> <p>() at least \$1,000.00 but less than \$5,000.00;</p> <p>() at least \$5,000.00 but less than \$25,000.00;</p> <p>() at least \$25,000.00 but less than \$100,000.00;</p> <p>() \$100,000.00 or more</p> <p>Check: () Person reporting () Spouse</p>
<p>(d)</p> <p>Source of capital gain</p>	<p>Check One</p> <p>() at least \$1,000.00 but less than \$5,000.00;</p> <p>() at least \$5,000.00 but less than \$25,000.00;</p> <p>() at least \$25,000.00 but less than \$100,000.00;</p> <p>() \$100,000.00 or more</p> <p>Check: () Person reporting () Spouse</p>

If needed attach additional information on appropriate labeled continuation sheets. Additional items should be designated by letters in sequence, "e", "f", "g" and so on.

SCHEDULE 4

REIMBURSEMENT of expenditures of \$1,000.00 or more in each instance from a single source.

<p>(a)</p> <p><u>Metro Media, Inc.</u></p> <p>Name of person, organization or corporation making re-imbusement.</p> <p><u>Travel expenses reimbursed to Lynn Stein</u></p>	<p>Check One</p> <p><input checked="" type="checkbox"/> (X) at least \$1,000.00 but less than \$5,000.00;</p> <p><input type="checkbox"/> () at least \$5,000.00 but less than \$25,000.00;</p> <p><input type="checkbox"/> () at least \$25,000.00 but less than \$100,000.00;</p> <p><input type="checkbox"/> () \$100,000.00 or more</p> <p>Check: <input type="checkbox"/> () Person reporting <input checked="" type="checkbox"/> (X) Spouse</p>
<p>(b)</p> <p>Name of person, organization or corporation making re-imbusement.</p>	<p>Check One</p> <p><input type="checkbox"/> () at least \$1,000.00 but less than \$5,000.00;</p> <p><input type="checkbox"/> () at least \$5,000.00 but less than \$25,000.00;</p> <p><input type="checkbox"/> () at least \$25,000.00 but less than \$100,000.00;</p> <p><input type="checkbox"/> () \$100,000.00 or more</p> <p>Check: <input type="checkbox"/> () Person reporting <input type="checkbox"/> () Spouse</p>
<p>(c)</p> <p>Name of person, organization or corporation making re-imbusement.</p>	<p>Check One</p> <p><input type="checkbox"/> () at least \$1,000.00 but less than \$5,000.00;</p> <p><input type="checkbox"/> () at least \$5,000.00 but less than \$25,000.00;</p> <p><input type="checkbox"/> () at least \$25,000.00 but less than \$100,000.00;</p> <p><input type="checkbox"/> () \$100,000.00 or more</p> <p>Check: <input type="checkbox"/> () Person reporting <input type="checkbox"/> () Spouse</p>
<p>(d)</p> <p>Name of person, organization or corporation making re-imbusement.</p>	<p>Check One</p> <p><input type="checkbox"/> () at least \$1,000.00 but less than \$5,000.00;</p> <p><input type="checkbox"/> () at least \$5,000.00 but less than \$25,000.00;</p> <p><input type="checkbox"/> () at least \$25,000.00 but less than \$100,000.00;</p> <p><input type="checkbox"/> () \$100,000.00 or more</p> <p>Check: <input type="checkbox"/> () Person reporting <input type="checkbox"/> () Spouse</p>

If needed attach additional information on appropriately labeled continuation sheet. Additional items should be designated by letters in sequence, "e", "f", "g" and so on.

SCHEDULE 6

GIFTS aggregate of \$500.00 or more from single source

(a) Not Applicable	Check One <input type="checkbox"/> less than \$1,000.00
Name of person, organization or corporation making gift.	<input type="checkbox"/> at least \$1,000.00 but less than \$5,000.00;
	<input type="checkbox"/> at least \$5,000.00 but less than \$25,000.00;
	<input type="checkbox"/> at least \$25,000.00 but less than \$100,000.00;
	<input type="checkbox"/> \$100,000.00 or more
	Check: <input type="checkbox"/> Person reporting <input type="checkbox"/> Spouse
(b)	Check One <input type="checkbox"/> less than \$1,000.00
Name of person, organization or corporation making gift.	<input type="checkbox"/> at least \$1,000.00 but less than \$5,000.00;
	<input type="checkbox"/> at least \$5,000.00 but less than \$25,000.00;
	<input type="checkbox"/> at least \$25,000.00 but less than \$100,000.00;
	<input type="checkbox"/> \$100,000.00 or more
	Check: <input type="checkbox"/> Person reporting <input type="checkbox"/> Spouse
(c)	Check One <input type="checkbox"/> less than \$1,000.00
Name of person, organization or corporation making gift.	<input type="checkbox"/> at least \$1,000.00 but less than \$5,000.00;
	<input type="checkbox"/> at least \$5,000.00 but less than \$25,000.00;
	<input type="checkbox"/> at least \$25,000.00 but less than \$100,000.00;
	<input type="checkbox"/> \$100,000.00 or more
	Check: <input type="checkbox"/> Person reporting <input type="checkbox"/> Spouse
(d)	Check One <input type="checkbox"/> less than \$1,000.00
Name of person, organization or corporation making gift.	<input type="checkbox"/> at least \$1,000.00 but less than \$5,000.00;
	<input type="checkbox"/> at least \$5,000.00 but less than \$25,000.00;
	<input type="checkbox"/> at least \$25,000.00 but less than \$100,000.00;
	<input type="checkbox"/> \$100,000.00 or more
	Check: <input type="checkbox"/> Person reporting <input type="checkbox"/> Spouse

If needed attach additional information on appropriately labeled continuation sheet. Additional items should be designated by letters in sequence, "e", "f", "g" and so on.

or more.*

<p>(a)</p> <p>Manufacturers Hanover Trust</p> <hr/> <p>Name of Creditor</p> <p>4 New York Plaza, New York, N.Y.</p> <hr/> <p>Address</p> <p>Indicate: Still in effect (X); Date terminated _____</p> <p>Loan originated 10/18/84</p>	<p>Check One</p> <p>() at least \$5,000.00 but less than \$25,000.00;</p> <hr/> <p>() at least \$25,000.00 but less than \$100,000.00;</p> <hr/> <p>(X) at least \$100,000.00 but less than \$500,000.00;</p> <hr/> <p>() \$500,000.00 or more</p> <hr/> <p>Check: (X) Person reporting (X) Spouse</p>
<p>(b)</p> <p>Bank Leumi Trust Company</p> <hr/> <p>Name of Creditor</p> <p>562 5th Avenue, New York, N.Y.</p> <hr/> <p>Address</p> <p>Indicate: Still in effect (X); Date terminated _____</p>	<p>Check One</p> <p>() at least \$5,000.00 but less than \$25,000.00;</p> <hr/> <p>(X) at least \$25,000.00 but less than \$100,000.00;</p> <hr/> <p>() at least \$100,000.00 but less than \$500,000.00;</p> <hr/> <p>() \$500,000.00 or more</p> <hr/> <p>Check: (X) Person reporting (X) Spouse</p>
<p>(c)</p> <p>Shearson American Express, Inc.</p> <hr/> <p>Name of Creditor</p> <p>2 World Trade Center, New York, N.Y. 10048</p> <hr/> <p>Address</p> <p>Indicate: Still in effect (); Date terminated 3/31/84</p> <p>Margin account</p>	<p>Check One</p> <p>() at least \$5,000.00 but less than \$25,000.00;</p> <hr/> <p>() at least \$25,000.00 but less than \$100,000.00;</p> <hr/> <p>(X) at least \$100,000.00 but less than \$500,000.00;</p> <hr/> <p>() \$500,000.00 or more</p> <hr/> <p>Check: (X) Person reporting (X) Spouse</p>
<p>(d)</p> <p>Oklauster Corp.</p> <hr/> <p>Name of Creditor</p> <p>33 East 63rd Street, New York, N.Y.</p> <hr/> <p>Address</p> <p>Indicate: Still in effect (); Date terminated 5/7/84</p>	<p>Check One</p> <p>() at least \$5,000.00 but less than \$25,000.00;</p> <hr/> <p>(X) at least \$25,000.00 but less than \$100,000.00;</p> <hr/> <p>() at least \$100,000.00 but less than \$500,000.00;</p> <hr/> <p>() \$500,000.00 or more</p> <hr/> <p>Check: () Person reporting () Spouse</p>

If needed attach additional information on appropriately labeled continuation sheet. Additional items should be designated by letters in sequence. "e", "f", "g" and so on.

*Excludes transactions with relatives consistent with Federal Law, 2 USC702(4).

SCHEDULE 1 **INDEBTEDNESS OF \$5,000.00 OR MORE FOR PERIOD OF 90 CONSECUTIVE DAYS OR MORE.**

(a)(e) Muriel Siebert & Co. Inc.

Name of Creditor

77 Water Street, New York, N.Y.
Address

Indicate: Still in effect (): Date terminated 2/16/84

Margin account

Check One

() at least \$5,000.00 but less than \$25,000.00;

(X) at least \$25,000.00 but less than \$100,000.00;

() at least \$100,000.00 but less than \$500,000.00;

() \$500,000.00 or more

Check: (X) Person reporting
(X) Spouse

(b)(f)

Dime Savings Bank of N.Y.

Name of Creditor

1225 Franklin Ave. Garden City, N.Y. 11530
Address

Indicate: Still in effect (): Date terminated 3/1/84

Home mortgage

Check One

() at least \$5,000.00 but less than \$25,000.00;

(X) at least \$25,000.00 but less than \$100,000.00;

() at least \$100,000.00 but less than \$500,000.00;

() \$500,000.00 or more

Check: () Person reporting
(X) Spouse

(c)

Name of Creditor

Address

Indicate: Still in effect (): Date terminated _____

Check One

() at least \$5,000.00 but less than \$25,000.00;

() at least \$25,000.00 but less than \$100,000.00;

() at least \$100,000.00 but less than \$500,000.00;

() \$500,000.00 or more

Check: () Person reporting
() Spouse

(d)

Name of Creditor

Address

Indicate: Still in effect (): Date terminated _____

Check One

() at least \$5,000.00 but less than \$25,000.00;

() at least \$25,000.00 but less than \$100,000.00;

() at least \$100,000.00 but less than \$500,000.00;

() \$500,000.00 or more

Check: () Person reporting
() Spouse

If needed attach additional information on appropriately labeled continuation sheet. Additional items should be designated by letters in sequence, "e", "f", "g" and so on.

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SCHEDULE 8

INVESTMENTS of \$20,000.00 value or more

(a)		Check One
Andal Corp		() at least \$20,000.00 but less than \$100,000.00;
Name of Investment		(X) at least \$100,000.00 but less than \$500,000.00;
Check if value based on cost (X); or estimate at time of receipt ()		() \$500,000.00 or more
		Check: (X) Person reporting (X) Spouse
(b)		Check One
FMI Financial Corp.		(X) at least \$20,000.00 but less than \$100,000.00;
Name of Investment		() at least \$100,000.00 but less than \$500,000.00;
Check if value based on cost (X); or estimate at time of receipt ()		() \$500,000.00 or more
		Check: (X) Person reporting (X) Spouse
(c)		Check One
Stan Home, Inc.		(X) at least \$20,000.00 but less than \$100,000.00;
Name of Investment		() at least \$100,000.00 but less than \$500,000.00;
Check if value based on cost (X); or estimate at time of receipt ()		() \$500,000.00 or more
		Check: (X) Person reporting (X) Spouse
(d)		Check One
Thrifty Corp.		() at least \$20,000.00 but less than \$100,000.00;
Name of Investment		(X) at least \$100,000.00 but less than \$500,000.00;
Check if value based on cost (X); or estimate at time of receipt ()		() \$500,000.00 or more
		Check: (X) Person reporting (X) Spouse

If needed attach additional information on appropriately labeled continuation sheet. Additional items should be designated by letters in sequence, "e", "f", "g" and so on.

SCHEDULE O

INVESTMENTS OF \$20,000.00 value or more

(a) (e)

U.S. Steel

Name of Investment

Check if value based on cost (X); or estimate at time of receipt ()

Check One
(X) at least \$20,000.00 but
less than \$100,000.00;

() at least \$100,000.00 but
less than \$500,000.00;

() \$500,000.00 or more

Check: (X) Person reporting
(X) Spouse

(b) (f)

Control Data Corp

Name of Investment

Check if value based on cost (X); or estimate at time of receipt ()

Check One
(X) at least \$20,000.00 but
less than \$100,000.00;

() at least \$100,000.00 but
less than \$500,000.00;

() \$500,000.00 or more

Check: (X) Person reporting
(X) Spouse

(c) (g)

American Express Co.

Name of Investment

Check if value based on cost (X); or estimate at time of receipt ()

Check One
(X) at least \$20,000.00 but
less than \$100,000.00;

() at least \$100,000.00 but
less than \$500,000.00;

() \$500,000.00 or more

Check: (X) Person reporting
(X) Spouse

(d) (h)

Chicago Milwaukee Corp.

Name of Investment

Check if value based on cost (X); or estimate at time of receipt ()

Check One
(X) at least \$20,000.00 but
less than \$100,000.00;

() at least \$100,000.00 but
less than \$500,000.00;

() \$500,000.00 or more

Check: (X) Person reporting
(X) Spouse

If needed attach additional information on appropriately labeled continuation sheet. Additional items should be designated by letters in sequence, "e", "f", "g" and so on.

SCHEDULE D

INVESTMENTS OF \$20,000.00 VALUE OR MORE

(a) (1)

Instrument Systems Corp.

Name of Investment

Check if value based on cost (X); or estimate at time of receipt ()

Check One
(X) at least \$20,000.00 but
less than \$100,000.00;

() at least \$100,000.00 but
less than \$500,000.00;

() \$500,000.00 or more

Check: (X) Person reporting
(X) Spouse

(b) (3)

ESPY Manufacturing & Elec.

Name of Investment

Check if value based on cost (X); or estimate at time of receipt ()

Check One
(X) at least \$20,000.00 but
less than \$100,000.00;

() at least \$100,000.00 but
less than \$500,000.00;

() \$500,000.00 or more

Check: (X) Person reporting
(X) Spouse

(c) (k)

Real Fund

Name of Investment

Check if value based on cost (X); or estimate at time of receipt ()

Check One
(X) at least \$20,000.00 but
less than \$100,000.00;

() at least \$100,000.00 but
less than \$500,000.00;

() \$500,000.00 or more

Check: (X) Person reporting
(X) Spouse

(d) (L)

Cellufone Corp.

Name of Investment

Check if value based on cost (X); or estimate at time of receipt ()

Check One
(X) at least \$20,000.00 but
less than \$100,000.00;

() at least \$100,000.00 but
less than \$500,000.00;

() \$500,000.00 or more

Check: () Person reporting
(X) Spouse

If needed attach additional information on appropriately labeled continuation sheet. Additional items should be designated by letters in sequence, "e", "f", "g" and so on.

SCHEDULE 9

REAL PROPERTY HOLDINGS of \$20,000.00 value or more

(a)		Check One <input type="checkbox"/> at least \$20,000.00 but less than \$100,000.00; <input checked="" type="checkbox"/> at least \$100,000.00 but less than \$500,000.00; <input type="checkbox"/> \$500,000.00 or more
Apt 11E, 38 East 85th Street, New York, N. Y.	Street address or precise location of property	Check: <input checked="" type="checkbox"/> Person reporting <input checked="" type="checkbox"/> Spouse
Check if value based on cost (<input checked="" type="checkbox"/>); or estimate at time of receipt (<input type="checkbox"/>)		
(b)		Check One <input type="checkbox"/> at least \$20,000.00 but less than \$100,000.00; <input type="checkbox"/> at least \$100,000.00 but less than \$500,000.00; <input type="checkbox"/> \$500,000.00 or more
Street address or precise location of property		Check: <input type="checkbox"/> Person reporting <input type="checkbox"/> Spouse
Check if value based on cost (<input type="checkbox"/>); or estimate at time of receipt (<input type="checkbox"/>)		
(c)		Check One <input type="checkbox"/> at least \$20,000.00 but less than \$100,000.00; <input type="checkbox"/> at least \$100,000.00 but less than \$500,000.00; <input type="checkbox"/> \$500,000.00 or more
Street address or precise location of property		Check: <input type="checkbox"/> Person reporting <input type="checkbox"/> Spouse
Check if value based on cost (<input type="checkbox"/>); or estimate at time of receipt (<input type="checkbox"/>)		
(d)		Check One <input type="checkbox"/> at least \$20,000.00 but less than \$100,000.00; <input type="checkbox"/> at least \$100,000.00 but less than \$500,000.00; <input type="checkbox"/> \$500,000.00 or more
Street address or precise location of property		Check: <input type="checkbox"/> Person reporting <input type="checkbox"/> Spouse
Check if value based on cost (<input type="checkbox"/>); or estimate at time of receipt (<input type="checkbox"/>)		

If needed attach additional information on appropriately labeled continuation sheet. Additional items should be designated by letters in sequence, "e", "f", "g" and so on.

SCHEDULE 10

TRUST and FIDUCIARY RELATIONSHIP of \$20,000.00 value or more

<p>(a) Jerry Finkelstein I/T/F Andrew Stein</p> <p>Name of Trust or Fiduciary relationship</p>	<p>Check One</p> <p>(X) at least \$20,000.00 but less than \$100,000.00;</p> <p>() at least \$100,000.00 but less than \$500,000.00;</p> <p>() \$500,000.00 or more</p> <p>Check: (X) Person reporting () Spouse</p>
<p>(b)</p> <p>Name of Trust or Fiduciary relationship</p>	<p>Check One</p> <p>() at least \$20,000.00 but less than \$100,000.00;</p> <p>() at least \$100,000.00 but less than \$500,000.00;</p> <p>() \$500,000.00 or more</p> <p>Check: () Person reporting () Spouse</p>
<p>(c)</p> <p>Name of Trust or Fiduciary relationship</p>	<p>Check One</p> <p>() at least \$20,000.00 but less than \$100,000.00;</p> <p>() at least \$100,000.00 but less than \$500,000.00;</p> <p>() \$500,000.00 or more</p> <p>Check: () Person reporting () Spouse</p>
<p>(d)</p> <p>Name of Trust or Fiduciary relationship</p>	<p>Check One</p> <p>() at least \$20,000.00 but less than \$100,000.00;</p> <p>() at least \$100,000.00 but less than \$500,000.00;</p> <p>() \$500,000.00 or more</p> <p>Check: () Person reporting () Spouse</p>

If needed attach additional information on appropriately labeled continuation sheet. Additional items should be designated by letters in sequence, "e", "f", "g" and so on.

**REQUEST TO
WITHHOLD INFORMATION
FROM PUBLIC INSPECTION
(Privacy Claims)**

As to each of the following privacy claims, I affirm that I believe the information concerned to be highly personal and unrelated to my New York City office or employment and believe that it does not involve a conflict of interests.

A. I request that the following information contained in schedule _____ item _____ be withheld from public inspection

(describe information to be withheld)

This information is highly personal because _____

B. I request that the following information contained in schedule _____ item _____ be withheld from public inspection

(describe information to be withheld)

This information is highly personal because _____

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C. I request that the following information contained in schedule _____ item _____ be withheld from public inspection

(describe information to be withheld)

This information is highly personal because _____

D. I request that the following information contained in schedule _____ item _____ be withheld from public inspection

(describe information to be withheld)

This information is highly personal because _____

E. I request that the following information contained in schedule _____ item _____ be withheld from public inspection

(describe information to be withheld)

This information is highly personal because _____

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F. I request that the following information contained in schedule _____ item _____ be withheld from public inspection

(describe information to be withheld)

This information is highly personal because _____

G. I request that the following information contained in schedule _____ item _____ be withheld from public inspection

(describe information to be withheld)

This information is highly personal because _____

H. I request that the following information contained in schedule _____ item _____ be withheld from public inspection

(describe information to be withheld)

36340570756

This information is highly personal because _____

36040570767

If needed attach additional information on appropriately labeled continuation sheet.
Additional items should be designated by letters in sequence, "i", "j", "k" and so on.

Based on 83
 Mr. Chuck 83 84
 Fin. disc?

2 7 7 1 1 1 3 7

~~Exempt~~
 D

UNITED STATES HOUSE OF REPRESENTATIVES
 Committee on Standards of Official Conduct

SENORS IN GOVERNMENT ACT—FINANCIAL DISCLOSURE STATEMENT

FORM 2—For use by candidates for the office of Senator and now serving as

DATE 5/15/86

☐ Check if completed Statement.

ANDREW J. STEIN

(Print Name)

C/O DAVID TAYLOR & CO., 60 EAST 42nd STREET

(Mailing Address)

NEW YORK, N. Y. 10143

17
 2 60

(Office Use Only)

Check the appropriate box and fill in the blanks.

☒ Candidate for the U.S. House of Representatives—District 15th of New York
 Date of First on November 3, 1984

☐ New Officer or Employee—Employing Office

Note: Please read instructions carefully. Sign this form on the reverse side. Attach additional sheets if needed, identify each sheet by showing your name and the section being continued. Complete all parts. (If None, so indicate.) Please type or print clearly.

I. INCOME

A. The source, type, and amount of income (except income reported below in Part II) aggregating \$100 or more in value received from any source during the preceding calendar year and the current calendar year to date of filing.

SOURCE	TYPE	AMOUNT
CITY of New York, Calendar Year 1983	Salary	\$68,970.00
CITY of New York 1/1/84 - 4/30/84	Salary	\$23,625.00
Slipstream Theater & Bookstore (Gross) 1983	Salary	
Interville Inc. (Gross) 1983, 1984	Salary	
Callaway Corp. (Gross) 1984	Salary	

B. The source, type, and category of value of income from dividends, interest, rent, and capital gains received from any source during the preceding calendar year and the year of filing which exceeds \$100 in value. Note: For this part only, indicate Category of Value, or different Category A—not more than \$1,000; B—\$1,001-\$2,500; C—\$2,501-\$5,000; D—\$5,001-\$10,000; E—\$10,001-\$25,000; F—\$25,001-\$50,000; G—over \$50,000.

1983

SOURCE	TYPE	CATEGORY
7211 Eastern/American Express, Inc.	Capital gains	A-E 15,000 - 50,000
Eastern/American Express, Inc.	Dividends	B-D 1,001 - 15,000
Oppenheimer & Co., Inc.	Capital gains	C-D 2,501 - 5,000
27 ✓ Noriel Siebert & P., Inc.	Interest	A-A 1,000
370 ✓ Noriel Siebert & P., Inc.	Dividends	A-A 1,000
31 L.F. Rothschild Osterberg Turbin	Dividend	A-A 1,000
L.F. Rothschild Osterberg Turbin	Capital gains	B-D 1,001 - 15,000
130 Varadford Trust	Dividends	A-A 1,000
136 Varadford Trust	Interest	A-A 1,000
11 Varadford Trust	Dividends	A-A 1,000
Varadford Trust	Capital gains	C-C 2,501 - 5,000
Varadford Trust	Dividends	A-A 1,000
1871 ✓ Varadford Trust	Interest	A-A 1,000
405 ✓ Varadford Trust	Interest	A-A 1,000
301 ✓ Varadford Trust	Interest	A-A 1,000

IN PARTS I AND II, THE INFORMATION IS SUPPLIED BY THE REPORTANT AS OF A DATE WHICH IS LESS THAN THE DATE OF FILING THIS REPORT. THE INFORMATION BELOW IS SUPPLIED AS OF 5/15/84

NOTE: For Parts II and III below, indicate the category of value as follows: Category A - and more than \$1,000; B - \$1,000 - \$10,000; C - \$10,001 - \$100,000; D - \$100,001 - \$1,000,000; E - \$1,000,001 - \$10,000,000; F - over \$10,000,000.

II. ASSETS

The identity and category of value of any interest in property held in a trust or business, or for investment or the production of income, which has a fair market value in excess of \$1,000 as of the date specified above.

IDENTITY	FAIR MARKET VALUE
1,000 United Aircraft Products Inc.	15,001 - 50,000 EC
900 Instrument Systems	5,001 - 15,000 EC
25,000 Phoenix Audio Corp.	100,001 - 1,000,000 EC
1,000,000 Collins Corp. - common	15,001 - 50,000 EC
1,000,000 Collins Corp. - preferred	15,001 - 50,000 EC
1,000,000 Collins Corp. - Series A	15,001 - 50,000 EC
1,000,000 Collins Corp. - Series B	15,001 - 50,000 EC
1,000,000 Collins Corp. - Series C	15,001 - 50,000 EC
1,000,000 Collins Corp. - Series D	15,001 - 50,000 EC
1,000,000 Collins Corp. - Series E	15,001 - 50,000 EC
1,000,000 Collins Corp. - Series F	15,001 - 50,000 EC
1,000,000 Collins Corp. - Series G	15,001 - 50,000 EC
1,000,000 Collins Corp. - Series H	15,001 - 50,000 EC
1,000,000 Collins Corp. - Series I	15,001 - 50,000 EC
1,000,000 Collins Corp. - Series J	15,001 - 50,000 EC
1,000,000 Collins Corp. - Series K	15,001 - 50,000 EC
1,000,000 Collins Corp. - Series L	15,001 - 50,000 EC
1,000,000 Collins Corp. - Series M	15,001 - 50,000 EC
1,000,000 Collins Corp. - Series N	15,001 - 50,000 EC
1,000,000 Collins Corp. - Series O	15,001 - 50,000 EC
1,000,000 Collins Corp. - Series P	15,001 - 50,000 EC
1,000,000 Collins Corp. - Series Q	15,001 - 50,000 EC
1,000,000 Collins Corp. - Series R	15,001 - 50,000 EC
1,000,000 Collins Corp. - Series S	15,001 - 50,000 EC
1,000,000 Collins Corp. - Series T	15,001 - 50,000 EC
1,000,000 Collins Corp. - Series U	15,001 - 50,000 EC
1,000,000 Collins Corp. - Series V	15,001 - 50,000 EC
1,000,000 Collins Corp. - Series W	15,001 - 50,000 EC
1,000,000 Collins Corp. - Series X	15,001 - 50,000 EC
1,000,000 Collins Corp. - Series Y	15,001 - 50,000 EC
1,000,000 Collins Corp. - Series Z	15,001 - 50,000 EC

III. LIABILITIES

The identity and category of value of the total liabilities owed to any creditor which exceeds \$1,000 as of the date specified above.

IDENTITY	FAIR MARKET VALUE
(*) R. Perkinson	50,000 - 100,000

IV. POSITIONS

The identity of all positions held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States Government.

POSITION	NAME OF ORGANIZATION

V. ACKNOWLEDGMENTS

(For New Employees Only)

A description of the date, parties to, and terms of any agreement or arrangement with respect to future employment; hours of absence during period of government service; continuation of payments by a former employer other than the U.S. Government; and continuing participation in an employee welfare or benefit plan maintained by a former employer.

DATE	PARTIES TO	TERMS OF AGREEMENT

VI. ADDITIONAL INFORMATION

A. Are you aware of any interests in property or liabilities of a spouse or dependent child which you have not reported because they meet the above standards for exemption? (See Instructions)

YES ☐ NO ☒

B. Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "qualified blind trust" or other exempt trust? (See Instructions)

YES ☐ NO ☒

NOTE: Any false statement knowingly and willfully made or who knowingly and willfully fails to file this report may be subject to civil and criminal penalties (5 U.S.C. 552 and 18 U.S.C. 1001).

Charles J. Stein

5/15/84

06040570759

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E

REPORTS OF RECEIPTS AND DISBURSEMENTS
For Authorized Committee

HAND DELIVERED

(Summary Page)

10/1/84

1 Name of Committee (See Form 1)		2 F.E.C. Identification Number	
Stein for Congress		C-00177626	
Address (Number and Street)		3 Is this Report an Amendment?	
60 East 42nd Street, Suite 2212		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
City, State and Zip Code		4 Check if address is different than previously reported	
<input type="checkbox"/>		<input type="checkbox"/>	

4 TYPE OF REPORT

<input type="checkbox"/> April 15 Quarterly Report	<input type="checkbox"/> Tenth day report preceding
<input type="checkbox"/> July 15 Quarterly Report	election on _____
<input type="checkbox"/> October 15 Quarterly Report	<input type="checkbox"/> Tenth day report following the General
<input type="checkbox"/> January 31 Year End Report	_____ in the State of _____
<input type="checkbox"/> July 31 Mid Year Report (Non-election Year Only)	<input type="checkbox"/> Termination Report

This report contains activity for - ☒ Primary Election ☒ General Election ☐ Special Election ☐ Runoff Election

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	11/27/84 through 12/31/84		
6. Net Contributions (other than loans)			
(a) Total Contributions (other than loans) (From Line 11 (a))			933,470.50
(b) Total Contribution Refunds (From Line 20 (a))			11,250.00
(c) Net Contributions (other than loans) (Subtract Line 6 (b) from 6 (a))			922,220.50
7. Net Operating Expenditures			
(a) Total Operating Expenditures (From Line 17)		22,269.23	1,768,032.88
(b) Total Offset to Operating Expenditures (From Line 14)			5,912.00
(c) Net Operating Expenditures (Subtract Line 7 (b) from 7 (a))		22,269.23	1,762,120.88
8. Cash on Hand at Close of Reporting Period (From Line 27)		848.97	
9. Debts and Obligations Owed TO The Committee (Itemize all on Schedule C or Schedule D)			
10. Debts and Obligations Owed BY The Committee (Itemize all on Schedule C or Schedule D)		856,454.81	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

For further information, contact:
Federal Election Commission
Toll Free 800 434 9530
Local 202 693 4800

Martin J. McLaughlin
Type or Print Name of Treasurer

Martin J. McLaughlin
SIGNATURE OF TREASURER

11/28/84
Date

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

All previous versions of FEC FORM 3 and FEC FORM 3a are obsolete and should no longer be used.

**DETAILED SUMMARY PAGE
of Receipts and Disbursements
(Page 2, FEC FORM 3)**

Name of Committee (to 7-01)

Stein for Congress Committee

Report Covering the Period

From 11/27/84

To 12/31/84

I. RECEIPTS

11. CONTRIBUTIONS (other than loans) (to 10-00)

(a) Individuals/Persons Other Than Political Committees

(Status: ☐ New ☐ Unaffiliated ☐)

(b) Political Party Committees

(c) Other Political Committees

(d) The Candidate

(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a), 11(b), 11(c) and 11(d))

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

13. LOANS:

(a) Made or Guaranteed by the Candidate

(b) All Other Loans

(c) TOTAL LOANS (add 13 (a) and 13 (b))

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Releases, etc.)

15. OTHER RECEIPTS (Dividends, Interest, etc.)

16. TOTAL RECEIPTS (add 11 (a), 12, 13 (a), 14 and 15)

II. DISBURSEMENTS

17. OPERATING EXPENDITURES

18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES

19. LOAN REPAYMENTS:

(a) Of Loans Made or Guaranteed by the Candidate

(b) Of All Other Loans

(c) TOTAL LOAN REPAYMENTS (add 19 (a) and 19 (b))

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other Than Political Committees

(b) Political Party Committees

(c) Other Political Committees

(d) TOTAL CONTRIBUTION REFUNDS (add 20 (a), 20 (b), and 20 (c))

21. OTHER DISBURSEMENTS

22. TOTAL DISBURSEMENTS (add 17, 18, 19 (a), 20 (a) and 21)

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD \$ 23,118.20

24. TOTAL RECEIPTS THIS PERIOD (From Line 16) \$

25. SUBTOTAL (Add Line 23 and Line 24) \$ 23,118.20

26. TOTAL DISBURSEMENTS THIS PERIOD (From Line 22) \$ 22,269.23

27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 26 from 25) \$ 848.97

**COLUMN A
Total This Period**

**COLUMN B
Calendar Year-to-Date**

898,270.50

35,200.00

933,470.50

836,873.43

836,873.43

5,912.00

5,875.92

1,780,131.85

22,269.23

1,768,032.88

9,250.00

2,000.00

11,250.00

22,269.23

1,779,282.88

SCHEDULE B

ITEMIZED DISBURSEMENTS

See instructions on the reverse side of this page for the purpose of obtaining contributions or for commercial purposes, other than using the name and address of any person or committee to obtain contributions from such persons.

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of obtaining contributions or for commercial purposes, other than using the name and address of any person or committee to obtain contributions from such persons.			
Name of Committee (in full)			
ANDREW STOKIN FOR CUMINIKIS			
A. Full Name, Mailing Address and ZIP Code Friends of Al Van 1360 Fulton Street Brooklyn, N.Y. 11216	Purpose of Disbursement contribution	Date (month, day, year) 11/28/84	Amount of Each Disbursement This Period 100.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		
B. Full Name, Mailing Address and ZIP Code Ellen Pearlman 223 West 105th Street New York, N.Y. 10025	Purpose of Disbursement photographer	Date (month, day, year) 11/28/84	Amount of Each Disbursement This Period 95.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		
C. Full Name, Mailing Address and ZIP Code Theresa Rampello 57-35 136th Street Flushing, N.Y. 01355	Purpose of Disbursement secretarial services	Date (month, day, year) 12/5/84 12/12/84	Amount of Each Disbursement This Period 600.00 600.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		
D. Full Name, Mailing Address and ZIP Code Theresa Rampello 57-35 136th Street Flushing, N.Y. 01355	Purpose of Disbursement secretarial services	Date (month, day, year) 12/18/84	Amount of Each Disbursement This Period 600.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		
E. Full Name, Mailing Address and ZIP Code Mobil P.O. Box 600 Kansas City, Mo	Purpose of Disbursement Gas-campaign cars	Date (month, day, year) 11/28/84	Amount of Each Disbursement This Period 184.18
	Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		
F. Full Name, Mailing Address and ZIP Code Oxford Litho 111 8th Avenue New York, N.Y. 10011	Purpose of Disbursement printing	Date (month, day, year) 11/30/84	Amount of Each Disbursement This Period 800.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		
G. Full Name, Mailing Address and ZIP Code Stanley Isaac 43-10 Kissena Blvd Flushing, N.Y. 11355	Purpose of Disbursement reimbursed expenses gas and parking	Date (month, day, year) 11/30/84	Amount of Each Disbursement This Period 85.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		
H. Full Name, Mailing Address and ZIP Code Harvard Club of New York 27 West 44th Street New York, N.Y. 10026	Purpose of Disbursement room rental for fund raiser	Date (month, day, year) 11/31/84	Amount of Each Disbursement This Period 1,075.11
	Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		
I. Full Name, Mailing Address and ZIP Code NYC Parking P.O. Box 127 New York, N.Y. 10011	Purpose of Disbursement parking charges	Date (month, day, year) 12/7/84	Amount of Each Disbursement This Period 460.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		
SUBTOTAL of Disbursements This Page (optional)			4,599.29
TOTAL This Period (Start page this line number only)			

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SCHEDULE B

ITEMIZED DISBURSEMENTS

See Instructions on page 1 of this report
This report is submitted for each
category of the limited
Summary Page

Any information appearing 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 holder of committee to solicit contributions from such contributors.

Name of Campaign (or Club)

ANDREW STEIN FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Reed Wolcott 72 West 82nd Street New York, N.Y. 10024	catering-senior citizens events Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/12/84	3,697.00
B. Full Name, Mailing Address and ZIP Code El Castilla de Jaques 113 Rivington Street New York, N.Y.	catering Lower east side event Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/12/84	900.00
C. Full Name, Mailing Address and ZIP Code Domingo Torres 288 Delancy Street New York, N.Y. 10002	Purpose of Disbursement joint mailing cost Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/12/84	191.00
D. Full Name, Mailing Address and ZIP Code Stillman and Hoag Grand Avenue Engelwood, N.J.	Purpose of Disbursement campaign car repair Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/12/84	347.63
E. Full Name, Mailing Address and ZIP Code J.R. Peyton 784 Columbus Avenue New York, N.Y. 10025	Purpose of Disbursement reimburse expenses-camp, car glass repair, gas, parking Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/12/84	337.00
F. Full Name, Mailing Address and ZIP Code Postmaster G.P.O. New York, N.Y. 10011	Purpose of Disbursement postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/8/84	2,500.00
G. Full Name, Mailing Address and ZIP Code Manhattan Plaza Winery 402 9th Avenue New York, N.Y.	Purpose of Disbursement catering Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/12/84	458.30
H. Full Name, Mailing Address and ZIP Code La Famille Restaurant 2017 5th Avenue New York, N.Y. 10025	Purpose of Disbursement catering Harlem event Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/18/84	720.00
I. Full Name, Mailing Address and ZIP Code Elaine Parker 2311 5th Avenue New York, N.Y. 10037	Purpose of Disbursement postage xeroxing-Harlem event Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/18/84	200.00
SUBTOTAL of Disbursements This Page (optional)			9,350.93
TOTAL This Period (last page (the line number only))			

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SCHEDULE B

ITEMIZED DISBURSEMENTS

Page 2 of 2
 List Disbursements
 (See instructions for each category of the Detailed Summary Page)

Any information supplied from such Reports and Disbursements 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 Candidate (in Full)
ANDREW STEIN FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code Flair Printing 80 West 45th Street New York, N.Y. 10043	Purpose of Disbursement printing	Date (month, day, year) 12/22/84	Amount of Each Disbursement This Period 82.41
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		
B. Full Name, Mailing Address and ZIP Code Diana Baasch 41 West 72nd Street New York, N.Y. 10023	Purpose of Disbursement photographer	Date (month, day, year) 12/22/84	Amount of Each Disbursement This Period 249.80
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		
C. Full Name, Mailing Address and ZIP Code Academy Chair Rental 82-33 Queens Blvd Elmhurst, N.Y. 11373	Purpose of Disbursement rental charge	Date (month, day, year) 12/22/84	Amount of Each Disbursement This Period 166.39
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		
D. Full Name, Mailing Address and ZIP Code Metropolitan Lumber 18-66 Boast Avenue Corona, New York 11384	Purpose of Disbursement stanchions for election	Date (month, day, year) 11/28/84	Amount of Each Disbursement This Period 900.18
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		
E. Full Name, Mailing Address and ZIP Code Fugazy Rent a Car 220 East 40th Street New York, N.Y. 10001	Purpose of Disbursement car rental	Date (month, day, year) 11/28/84	Amount of Each Disbursement This Period 1,254.21
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
SUBTOTAL of Disbursements This Page (optional)			2,652.99
TOTAL This Period (on page this line number only)			

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SCHEDULE B

ITEMIZED DISBURSEMENTS

Page 1 of 1 for
 11/28/84
 Also appears scheduled 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 any political committee to solicit contributions from such committee.

Name of Committee (in Full)
ANDREW STEIN FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code Sign Design 31 East 75th Street New York, N.Y. 10021	Purpose of Disbursement club sign	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/3/84	324.75
B. Full Name, Mailing Address and ZIP Code Maryland Sound Ind. Inc. 4900 Wethrdsville Road Baltimore, Maryland 21207	Purpose of Disbursement fund raising expense	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/28/84	800.00
C. Full Name, Mailing Address and ZIP Code Studio Instruments Rental 310 West 52nd Street New York, N.Y. 10019	Purpose of Disbursement fund raising expense	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/6/84	1,022.96
D. Full Name, Mailing Address and ZIP Code Sale Koff Graphics 435 Hudson Street New York, N.Y. 10014	Purpose of Disbursement printing	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/6/84	3,518.31
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
SUBTOTAL of Disbursements This Page (optional)			5,666.02
TOTAL This Period (last page this line number only)			22,269.23

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(Indicate Page)

124888

Do not check this box unless you are reporting on a loan made by a bank or other financial institution

Name of Contributor (in Full) STEIN FOR CONGRESS COMMITTEE			
A. Full Name, Mailing Address and ZIP Code of Loan Recipient Andrew Stein 38 East 85 Street New York, NY 10028		Original Amount of Loan 74,000.00	Outstanding Payment To Date -0-
Balance Outstanding at Close of This Period 74,000.00			
Period: 2 February 1977/78 <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
Term: 12/73 <input type="checkbox"/> Pay On Demand <input type="checkbox"/> Interest Rate: 8% (Specify) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) in Item A			
1. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding	
2. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding	
3. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding	
B. Full Name, Mailing Address and ZIP Code of Loan Recipient ANDREW STEIN 38 East 85 Street New York, NY 10028		Original Amount of Loan 150,000.00	Outstanding Payment To Date -0-
Balance Outstanding at Close of This Period 150,000.00			
Period: 2 February 1977/78 <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
Term: 12/73 <input type="checkbox"/> Pay On Demand <input type="checkbox"/> Interest Rate: 8% (Specify) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) in Item B			
1. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding	
2. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding	
3. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding	
SUBTOTALS This Period This Page (Indicate)..... 224,000.00			

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Form 1041

LOANS

Use separate schedule for each numbered item

Name of Contributor (in Full)			
STEIN FOR CONGRESS COMMITTEE			
A. Full Name, Mailing Address and ZIP Code of Loan Source ANDREW STEIN 38 East 85 Street New York, NY 10028		Original Amount of Loan 930.65	Balance Outstanding at Close of This Period 930.65
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Term: 3/84 to 12/84 Pay Per: DEMAND	Interest Rate: 0 <input type="checkbox"/> Other: <input type="checkbox"/> Secured
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding	
2. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding	
3. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding	
B. Full Name, Mailing Address and ZIP Code of Loan Source ANDREW STEIN 38 East 85 Street New York, NY 10028		Original Amount of Loan 923.79	Balance Outstanding at Close of This Period 923.79
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Term: 8/5/84-6/12/84 Pay Per: DEMAND	Interest Rate: 0 <input type="checkbox"/> Other: <input type="checkbox"/> Secured
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding	
2. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding	
3. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding	
SUBTOTALS This Period This Page (optional)			1,874.44
TOTALS This Period This Page (optional)			

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LOANS

Name of Debtor (in Full)			
STEIN FOR CONGRESS COMMITTEE			
A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Conservative Payment To Date	Balance Outstanding at Close of This Period
ANDREW STEIN 38 East 85 Street New York, NY 10028	130.00		130.00
Character: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred 5/17/84 Date Due Demand Interest Rate 0 % (State) <input type="checkbox"/> Stated			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding		
B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Conservative Payment To Date	Balance Outstanding at Close of This Period
ANDREW STEIN 38 East 85 Street New York, NY 10028	200.00		200.00
Character: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred 5/22/84 Date Due Demand Interest Rate 0 % (State) <input type="checkbox"/> Stated			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding		
SUBTOTALS This Period This Page (optional)			330.00

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BILLY FOR CONGRESS COMMITTEE			
A. Full Name, Mailing Address and ZIP Code of Loan Source ANDREW STEIN 38 East 85 Street New York, NY 10028 Section: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Original Amount of Loan 30.00	Balance Outstanding at Close of This Period 30.00
Term: <u>5/15/84</u> Due Date: <u>Demand</u> Interest Rate: <u>8</u> (Specify) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code		Name of Employer Occupation Amount Guaranteed Outstanding	
2. Full Name, Mailing Address and ZIP Code		Name of Employer Occupation Amount Guaranteed Outstanding	
3. Full Name, Mailing Address and ZIP Code		Name of Employer Occupation Amount Guaranteed Outstanding	
B. Full Name, Mailing Address and ZIP Code of Loan Source ANDREW STEIN 38 East 85 Street New York, NY 10028 Section: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Original Amount of Loan 423.20	Balance Outstanding at Close of This Period 423.20
Term: <u>6/11/84</u> Due Date: <u>Demand</u> Interest Rate: <u>8</u> (Specify) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code		Name of Employer Occupation Amount Guaranteed Outstanding	
2. Full Name, Mailing Address and ZIP Code		Name of Employer Occupation Amount Guaranteed Outstanding	
3. Full Name, Mailing Address and ZIP Code		Name of Employer Occupation Amount Guaranteed Outstanding	
SUBTOTALS This Period This Page (Incl. all)			473.20

86040570730

1701273316

Name of Guarantor (in Full) STEIN FOR CONGRESS CREDIT			
A. Full Name, Mailing Address and ZIP Code of Loan Source ANDREW STEIN 38 East 85 Street New York, NY 10028 <small>Occupation: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</small>		Original Amount of Loan 50.00	Balance Outstanding at Close of This Period 50.00
Terms: Date Issued 6/18/84 Date Due Demand Interest Rate 8 (Major) <input type="checkbox"/> (Minor) <input type="checkbox"/> Secured <input type="checkbox"/> Unsecured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code		Name of Employer Occupation Amount Guaranteed Outstanding	
2. Full Name, Mailing Address and ZIP Code		Name of Employer Occupation Amount Guaranteed Outstanding	
3. Full Name, Mailing Address and ZIP Code		Name of Employer Occupation Amount Guaranteed Outstanding	
B. Full Name, Mailing Address and ZIP Code of Loan Source ANDREW STEIN 38 East 85 Street New York, NY 10028 <small>Occupation: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</small>		Original Amount of Loan 155.90	Balance Outstanding at Close of This Period 155.90
Terms: Date Issued 6/19/84 Date Due Demand Interest Rate 8 (Major) <input type="checkbox"/> (Minor) <input type="checkbox"/> Secured <input type="checkbox"/> Unsecured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code		Name of Employer Occupation Amount Guaranteed Outstanding	
2. Full Name, Mailing Address and ZIP Code		Name of Employer Occupation Amount Guaranteed Outstanding	
3. Full Name, Mailing Address and ZIP Code		Name of Employer Occupation Amount Guaranteed Outstanding	
SUBTOTALS This Period This Page (optional)		205.90	

三

75012335817

Form 1041-1
(Revised 12/78)

LOANS

Use separate schedule
for each individual item

STATE FOR CONGRESS COMMITTEE			
Name of Debtor (to Full)		Original Amount of Loan	Balance Outstanding at Close of This Period
A. Full Name, Mailing Address and ZIP Code of Loan Source ANDREW STEIN 38 East 85 Street New York, N. Y. 10028 Duration: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		40,000.00	40,000.00
Term: <u>10/27/84</u> Date Due <u>10/27/84</u> Interest Rate <u>0</u> (Specify) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding	
2. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding	
3. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding	
B. Full Name, Mailing Address and ZIP Code of Loan Source ANDREW STEIN 38 East 85 Street New York, N. Y. 10028 Duration: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Original Amount of Loan	Balance Outstanding at Close of This Period
		242,772.52	242,772.52
Term: <u>10/27/84</u> Date Due <u>10/27/84</u> Interest Rate <u>0</u> (Specify) <input type="checkbox"/> Secured Loan from personal funds			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding	
2. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding	
3. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding	
SUBTOTALS This Period This Page (optional)			182,772.52
TOTALS This Period (last page in this line only)			

Carry out standing balances only to LINE 2, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of next page.

86040570732

37012333018

86040570783

12012033019

Name of Guarantor (in Full)				
A. Full Name, Mailing Address and ZIP Code of Loan Source ANDREW STEIN 38 East 85 Street New York, N. Y. 10028		Original Amount of Loan 27,397.00	Cumulative Payments To Date -0-	Balance Outstanding at Close of This Period 27,397.00
Secured: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____ Terms: <u>10/15/84</u> <input type="checkbox"/> Pay Due <u>Demanded</u> Interest Rate <u>0</u> <input type="checkbox"/> Other _____ Lien All Endorsers or Guarantors (if any) to Item A				
1. Full Name, Mailing Address and ZIP Code		Name of Employer Occupation Amount Guaranteed Outstanding		
2. Full Name, Mailing Address and ZIP Code		Name of Employer Occupation Amount Guaranteed Outstanding		
3. Full Name, Mailing Address and ZIP Code		Name of Employer Occupation Amount Guaranteed Outstanding		
B. Full Name, Mailing Address and ZIP Code of Loan Source ANDREW STEIN 38 East 85 Street New York, N. Y. 10028		Original Amount of Loan \$250,000.00	Cumulative Payments To Date -0-	Balance Outstanding at Close of This Period \$250,000.00
Secured: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____ Terms: <u>10/18/84</u> <input type="checkbox"/> Pay Due <u>Demanded</u> Interest Rate <u>0</u> <input type="checkbox"/> Other _____ Lien All Endorsers or Guarantors (if any) to Item B				
1. Full Name, Mailing Address and ZIP Code		Name of Employer Occupation Amount Guaranteed Outstanding		
2. Full Name, Mailing Address and ZIP Code		Name of Employer Occupation Amount Guaranteed Outstanding		
3. Full Name, Mailing Address and ZIP Code		Name of Employer Occupation Amount Guaranteed Outstanding		
SUBTOTALS This Period This Page (optional)				277,397.00
TOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3, Schedule D, for this line, if no Schedule D, carry forward to appropriate line of Summary.				

SECRET

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 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 1001 1002 1003 1004 1005 1006 1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1020 1021 1022 1023 1024 1025 1026 1027 1028 1029 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 1040 1

SCHEDULE D
(Required 2000)

DEBTS AND OBLIGATIONS
Excluding Loans

Do not include:
- any amounts (including
for each completed line)

To the extent of the debt to or for	Debt due during the period	Amount incurred during the period	Payments during the period	Outstanding balance at close of the period
ANDREW STEIN FOR CUMHRENS				
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor Oxford Litho 111 8th Avenue New York, N.Y. 10011	\$1,777.47	-0-	800.00	977.47
Nature of Debt (Purpose): Printing				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor C.T.P. Point Inc 150 Varick Street New York, N.Y. 10013	\$10,340.84	-0-	-0-	\$10,340.84
Nature of Debt (Purpose): Printing				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor O.S.I. 575 Lexington Avenue New York, N.Y. 10022	\$ 8,000.00	-0-	-0-	8,000.00
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor Sierra Club 530 Bush San Francisco, CA 94108	-0-	\$263.17	-0-	263.17
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
11 SUBTOTALS This Period (This Page optional)				
12 TOTAL This Period (last page this line only)				\$ 19,581.48
13 TOTAL OUTSTANDING LOANS from Schedule C (last page only)				\$36,873.33
14 ADD GRAND TOTAL from line 13 to line 12 of Summary Page (last page only)				\$56,454.81

9 2 0 1 2 8 3 3 8 2 1

9 2 0 1 2 8 3 3 8 2 1

PORTS OF RECEIPTS AND DISBURSEMENTS For Authorized Committee

(Summary Page)

EXHIBIT

F

REPORT AREA

REPORT AREA

1. Name of Committee (in Full)

STEIN FOR CONGRESS COMMITTEE

Address (Number and Street)

60 E. 42nd Street, Suite 2212

City, State and Zip Code

New York, N. Y. 10165

2. FEC Identification Number

C 00177626

3. Is this Report an Amendment?

☐ YES

☒ NO

☐ Check if address is different than previously reported.

4.

TYPE OF REPORT

☐ April 15 Quarterly Report

☒ Twelfth day report preceding **General**

(Type of Election)

☐ July 15 Quarterly Report

election on **11/6/84** in the State of **New York**

☐ October 15 Quarterly Report

☐ Thirtieth day report following the General Election on

☐ January 31 Year End Report

in the State of

☐ July 31 Mid Year Report (Non-election Year Only)

☐ Termination Report

This report contains activity for -

☒ Primary Election

☒ General Election

☐ Special Election

☐ Runoff Election

SUMMARY

5. Covering Period **10/1/84** through **10/17/84**

6. Net Contributions (other than loans)

(a) Total Contributions (other than loans) (From Line 11 (e))

134,880.00

734,450.50

(b) Total Contribution Refunds (from Line 20 (d))

8,000.00

(c) Net Contributions (other than loans) (subtract Line 6 (b) from 6 (a))

134,880.00

726,450.50

7. Net Operating Expenditures

(a) Total Operating Expenditures (from Line 17)

330,293.09

1,083,782.63

(b) Total Offsets to Operating Expenditures (from Line 14)

330,293.09

1,083,782.63

(c) Net Operating Expenditures (Subtract Line 7 (b) from 7 (a))

8. Cash on Hand at Close of Reporting Period (from Line 27)

84,417.22

9. Debts and Obligations Owed TO The Committee
(Itemize all on Schedule C or Schedule D)

10. Debts and Obligations Owed BY The Committee
(Itemize all on Schedule C or Schedule D)

443,168.93

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

For further information, contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-523-4068

Joanne Jarett

Type or Print Name of Treasurer

SIGNATURE OF TREASURER

Date

10/24/85

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

All previous versions of FEC FORM 3 and FEC FORM 3a are obsolete and should no longer be used.

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FEC FORM 3 (3/80)

Exhibit F

**DETAILED SUMMARY PAGE
of Receipts and Disbursements
(Page 2, FEC FORM 3)**

Committee (in Full)

STEIN FOR CONGRESS COMMITTEE

Report Covering the Period:

From: 10/1/84

To: 10/17/84

I. RECEIPTS

11. CONTRIBUTIONS (other than loans) FROM:

- (a) Individuals/Persons Other Than Political Committees
(Memo Entry Unitemized \$ _____)
- (b) Political Party Committees.
- (c) Other Political Committees.
- (d) The Candidate.
- (e) TOTAL CONTRIBUTIONS (other than loans (add 11(a), 11(b), 11(c)
and 11(d)).

125,880.00

712,750.50

11 (a)

(b) Political Party Committees.

11 (b)

(c) Other Political Committees.

9,000.00

21,700.00

11 (c)

(d) The Candidate.

11 (d)

(e) TOTAL CONTRIBUTIONS (other than loans (add 11(a), 11(b), 11(c)
and 11(d)).

134,880.00

734,450.50

11 (e)

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.

12

13. LOANS:

- (a) Made or Guaranteed by the Candidate.
- (b) All Other Loans.
- (c) TOTAL LOANS (add 13 (a) and 13 (b)).

210,169.52

437,873.43

13 (a)

(b) All Other Loans.

13 (b)

(c) TOTAL LOANS (add 13 (a) and 13 (b)).

210,169.52

437,873.43

13 (c)

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

14

15. OTHER RECEIPTS (Dividends, Interest, etc.)

3,088.19

3,875.92

15

16. TOTAL RECEIPTS (add 11 (e), 12, 13 (c), 14 and 15)

348,137.71

1,176,199.85

16

II. DISBURSEMENTS

17. OPERATING EXPENDITURES.

330,293.09

1,083,782.63

17

18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.

18

19. LOAN REPAYMENTS:

- (a) Of Loans Made or Guaranteed by the Candidate.
- (b) Of All Other Loans.
- (c) TOTAL LOAN REPAYMENTS (add 19 (a) and 19 (b)).

19 (a)

19 (b)

19 (c)

20. REFUNDS OF CONTRIBUTIONS TO:

- (a) Individuals/Persons Other Than Political Committees.
- (b) Political Party Committees.
- (c) Other Political Committees.
- (d) TOTAL CONTRIBUTION REFUNDS (add 20 (a), 20 (b), and 20 (c)) . .

7,000.00

20 (a)

20 (b)

20 (c)

1,000.00

20 (d)

8,000.00

21. OTHER DISBURSEMENTS.

21

22. TOTAL DISBURSEMENTS (add 17, 18, 19 (c), 20 (d) and 21)

330,293.09

1,091,782.63

22

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD. \$

66,572.60

23

24. TOTAL RECEIPTS THIS PERIOD (From Line 16) \$

348,137.71

24

25. SUBTOTAL (Add Line 23 and Line 24) \$

414,710.31

25

26. TOTAL DISBURSEMENTS THIS PERIOD (From Line 22) \$

330,293.09

26

27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 26 from 25) \$

84,417.22

27

7370570

ITEMIZED RECEIPTS

Page 1 of 1 for
 LINE NUMBER 13a
 (Use separate schedule(s) for each
 category of the Detailed
 Summary Page)

Information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions or for
 other purposes, other than using the name and address of any political committee to solicit contributions from such committee.
 Name of Committee (in Full)

STEIN FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code ANDREW STEIN 38 East 85 Street New York, N. Y. 10028	Name of Employer New York City	Date (month, day, year) 10/2/84	Amount of Each Receipt this Period 40,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Borough President Aggregate Year-to-Date—\$		
B. Full Name, Mailing Address and ZIP Code ANDREW STEIN Same as above	Name of Employer New York City	Date (month, day, year) 10/4/84	Amount of Each Receipt This Period 142,772.52
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Borough President Aggregate Year-to-Date—\$		
C. Full Name, Mailing Address and ZIP Code ANDREW STEIN Same as above	Name of Employer New York City	Date (month, day, year) 10/5/84	Amount of Each Receipt This Period 27,397.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Borough President 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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation 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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation 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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation 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):	Occupation Aggregate Year-to-Date—\$		
SUBTOTAL of Receipts This Page (optional)			210,169.52
TOTAL This Period (last page this line number only)			210,169.52

3 6 1 5 0 5 7 2 7 3 3

ITEMIZED RECEIPTS

Page 1 of 1 for
LINE NUMBER 15
(Use separate schedule(s) for each
category of the Detailed
Summary Page)

Information derived from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions or for
any other purpose, other than using the name and address of any political committee to solicit contributions from such committee.
Committee (in Full)

STEIN FOR CONGRESS COMMITTEE

Name, Mailing Address and ZIP Code
Stein for Congress Committee Manufactu-
- Hanover Trust Money Market
5th Ave., New York, N. Y. 10032

For: ☐ Primary ☐ General

her (specify):

Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)

6/30/84
to
10/17/84

Amount of Each
Receipt this Period

\$3,088.19

Occupation

Aggregate Year-to-Date-\$

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt This Period

Occupation

Aggregate Year-to-Date-\$

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt This Period

Occupation

Aggregate Year-to-Date-\$

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt This Period

Occupation

Aggregate Year-to-Date-\$

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt This Period

Occupation

Aggregate Year-to-Date-\$

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt This Period

Occupation

Aggregate Year-to-Date-\$

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt This Period

Occupation

Aggregate Year-to-Date-\$

AL of Receipts This Page (optional)

This Period (last page this line number only) \$3,088.19

Committee (In Full)

STEIN FOR CONGRESS COMMITTEE

Name, Mailing Address and ZIP Code of Loan Source

Andrew Stein
38 East 85 Street
New York, NY 10028

Original Amount
of Loan

74,000.00

Cumulative Payment
To Date

-0-

Balance Outstanding at
Close of This Period

74,000.00

Election: ☒ Primary ☐ General ☐ Other (specify):Terms: Date Incurred 12/83 Date Due Demand Interest Rate 8 % (apr) ☐ Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		

B. Full Name, Mailing Address and ZIP Code of Loan Source

ANDREW STEIN
38 East 85 Street
New York, NY 10028

Original Amount
of Loan

150,000.00

Cumulative Payment
To Date

-0-

Balance Outstanding at
Close of This Period

150,000.00

Election: ☒ Primary ☐ General ☐ Other (specify):Terms: Date Incurred 4/18/84 Date Due Demand Interest Rate 8 % (apr) ☐ Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		

SUBTOTALS This Period This Page (optional) 224,000.00

TOTALS This Period (last page in this line only)

STEIN FOR CONGRESS COMMITTEE

Name, Mailing Address and ZIP Code of Loan Source ANDREW STEIN 38 East 85 Street New York, NY 10028	Original Amount of Loan 950.65	Cumulative Payment To Date -0-	Balance Outstanding at Close of This Period 950.65
---------------------------------------------------------------------------------------------------------------------	------------------------------------------	------------------------------------------	--------------------------------------------------------------

Loan: ☒ Primary ☐ General ☐ Other (specify):

Date Incurred 5/84 Due On Demand Interest Rate 8 % (apr) ☐ Secured

All Endorsers or Guarantors (if any) to Item A

Full Name, Mailing Address and ZIP Code	Name of Employer
	Occupation
	Amount Guaranteed Outstanding: \$
Full Name, Mailing Address and ZIP Code	Name of Employer
	Occupation
	Amount Guaranteed Outstanding: \$
Full Name, Mailing Address and ZIP Code	Name of Employer
	Occupation
	Amount Guaranteed Outstanding: \$

Name, Mailing Address and ZIP Code of Loan Source ANDREW STEIN 38 East 85 Street New York, NY 10028	Original Amount of Loan 923.79	Cumulative Payment To Date -0-	Balance Outstanding at Close of This Period 923.79
---------------------------------------------------------------------------------------------------------------------	------------------------------------------	------------------------------------------	--------------------------------------------------------------

Loan: ☒ Primary ☐ General ☐ Other (specify):

Date Incurred 4/5/84-6/12/84 Due On Demand Interest Rate 8 % (apr) ☐ Secured

All Endorsers or Guarantors (if any) to Item B

Full Name, Mailing Address and ZIP Code	Name of Employer
	Occupation
	Amount Guaranteed Outstanding: \$
Full Name, Mailing Address and ZIP Code	Name of Employer
	Occupation
	Amount Guaranteed Outstanding: \$
Full Name, Mailing Address and ZIP Code	Name of Employer
	Occupation
	Amount Guaranteed Outstanding: \$

TOTALS This Period This Page (optional)	1,874.44
. . . This Period (last page in this line only)	

Worksheet (in Full)

STEIN FOR CONGRESS COMMITTEE

Name, Mailing Address and ZIP Code of Loan Source

ANDREW STEIN
38 East 85 Street
New York, NY 10028

Original Amount
of Loan

130.00

Cumulative Payment
To Date

Balance Outstanding at
Close of This Period

130.00

Election: ☒ Primary ☐ General ☐ Other (specify):

Terms: Date Incurred 5/17/84

Date Due Demand

Interest Rate 8 % (apr)

☐ Secured

Loan from personal funds

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		

B. Full Name, Mailing Address and ZIP Code of Loan Source

ANDREW STEIN
38 East 85 Street
New York, NY 10028

Original Amount
of Loan

200.00

Cumulative Payment
To Date

Balance Outstanding at
Close of This Period

200.00

Election: ☒ Primary ☐ General ☐ Other (specify):

Terms: Date Incurred 5/22/84

Date Due Demand

Interest Rate 8 % (apr)

☐ Secured

Loan from personal funds

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		

SUBTOTALS This Period This Page (optional)

330.00

TOTALS This Period (last page in this line only)

06040570792

(In Full)

STEIN FOR CONGRESS COMMITTEE

Name, Mailing Address and ZIP Code of Loan Source

ANDREW STEIN

38 East 85 Street

New York, NY 10028

Election: ☒ Primary ☐ General ☐ Other (specify):

Original Amount
of Loan

50.00

Cumulative Payment
To Date

Balance Outstanding at
Close of This Period

50.00

Terms: Date Incurred 5/13/84 Date Due Demand
Loan from personal funds

Interest Rate 8 % (apr)

☐ Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
	Name of Employer		
2. Full Name, Mailing Address and ZIP Code	Occupation		
	Amount Guaranteed Outstanding: \$		
	Name of Employer		
	Occupation		
3. Full Name, Mailing Address and ZIP Code	Amount Guaranteed Outstanding: \$		
	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		

B. Full Name, Mailing Address and ZIP Code of Loan Source

ANDREW STEIN

38 East 85 Street

New York, NY 10028

Election: ☒ Primary ☐ General ☐ Other (specify):

Original Amount
of Loan

423.20

Cumulative Payment
To Date

Balance Outstanding at
Close of This Period

423.20

Terms: Date Incurred 6/11/84 Date Due Demand
Loan from personal funds

Interest Rate 8 % (apr)

☐ Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
	Name of Employer		
2. Full Name, Mailing Address and ZIP Code	Occupation		
	Amount Guaranteed Outstanding: \$		
	Name of Employer		
	Occupation		
3. Full Name, Mailing Address and ZIP Code	Amount Guaranteed Outstanding: \$		
	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		

SUBTOTALS This Period This Page (optional)

TOTALS This Period (last page in this line only)

473.20

Carry outstanding balance over to next page if applicable

3370793

LOANS

LINE NUMBER **13(c)**
(Use separate schedules for each numbered line)

FOR CONGRESS COMMITTEE

Full Name, Mailing Address and ZIP Code of Loan Source

ANDREW STEIN

38 East 85 Street

New York, NY 10028

Election: ☒ Primary ☐ General ☐ Other (specify):

Original Amount of Loan

50.00

Cumulative Payment To Date

Balance Outstanding at Close of This Period

50.00

Terms: Date Incurred 6/18/84 Date Due Demand
Loan from personal funds

Interest Rate 8 % (apr)

☐ Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code

Name of Employer

Occupation

Amount Guaranteed Outstanding:
\$

2. Full Name, Mailing Address and ZIP Code

Name of Employer

Occupation

Amount Guaranteed Outstanding:
\$

3. Full Name, Mailing Address and ZIP Code

Name of Employer

Occupation

Amount Guaranteed Outstanding:
\$

B. Full Name, Mailing Address and ZIP Code of Loan Source

ANDREW STEIN

38 East 85 Street

New York, NY 10028

Election: ☒ Primary ☐ General ☐ Other (specify):

Original Amount of Loan

155.90

Cumulative Payment To Date

Balance Outstanding at Close of This Period

155.90

Terms: Date Incurred 6/19/84 Date Due Demand
Loan from personal funds

Interest Rate 8 % (apr)

☐ Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code

Name of Employer

Occupation

Amount Guaranteed Outstanding:
\$

2. Full Name, Mailing Address and ZIP Code

Name of Employer

Occupation

Amount Guaranteed Outstanding:
\$

3. Full Name, Mailing Address and ZIP Code

Name of Employer

Occupation

Amount Guaranteed Outstanding:
\$

SUBTOTALS This Period This Page (optional)

205.90

TOTALS This Period (last page in this line only)

8.6 40570794

LOANS

6 of 8 for
NUMBER 13-C
(Use separate schedules
for each numbered line)

FOR CONGRESS COMMITTEE				
Full Name, Mailing Address and ZIP Code of Loan Source		Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
ANDREW STEIN 38 East 85 Street New York, N. Y. 10028		\$497.97		\$497.97
Section: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): Terms: Date Incurred <u>9/84</u> Date Due <u>Demand</u> Interest Rate <u>8</u> % (apr) <input type="checkbox"/> Secured Loan from <u>personal funds</u>				
List All Endorsers or Guarantors (if any) to Item A				
1. Full Name, Mailing Address and ZIP Code		Name of Employer		
		Occupation		
		Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code		Name of Employer		
		Occupation		
		Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code		Name of Employer		
		Occupation		
		Amount Guaranteed Outstanding: \$		
Full Name, Mailing Address and ZIP Code of Loan Source		Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
ANDREW STEIN 38 East 85 Street New York, N. Y. 10028		\$322.30		\$322.30
Section: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): Terms: Date Incurred <u>8/84</u> Date Due <u>Demand</u> Interest Rate <u>8</u> % (apr) <input type="checkbox"/> Secured Loan from <u>personal funds</u>				
List All Endorsers or Guarantors (if any) to Item B				
1. Full Name, Mailing Address and ZIP Code		Name of Employer		
		Occupation		
		Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code		Name of Employer		
		Occupation		
		Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code		Name of Employer		
		Occupation		
		Amount Guaranteed Outstanding: \$		
BTOTALS This Period This Page (optional)				820.27
ITALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.				

LOANS

Page 7 of 8 for
LINE NUMBER 13(c)
(Use separate schedules
for each numbered line)

STEIN FOR CONGRESS COMMITTEE

Address and ZIP Code of Loan Source STEIN 85 Street New York, N. Y. 10028 Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): Date Incurred <u>10/2/84</u> Date Due <u>Demand</u> Interest Rate <u>8</u> % (apr) <input type="checkbox"/> Secured		Original Amount of Loan 40,000.00	Cumulative Payment To Date -0-	Balance Outstanding at Close of This Period 40,000.00
List All Endorsers or Guarantors (if any) to Item A				
1. Full Name, Mailing Address and ZIP Code		Name of Employer		
		Occupation		
		Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code		Name of Employer		
		Occupation		
		Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code		Name of Employer		
		Occupation		
		Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source ANDREW STEIN 38 East 85 Street New York, N. Y. 10028 Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Original Amount of Loan 142,772.52	Cumulative Payment To Date -0-	Balance Outstanding at Close of This Period 142,772.52
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) <input type="checkbox"/> Secured				
List All Endorsers or Guarantors (if any) to Item B				
1. Full Name, Mailing Address and ZIP Code		Name of Employer		
		Occupation		
		Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code		Name of Employer		
		Occupation		
		Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code		Name of Employer		
		Occupation		
		Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional)				182,772.52
TOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.				

86740573796

LOANS

Page 0 of 0 for
LINE NUMBER 13(c)
(Use separate schedules
for each numbered line)

(Complete in Full)

STEIN FOR CONGRESS COMMITTEE

Full Name, Mailing Address and ZIP Code of Loan Source

ANDREW STEIN
38 East 85 Street
New York, N. Y. 10028

Original Amount
of Loan

27,397.00

Cumulative Payment
To Date

-0-

Balance Outstanding at
Close of This Period

27,397.00

Election: ☐ Primary ☐ General ☐ Other (specify):

Terms: Date Incurred 10/5/84 Date Due Demand Interest Rate % (apr) ☐ Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code

Name of Employer

Occupation

Amount Guaranteed Outstanding:
\$

2. Full Name, Mailing Address and ZIP Code

Name of Employer

Occupation

Amount Guaranteed Outstanding:
\$

3. Full Name, Mailing Address and ZIP Code

Name of Employer

Occupation

Amount Guaranteed Outstanding:
\$

B. Full Name, Mailing Address and ZIP Code of Loan Source

Original Amount
of Loan

Cumulative Payment
To Date

Balance Outstanding at
Close of This Period

Election: ☐ Primary ☐ General ☐ Other (specify):

Terms: Date Incurred Date Due Interest Rate % (apr) ☐ Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code

Name of Employer

Occupation

Amount Guaranteed Outstanding:
\$

2. Full Name, Mailing Address and ZIP Code

Name of Employer

Occupation

Amount Guaranteed Outstanding:
\$

3. Full Name, Mailing Address and ZIP Code

Name of Employer

Occupation

Amount Guaranteed Outstanding:
\$

SUBTOTALS This Period This Page (optional) 27,397.00

TOTALS This Period (last page in this line only) 437,873.33

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

367405707-97

AGENCY CODE NO. 010

1981



THE CITY OF NEW YORK
OFFICE OF THE CITY CLERK
MUNICIPAL BUILDING
NEW YORK, N.Y. 10007

FD79

INDEX NO.

RECEIVED

OFFICE OF THE CITY CLERK

001037 JAN-28

19

REPORT OF FINANCIAL INTERESTS

(Administrative Code, Section 1106-5.0, Title A, Chapter 49)

(See page 13 and following for requests to withhold information from public inspection)

PLEASE PRINT OR TYPEWRITE ALL INFORMATION CLEARLY

1. NAME: ANDREW J. STEIN
2. POSITION held requiring filing of report PRESIDENT - Borough of Manhattan
TITLE: President - Borough of Manhattan
SALARY: \$63,164.00
3. Name and Address of DEPARTMENT, AGENCY, BOARD OR OTHER:
President, Borough of Manhattan, Municipal Bldg, NY, NY 10007
Office telephone number: (212) 566-4300
4. I am a CANDIDATE FOR THE OFFICE OF: N/A
Check: ELECTION () RE-ELECTION ()
5. Period covered by this report: FROM January 1, 1981
TO December 31, 1981

PLEASE ANSWER THE FOLLOWING QUESTIONS, IF YOUR ANSWER TO ANY QUESTION IS YES, PLEASE FILL OUT THE APPROPRIATE ATTACHED SCHEDULE OR SCHEDULES.

DURING THE PERIOD COVERED BY THIS REPORT

1. Did you or your spouse receive income of \$1,000.00 or more from any professional organization in which you or your spouse is an officer, director, partner, proprietor or employee or for which either of you serves in any advisory capacity? YES
NO X
2. Did you or your spouse receive or accrue any income of \$1,000.00 or more for services other than described in 1. above? YES X
NO

3. Did you or your spouse receive a capital gain of \$1,000.00 or more from a single source other than the sale of a residence occupied by the person reporting?

YES x
NO

4. Did you or your spouse receive reimbursement of expenditures of \$1,000.00 or more from a single source?

YES
NO x

5. Did you or your spouse receive honoraria in the amount of \$500.00 or more from a single source?

YES
NO x

6. Did you or your spouse receive gifts in an amount or value of \$500.00 or more from a single source?

YES
NO x

7. Were you or your spouse indebted to one creditor in an amount of \$5,000.00 or more for a period of at least 90 consecutive days?

YES x
NO

8. Did you or your spouse have an investment the value of which was \$20,000.00 or more?

YES x
NO

9. Did you or your spouse own real property worth \$20,000.00 or more?

YES x
NO

10. Did you or your spouse hold a beneficial interest in a trust or fiduciary relationship valued at \$20,000.00 or more?

YES
NO x

If all your answers to the above questions are NO, then please sign below.

If any answer to the above questions were YES, please be sure to fill out the appropriate schedule before signing below.

I CERTIFY THAT ALL INFORMATION GIVEN HEREIN IS TRUE
AND ACCURATE TO THE BEST OF MY KNOWLEDGE.


SIGNATURE


DATE

SCHEDULE 1

INCOME of \$1,000.00 or more from professional organization of person reporting or spouse.

(a) NOT APPLICABLE		Check One <input type="checkbox"/> at least \$1,000.00 but less than \$5,000.00; <input type="checkbox"/> at least \$5,000.00 but less than \$25,000.00; <input type="checkbox"/> at least \$25,000.00 but less than \$100,000.00; <input type="checkbox"/> \$100,000.00 or more Check: <input type="checkbox"/> Person reporting <input type="checkbox"/> Spouse
Name of Company or Profession		
Address		
Interest, e.g., officer, director, partner, proprietor, employee, advisory capacity		
(b)		Check One <input type="checkbox"/> at least \$1,000.00 but less than \$5,000.00; <input type="checkbox"/> at least \$5,000.00 but less than \$25,000.00; <input type="checkbox"/> at least \$25,000.00 but less than \$100,000.00; <input type="checkbox"/> \$100,000.00 or more Check: <input type="checkbox"/> Person reporting <input type="checkbox"/> Spouse
Name of Company or Profession		
Address		
Interest, e.g., officer, director, partner, proprietor, employee, advisory capacity		
(c)		Check One <input type="checkbox"/> at least \$1,000.00 but less than \$5,000.00; <input type="checkbox"/> at least \$5,000.00 but less than \$25,000.00; <input type="checkbox"/> at least \$25,000.00 but less than \$100,000.00; <input type="checkbox"/> \$100,000.00 or more Check: <input type="checkbox"/> Person reporting <input type="checkbox"/> Spouse
Name of Company or Profession		
Address		
Interest, e.g., officer, director, partner, proprietor, employee, advisory capacity		
(d)		Check One <input type="checkbox"/> at least \$1,000.00 but less than \$5,000.00; <input type="checkbox"/> at least \$5,000.00 but less than \$25,000.00; <input type="checkbox"/> at least \$25,000.00 but less than \$100,000.00; <input type="checkbox"/> \$100,000.00 or more Check: <input type="checkbox"/> Person reporting <input type="checkbox"/> Spouse
Name of Company or Profession		
Address		
Interest, e.g., officer, director, partner, proprietor, employee, advisory capacity		

If needed attach additional information on appropriately labeled continuation sheets. Additional items should be designated by letters in sequence, "e", "f", "g" and so on.

SCHEDULE 2

INCOME of \$1,000.00 or more, for services rendered, other than in Schedule 1.

(a)		Check One <input type="checkbox"/> at least \$1,000.00 but less than \$5,000.00;	
City of New York		<input type="checkbox"/> at least \$5,000.00 but less than \$25,000.00;	
Name of source of income		<input checked="" type="checkbox"/> at least \$25,000.00 but less than \$100,000.00;	
President - Borough of Manhattan		<input type="checkbox"/> \$100,000.00 or more	
Type of Service		Check: <input checked="" type="checkbox"/> Person reporting <input type="checkbox"/> Spouse	
(b)		Check One <input type="checkbox"/> at least \$1,000.00 but less than \$5,000.00;	
Name of source of income		<input type="checkbox"/> at least \$5,000.00 but less than \$25,000.00;	
Type of Service		<input type="checkbox"/> at least \$25,000.00 but less than \$100,000.00;	
		<input type="checkbox"/> \$100,000.00 or more	
		Check: <input type="checkbox"/> Person reporting <input type="checkbox"/> Spouse	
(c)		Check One <input type="checkbox"/> at least \$1,000.00 but less than \$5,000.00;	
Name of source of income		<input type="checkbox"/> at least \$5,000.00 but less than \$25,000.00;	
Type of Service		<input type="checkbox"/> at least \$25,000.00 but less than \$100,000.00;	
		<input type="checkbox"/> \$100,000.00 or more	
		Check: <input type="checkbox"/> Person reporting <input type="checkbox"/> Spouse	
(d)		Check One <input type="checkbox"/> at least \$1,000.00 but less than \$5,000.00;	
Name of source of income		<input type="checkbox"/> at least \$5,000.00 but less than \$25,000.00;	
Type of Service		<input type="checkbox"/> at least \$25,000.00 but less than \$100,000.00;	
		<input type="checkbox"/> \$100,000.00 or more	
		Check: <input type="checkbox"/> Person reporting <input type="checkbox"/> Spouse	

If needed attach additional information on appropriately labeled continuation sheets. Additional items should be designated by letters in sequence, "e", "f", "g" and so on.

SCHEDULE 3

CAPITAL GAINS of \$1,000.00 or more from single source: (other than sale of residence occupied by person reporting)

(a) Andicorp Holding, Inc.	Check One <input type="checkbox"/> at least \$1,000.00 but less than \$5,000.00;
Source of capital gain Distribution of Andicorp. Holding, Inc.	<input type="checkbox"/> at least \$5,000.00 but less than \$25,000.00; <input type="checkbox"/> at least \$25,000.00 but less than \$100,000.00; <input checked="" type="checkbox"/> \$100,000.00 or more Check: <input checked="" type="checkbox"/> Person reporting <input type="checkbox"/> Spouse
(b) <u>General public utilities</u> - <u>TMI</u>	Check One <input checked="" type="checkbox"/> at least \$1,000.00 but less than \$5,000.00;
Source of capital gain sale of 6,500 shares	<input type="checkbox"/> at least \$5,000.00 but less than \$25,000.00; <input type="checkbox"/> at least \$25,000.00 but less than \$100,000.00; <input type="checkbox"/> \$100,000.00 or more Check: <input type="checkbox"/> Person reporting <input type="checkbox"/> Spouse
(c) Excalibur Technologies Corp.	Check One <input checked="" type="checkbox"/> at least \$1,000.00 but less than \$5,000.00;
Source of capital gain sale of 1,000 shares	<input type="checkbox"/> at least \$5,000.00 but less than \$25,000.00; <input type="checkbox"/> at least \$25,000.00 but less than \$100,000.00; <input type="checkbox"/> \$100,000.00 or more Check: <input type="checkbox"/> Person reporting <input type="checkbox"/> Spouse
(d) William House Regency	Check One <input checked="" type="checkbox"/> at least \$1,000.00 but less than \$5,000.00;
Source of capital gain sale of 750 shares	<input type="checkbox"/> at least \$5,000.00 but less than \$25,000.00; <input type="checkbox"/> at least \$25,000.00 but less than \$100,000.00; <input type="checkbox"/> \$100,000.00 or more Check: <input checked="" type="checkbox"/> Person reporting <input type="checkbox"/> Spouse

If needed attach additional information on appropriate labeled continuation sheets. Additional items should be designated by letters in sequence, "e", "f", "g" and so on.

SCHEDULE 3

CAPITAL GAINS

CONTINUATION SHEET
of \$1,000.00 or more from
sale of residence occupied by person reporting

Source: (other than
by person reporting)

<p>(a) Service Fracturing</p>	<p>Check One</p> <p><input checked="" type="checkbox"/> at least \$1,000.00 but less than \$5,000.00;</p> <p><input type="checkbox"/> at least \$5,000.00 but less than \$25,000.00;</p> <p><input type="checkbox"/> at least \$25,000.00 but less than \$100,000.00;</p> <p><input type="checkbox"/> \$100,000.00 or more</p> <p>Check: <input checked="" type="checkbox"/> Person reporting <input type="checkbox"/> Spouse</p>
<p>Source of capital gain</p> <p>sale of 150 shares</p>	
<p>(b)</p>	<p>Check One</p> <p><input type="checkbox"/> at least \$1,000.00 but less than \$5,000.00;</p> <p><input type="checkbox"/> at least \$5,000.00 but less than \$25,000.00;</p> <p><input type="checkbox"/> at least \$25,000.00 but less than \$100,000.00;</p> <p><input type="checkbox"/> \$100,000.00 or more</p> <p>Check: <input type="checkbox"/> Person reporting <input type="checkbox"/> Spouse</p>
<p>Source of capital gain</p>	
<p>(c)</p>	<p>Check One</p> <p><input type="checkbox"/> at least \$1,000.00 but less than \$5,000.00;</p> <p><input type="checkbox"/> at least \$5,000.00 but less than \$25,000.00;</p> <p><input type="checkbox"/> at least \$25,000.00 but less than \$100,000.00;</p> <p><input type="checkbox"/> \$100,000.00 or more</p> <p>Check: <input type="checkbox"/> Person reporting <input type="checkbox"/> Spouse</p>
<p>Source of capital gain</p>	
<p>(d)</p>	<p>Check One</p> <p><input type="checkbox"/> at least \$1,000.00 but less than \$5,000.00;</p> <p><input type="checkbox"/> at least \$5,000.00 but less than \$25,000.00;</p> <p><input type="checkbox"/> at least \$25,000.00 but less than \$100,000.00;</p> <p><input type="checkbox"/> \$100,000.00 or more</p> <p>Check: <input type="checkbox"/> Person reporting <input type="checkbox"/> Spouse</p>
<p>Source of capital gain</p>	

If needed attach additional information on appropriate labeled continuation sheets. Additional items should be designated by letters in sequence, "e", "f", "g" and so on.

SCHEDULE 4

REIMBURSEMENT of expenditures in any instance from a single source.

0.00 more in each instance.

<p>(a)</p> <p>Name of person, organization or corporation making re-imbursment.</p> <p>NOT APPLICABLE</p>	<p>Check One</p> <p>() at least \$1,000.00 but less than \$5,000.00;</p> <p>() at least \$5,000.00 but less than \$25,000.00;</p> <p>() at least \$25,000.00 but less than \$100,000.00;</p> <p>() \$100,000.00 or more</p> <p>Check: () Person reporting () Spouse</p>
<p>(b)</p> <p>Name of person, organization or corporation making re-imbursment.</p>	<p>Check One</p> <p>() at least \$1,000.00 but less than \$5,000.00;</p> <p>() at least \$5,000.00 but less than \$25,000.00;</p> <p>() at least \$25,000.00 but less than \$100,000.00;</p> <p>() \$100,000.00 or more</p> <p>Check: () Person reporting () Spouse</p>
<p>(c)</p> <p>Name of person, organization or corporation making re-imbursment.</p>	<p>Check One</p> <p>() at least \$1,000.00 but less than \$5,000.00;</p> <p>() at least \$5,000.00 but less than \$25,000.00;</p> <p>() at least \$25,000.00 but less than \$100,000.00;</p> <p>() \$100,000.00 or more</p> <p>Check: () Person reporting () Spouse</p>
<p>(d)</p> <p>Name of person, organization or corporation making re-imbursment.</p>	<p>Check One</p> <p>() at least \$1,000.00 but less than \$5,000.00;</p> <p>() at least \$5,000.00 but less than \$25,000.00;</p> <p>() at least \$25,000.00 but less than \$100,000.00;</p> <p>() \$100,000.00 or more</p> <p>Check: () Person reporting () Spouse</p>

If needed attach additional information on appropriately labeled continuation sheet. Additional items should be designated by letters in sequence, "e", "f", "g" and so on.

SCHEDULE 5

HONORARIA of \$500.00 or more aggregated from single sources

(a)	Check One <input type="checkbox"/> less than \$1,000.00
Name of donor, (person, organization, corporation)	<input type="checkbox"/> at least \$1,000.00 but less than \$5,000.00;
Address	<input type="checkbox"/> at least \$5,000.00 but less than \$25,000.00;
	<input type="checkbox"/> at least \$25,000.00 but less than \$100,000.00;
	<input type="checkbox"/> \$100,000.00 or more Check: <input type="checkbox"/> Person reporting <input type="checkbox"/> Spouse
(b)	Check One <input type="checkbox"/> less than \$1,000.00
Name of donor, (person, organization, corporation)	<input type="checkbox"/> at least \$1,000.00 but less than \$5,000.00;
Address	<input type="checkbox"/> at least \$5,000.00 but less than \$25,000.00;
	<input type="checkbox"/> at least \$25,000.00 but less than \$100,000.00;
	<input type="checkbox"/> \$100,000.00 or more Check: <input type="checkbox"/> Person reporting <input type="checkbox"/> Spouse
(c)	Check One <input type="checkbox"/> less than \$1,000.00
Name of donor, (person, organization, corporation)	<input type="checkbox"/> at least \$1,000.00 but less than \$5,000.00;
Address	<input type="checkbox"/> at least \$5,000.00 but less than \$25,000.00;
	<input type="checkbox"/> at least \$25,000.00 but less than \$100,000.00;
	<input type="checkbox"/> \$100,000.00 or more Check: <input type="checkbox"/> Person reporting <input type="checkbox"/> Spouse
(d)	Check One <input type="checkbox"/> less than \$1,000.00
Name of donor, (person, organization, corporation)	<input type="checkbox"/> at least \$1,000.00 but less than \$5,000.00;
Address	<input type="checkbox"/> at least \$5,000.00 but less than \$25,000.00;
	<input type="checkbox"/> at least \$25,000.00 but less than \$100,000.00;
	<input type="checkbox"/> \$100,000.00 or more Check: <input type="checkbox"/> Person reporting <input type="checkbox"/> Spouse

If needed attach additional information on appropriately labeled continuation sheet. Additional items should be designated by letters in sequence "e", "f", "g" and so on.

SCHEDULE 6

GIFTS aggregate of \$500.00 or more from single source

(a)	<p>Check One</p> <p><input type="checkbox"/> less than \$1,000.00</p>
<p>Name of person, organization or corporation making gift.</p> <p>NOT APPLICABLE</p>	<p><input type="checkbox"/> at least \$1,000.00 but less than \$5,000.00;</p> <p><input type="checkbox"/> at least \$5,000.00 but less than \$25,000.00;</p> <p><input type="checkbox"/> at least \$25,000.00 but less than \$100,000.00;</p> <p><input type="checkbox"/> \$100,000.00 or more</p> <p>Check: <input type="checkbox"/> Person reporting <input type="checkbox"/> Spouse</p>
(b)	<p>Check One</p> <p><input type="checkbox"/> less than \$1,000.00</p>
<p>Name of person, organization or corporation making gift.</p>	<p><input type="checkbox"/> at least \$1,000.00 but less than \$5,000.00;</p> <p><input type="checkbox"/> at least \$5,000.00 but less than \$25,000.00;</p> <p><input type="checkbox"/> at least \$25,000.00 but less than \$100,000.00;</p> <p><input type="checkbox"/> \$100,000.00 or more</p> <p>Check: <input type="checkbox"/> Person reporting <input type="checkbox"/> Spouse</p>
(c)	<p>Check One</p> <p><input type="checkbox"/> less than \$1,000.00</p>
<p>Name of person, organization or corporation making gift.</p>	<p><input type="checkbox"/> at least \$1,000.00 but less than \$5,000.00;</p> <p><input type="checkbox"/> at least \$5,000.00 but less than \$25,000.00;</p> <p><input type="checkbox"/> at least \$25,000.00 but less than \$100,000.00;</p> <p><input type="checkbox"/> \$100,000.00 or more</p> <p>Check: <input type="checkbox"/> Person reporting <input type="checkbox"/> Spouse</p>
(d)	<p>Check One</p> <p><input type="checkbox"/> less than \$1,000.00</p>
<p>Name of person, organization or corporation making gift.</p>	<p><input type="checkbox"/> at least \$1,000.00 but less than \$5,000.00;</p> <p><input type="checkbox"/> at least \$5,000.00 but less than \$25,000.00;</p> <p><input type="checkbox"/> at least \$25,000.00 but less than \$100,000.00;</p> <p><input type="checkbox"/> \$100,000.00 or more</p> <p>Check: <input type="checkbox"/> Person reporting <input type="checkbox"/> Spouse</p>

If needed attach additional information on appropriately labeled continuation sheet. Additional items should be designated by letters in sequence, "e", "f", "g" and so on.

SCHEDULE 7 INDEBTEDNESS of \$5,000 or more.*

more for period of 90 consecutive days

<p>(a) <u>MANUFACTURERS HANOVER TRUST</u></p> <p>Name of Creditor 4 NY Plaza, NY, NY</p> <p>Address</p> <p>Indicate <u>Still in effect</u> (✓). Date terminated _____</p>	<p>Check One</p> <p>() at least \$5,000.00 but less than \$25,000.00.</p> <p>() at least \$25,000.00 but less than \$100,000.00.</p> <p><u>(x) at least \$100,000.00 but less than \$500,000.00.</u></p> <p>() \$500,000.00 or more</p> <p>Check (x) Person reporting () Spouse</p>
<p>(b) Internal Revenue Service</p> <p>Name of Creditor</p> <p>Address</p> <p>Indicate Still in effect (). Date terminated <u>4/15/82</u> Represents estimated Federal income tax due - calendar year 1981 of \$250,000, paid with extension request</p>	<p>Check One</p> <p>() at least \$5,000.00 but less than \$25,000.00.</p> <p>() at least \$25,000.00 but less than \$100,000.00.</p> <p><u>(x) at least \$100,000.00 but less than \$500,000.00.</u></p> <p>() \$500,000.00 or more</p> <p>Check (x) Person reporting () Spouse</p>
<p>(c) New York State income tax</p> <p>Name of Creditor</p> <p>Address</p> <p>Indicate Still in effect (). Date terminated <u>4/15/82</u> Represents estimated New York State & New York City income tax due - calendar year 1981, \$100,000 paid with estimated return</p>	<p>Check One</p> <p>() at least \$5,000.00 but less than \$25,000.00.</p> <p>() at least \$25,000.00 but less than \$100,000.00.</p> <p><u>(x) at least \$100,000.00 but less than \$500,000.00.</u></p> <p>() \$500,000.00 or more</p> <p>Check (x) Person reporting () Spouse</p>
<p>(d) Oppenheimer & Co</p> <p>Name of Creditor</p> <p>One NY Plaza, New York, NY</p> <p>Address</p> <p>Indicate Still in effect (✓). Date terminated _____</p> <p>Margin account</p>	<p>Check One</p> <p>() at least \$5,000.00 but less than \$25,000.00.</p> <p>() at least \$25,000.00 but less than \$100,000.00.</p> <p><u>(x) at least \$100,000.00 but less than \$500,000.00.</u></p> <p>() \$500,000.00 or more</p> <p>Check (x) Person reporting () Spouse</p>

If needed attach additional information on appropriately labeled continuation sheet. Additional items should be designated by letters in sequence, e.g., f, g, and so on.

*Excludes transactions with relatives consistent with Federal law, e.g., 2 USC 702(4)

00710570307

SCHEDULE 8

INVESTMENTS of \$20,000.00 value or more

<p>(a) American Resources Mgmt Corp</p> <p>Name of Investment</p> <p>Check if value based on cost () ; or estimate at time of receipt (✓)</p>	<p>Check One</p> <p>(x) at least \$20,000.00 but less than \$100,000.00;</p> <p>() at least \$100,000.00 but less than \$500,000.00;</p> <p>() \$500,000.00 or more</p> <p>Check (x) Person reporting () Spouse</p>
<p>(b) Bank America Corp.</p> <p>Name of Investment</p> <p>Check if value based on cost () ; or estimate at time of receipt (✓)</p>	<p>Check One</p> <p>(x) at least \$20,000.00 but less than \$100,000.00;</p> <p>() at least \$100,000.00 but less than \$500,000.00;</p> <p>() \$500,000.00 or more</p> <p>Check (x) Person reporting () Spouse</p>
<p>(c) Century Telephone Ent</p> <p>Name of Investment</p> <p>Check if value based on cost () ; or estimate at time of receipt (✓)</p> <p><u>MTI COLLABORAL</u></p>	<p>Check One</p> <p>(x) at least \$20,000.00 but less than \$100,000.00;</p> <p>() at least \$100,000.00 but less than \$500,000.00;</p> <p>() \$500,000.00 or more</p> <p>Check (x) Person reporting () Spouse</p>
<p>(d) Crown Zellerbach Corp</p> <p>Name of Investment</p> <p>Check if value based on cost () ; or estimate at time of receipt (✓)</p>	<p>Check One</p> <p>(x) at least \$20,000.00 but less than \$100,000.00;</p> <p>() at least \$100,000.00 but less than \$500,000.00;</p> <p>() \$500,000.00 or more</p> <p>Check (x) Person reporting () Spouse</p>

If needed attach additional information on appropriately labeled continuation sheet. Additional items should be designated by letters in sequence, "e", "f", "g" and so on.

SCHEDULE 8

CONTINUATION SHEET INVESTMENTS of \$20,000.00 value or

(k) (e) Dynalectron Corp.	Check One <input checked="" type="checkbox"/> (x) at least \$20,000.00 but less than \$100,000.00;
Name of Investment	<input type="checkbox"/> () at least \$100,000.00 but less than \$500,000.00;
Check if value based on cost () ; or estimate at time of receipt (/)	<input type="checkbox"/> () \$500,000.00 or more
	Check: <input checked="" type="checkbox"/> (x) Person reporting <input type="checkbox"/> () Spouse
(h) (f) Harcourt Brace Jovanovich Inc	Check One <input type="checkbox"/> () at least \$20,000.00 but less than \$100,000.00;
Name of Investment	<input checked="" type="checkbox"/> (x) at least \$100,000.00 but less than \$500,000.00;
Check if value based on cost () ; or estimate at time of receipt (/)	<input type="checkbox"/> () \$500,000.00 or more
	Check: <input checked="" type="checkbox"/> (x) Person reporting <input type="checkbox"/> () Spouse
(g) (g) Lionel Corp.	Check One <input checked="" type="checkbox"/> (x) at least \$20,000.00 but less than \$100,000.00;
Name of Investment	<input type="checkbox"/> () at least \$100,000.00 but less than \$500,000.00;
Check if value based on cost () ; or estimate at time of receipt (/)	<input type="checkbox"/> () \$500,000.00 or more
	Check: <input type="checkbox"/> () Person reporting <input type="checkbox"/> () Spouse
(h) (h) Manhattan Life Corp.	Check One <input checked="" type="checkbox"/> (x) at least \$20,000.00 but less than \$100,000.00;
Name of Investment	<input type="checkbox"/> () at least \$100,000.00 but less than \$500,000.00;
Check if value based on cost () ; or estimate at time of receipt (/)	<input type="checkbox"/> () \$500,000.00 or more
	Check: <input type="checkbox"/> () Person reporting <input type="checkbox"/> () Spouse

If needed attach additional information on appropriately labeled continuation sheet. Additional items should be designated by letters in sequence, "e", "f", "g" and so on.

SCHEDULE 8

CONTINUATION OF SCHEDULE 8 INVESTMENTS of \$20,000.00 value or more

~~(b)(1)~~

(i) Rio Grande Inds. Bocum cv pfd A

Name of Investment

Check if value based on cost (); or estimate at time of receipt (/)

Check One

(x) at least \$20,000.00 but less than \$100,000.00;

() at least \$100,000.00 but less than \$500,000.00;

() \$500,000.00 or more

Check: (xx) Person reporting
() Spouse

~~(b)(1)~~

(j) Waldbaum, Inc.

Name of Investment

Check if value based on cost (/); or estimate at time of receipt ()

Check One

(x) at least \$20,000.00 but less than \$100,000.00;

() at least \$100,000.00 but less than \$500,000.00;

() \$500,000.00 or more

Check: (x) Person reporting
() Spouse

~~(b)(1)~~

(k) Excel Energy Corp.

Name of Investment

Check if value based on cost (); or estimate at time of receipt (/)

Check One

(x) at least \$20,000.00 but less than \$100,000.00;

() at least \$100,000.00 but less than \$500,000.00;

() \$500,000.00 or more

Check (x) Person reporting
() Spouse

(d)

Name of Investment

Check if value based on cost (); or estimate at time of receipt ()

Check One

() at least \$20,000.00 but less than \$100,000.00;

() at least \$100,000.00 but less than \$500,000.00;

() \$500,000.00 or more

Check: () Person reporting
() Spouse

If needed attach additional information on appropriately labeled continuation sheet. Additional items should be designated by letters in sequence, "e", "f", "g" and so on.

SCHEDULE 9

REAL PROPERTY HOLDINGS of \$20,000 or more

due or more

<p>(a) <u>1125 Park Ave, cooperative apt.</u></p> <p>Street address or precise location of property</p> <p>Check if value based on cost (<input checked="" type="checkbox"/>); or estimate at time or receipt (<input type="checkbox"/>)</p>	<p>Check One</p> <p>(<input type="checkbox"/>) at least \$20,000.00 but less than \$100,000.00.</p> <p>(<input checked="" type="checkbox"/>) at least \$100,000.00 but less than \$500,000.00.</p> <p>(<input type="checkbox"/>) \$500,000.00 or more</p> <p>Check (<input checked="" type="checkbox"/>) Person reporting (<input type="checkbox"/>) Spouse</p>
<p>(b)</p> <p>Street address or precise location of property</p> <p>Check if value based on cost (<input type="checkbox"/>); or estimate at time of receipt (<input type="checkbox"/>)</p>	<p>Check One</p> <p>(<input type="checkbox"/>) at least \$20,000.00 but less than \$100,000.00.</p> <p>(<input type="checkbox"/>) at least \$100,000.00 but less than \$500,000.00.</p> <p>(<input type="checkbox"/>) \$500,000.00 or more</p> <p>Check (<input type="checkbox"/>) Person reporting (<input type="checkbox"/>) Spouse</p>
<p>(c)</p> <p>Street address or precise location of property</p> <p>Check if value based on cost (<input type="checkbox"/>); or estimate at time of receipt (<input type="checkbox"/>)</p>	<p>Check One</p> <p>(<input type="checkbox"/>) at least \$20,000.00 but less than \$100,000.00.</p> <p>(<input type="checkbox"/>) at least \$100,000.00 but less than \$500,000.00.</p> <p>(<input type="checkbox"/>) \$500,000.00 or more</p> <p>Check (<input type="checkbox"/>) Person reporting (<input type="checkbox"/>) Spouse</p>
<p>(d)</p> <p>Street address or precise location of property</p> <p>Check if value based on cost (<input type="checkbox"/>); or estimate at time of receipt (<input type="checkbox"/>)</p>	<p>Check One</p> <p>(<input type="checkbox"/>) at least \$20,000.00 but less than \$100,000.00.</p> <p>(<input type="checkbox"/>) at least \$100,000.00 but less than \$500,000.00.</p> <p>(<input type="checkbox"/>) \$500,000.00 or more</p> <p>Check (<input type="checkbox"/>) Person reporting (<input type="checkbox"/>) Spouse</p>

If needed attach additional information on appropriately labeled continuation sheet. Additional items should be designated by letters in sequence, "e", "f", "g" and so on.

SCHEDULE 10

TRUST and FIDUCIARY RELATIONSHIPS

\$20,000.00 value or more

<p>(a) NOT APPLICABLE</p>	<p>Check One</p> <p><input type="checkbox"/> at least \$20,000.00 but less than \$100,000.00;</p> <p><input type="checkbox"/> at least \$100,000.00 but less than \$500,000.00;</p> <p><input type="checkbox"/> \$500,000.00 or more</p> <p>Check <input type="checkbox"/> Person reporting <input type="checkbox"/> Spouse</p>
<p>Name of Trust or Fiduciary relationship</p>	
<p>(b)</p>	<p>Check One</p> <p><input type="checkbox"/> at least \$20,000.00 but less than \$100,000.00;</p> <p><input type="checkbox"/> at least \$100,000.00 but less than \$500,000.00;</p> <p><input type="checkbox"/> \$500,000.00 or more</p> <p>Check <input type="checkbox"/> Person reporting <input type="checkbox"/> Spouse</p>
<p>Name of Trust or Fiduciary relationship</p>	
<p>(c)</p>	<p>Check One</p> <p><input type="checkbox"/> at least \$20,000.00 but less than \$100,000.00;</p> <p><input type="checkbox"/> at least \$100,000.00 but less than \$500,000.00;</p> <p><input type="checkbox"/> \$500,000.00 or more</p> <p>Check <input type="checkbox"/> Person reporting <input type="checkbox"/> Spouse</p>
<p>Name of Trust or Fiduciary relationship</p>	
<p>(d)</p>	<p>Check One</p> <p><input type="checkbox"/> at least \$20,000.00 but less than \$100,000.00;</p> <p><input type="checkbox"/> at least \$100,000.00 but less than \$500,000.00;</p> <p><input type="checkbox"/> \$500,000.00 or more</p> <p>Check <input type="checkbox"/> Person reporting <input type="checkbox"/> Spouse</p>
<p>Name of Trust or Fiduciary relationship</p>	

If needed attach additional information on appropriately labeled continuation sheet. Additional items should be designated by letters in sequence, "e", "f", "g" and so on.

**REQUEST TO
WITHHOLD INFORMATION
FROM PUBLIC INSPECTION
(Privacy Claims)**

As to each of the following privacy claims, I affirm that I believe the information concerned to be highly personal and unrelated to my New York City office or employment and believe that it does not involve a conflict of interests.

A. I request that the following information contained in schedule _____ item _____ be withheld from public inspection

(describe information to be withheld)

This information is highly personal because _____

B. I request that the following information contained in schedule _____ item _____ be withheld from public inspection

(describe information to be withheld)

This information is highly personal because _____

86940570813

C. I request that the following information contained in schedule _____ item _____ be withheld from public inspection

(describe information to be withheld)

This information is highly personal because _____

D. I request that the following information contained in schedule _____ item _____ be withheld from public inspection

(describe information to be withheld)

This information is highly personal because _____

E. I request that the following information contained in schedule _____ item _____ be withheld from public inspection

(describe information to be withheld)

This information is highly personal because _____

180730698

F. I request that the following information contained in schedule _____ item _____ be withheld from public inspection

(describe information to be withheld)

This information is highly personal because _____

G. I request that the following information contained in schedule _____ item _____ be withheld from public inspection

(describe information to be withheld)

This information is highly personal because _____

H. I request that the following information contained in schedule _____ item _____ be withheld from public inspection

(describe information to be withheld)

86040570815

This information is highly personal because _____

86740570816

If needed attach additional information on appropriately labeled continuation sheet.
Additional items should be designated by letters in sequence, "i", "j", "k" and so on.

EXHIBIT H



MANUFACTURERS HANOVER TRUST COMPANY

270 PARK AVENUE, NEW YORK, N.Y.

MAILING ADDRESS
MANUFACTURERS HANOVER TRUST COMPANY
GRAND CENTRAL STATION
PO BOX 2702
NEW YORK, NY 10163

January 9, 1985

Mr. and Mrs. Andrew Stein
38 East 85th Street
Apt. 11E
New York, NY 10028

Dear Mr. and Mrs. Stein:

I am writing to you to confirm that according to our records the loan that we extended to you was for personal needs. The loan was not extended for business purposes and there are no outside guarantees.

Sincerely,

Carol H. Brown
Assistant Vice President

CHB:cg

Exhibit H



FEDERAL ELECTION COMMISSION

1325 K STREET N.W.
WASHINGTON, D.C. 20463

THIS IS THE BEGINNING OF MUR # 2070

Date Filmed 2/21/86 Camera No. --- 2

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