

LEBOEUF, LAMB, LEIBY & MACRAE APR 5 1 45 PM '93

A PARTNERSHIP INCLUDING PROFESSIONAL CORPORATIONS

EASTERN U.S.A.:
NEW YORK, NY
WASHINGTON, DC
ALBANY, NY
BOSTON, MA
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HARTFORD, CT
NEWARK, NJ

125 WEST 55TH STREET
NEW YORK, NY 10019-4513

(212) 424-8000

FACSIMILE (212) 424-8500

TELEX 423416 (OR) 1861383

EUROPEAN COMMUNITY: BRUSSELS, BELGIUM AND LONDON, ENGLAND

RUSSIAN FEDERATION: MOSCOW

DIRECT DIAL

WESTERN U.S.A.:
LOS ANGELES, CA
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SAN FRANCISCO, CA
SOUTHERN U.S.A.:
JACKSONVILLE, FL
RALEIGH, NC

April 2, 1993

CERTIFIED MAIL

Federal Election Commission
999 E Street, NW
Washington, D.C. 20463

Re: LeBoeuf, Lamb, Leiby & MacRae
Political Action Committee
FEC Form 3X

Gentlemen:

Enclosed please find our completed Form 3X for the period
March 1, 1993 through March 31, 1993.

Please acknowledge the receipt of the above-referenced
document by signing and dating the enclosed copy of this letter
and returning it to us in the envelope provided.

Sincerely,



A. David Marshall
Treasurer
LeBoeuf, Lamb, Leiby & MacRae
Political Action Committee

ADM:bv

Enclosures

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REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (Print fully)
LeBoeuf, Lamb, Leiby & MacRae
Political Action Committee
ADDRESS (number and street) Check if different than previously reported
125 West 55 Street
CITY, STATE and ZIP CODE
New York, New York 10019-5389

2. FEC IDENTIFICATION NUMBER
C00217885
3. The committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).

4. TYPE OF REPORT

(a) April 15 Quarterly Report
July 15 Quarterly Report
October 15 Quarterly Report
January 31 Year End Report
July 31 Mid Year Report (Non-election Year Only)
Termination Report

Monthly Report Due On:
February 20 June 20 October 20
March 20 July 20 November 20
 April 20 August 20 December 20
May 20 September 20 January 31

Twelfth day report preceding _____
Type of Election: _____
election on _____ in the State of _____

Thirtieth day report following the General Election on _____
in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Covering Period <u>3/1/93</u> through <u>3/31/93</u>		
6(a) Cash on Hand January 1, 19 <u>93</u>		\$ 3,401
6(b) Cash on Hand at Beginning of Reporting Period	\$ 15,526	
6(c) Total Receipts (from Line 19)	\$ 6,850	\$ 25,725
6(c) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 22,376	\$ 29,126
7. Total Disbursements (from Line 30)	\$ 5,750	\$ 12,500
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 16,626	\$ 16,626
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ -0-	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ -0-	

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

Type or Print Name of Treasurer
A. David Marshall

Signature of Treasurer

Date

4/1/93

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

FEC FORM 3X

(revised 11/91)

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

Revised 1-1-91

NAME OF COMMITTEE LeBoeuf, Lamb, Leiby & MacRae Political Action Committee	REPORT COVERING PERIOD	
	FROM 3/1/93	TO 3/31/93
	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual Persons Other Than Political Committees		
i. Itemized (use Schedule A)	6,850	25,725
ii. Unitemized	-0-	-0-
iii. Total (add i and ii) >	6,850	25,725
b. Political Party Committees	-0-	-0-
c. Other Political Committees (such as PACs)	-0-	-0-
d. Total Contributions (add a.iii, b and c) >	6,850	25,725
12. Transfers From Affiliated/Other Party Committees	-0-	-0-
13. All Loans Received	-0-	-0-
14. Loan Repayments Received	-0-	-0-
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-	-0-
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	-0-
17. Other Federal Receipts (Dividends, Interest, etc.)	-0-	-0-
18. Transfers from Nonfederal Account for Joint Activity	-0-	-0-
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	6,850	25,725
20. Total Federal Receipts (subtract line 18 from line 19) >	6,850	25,725
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)	N/A	N/A
i. Federal Share	N/A	N/A
ii. Non-Federal Share	N/A	N/A
b. Other Federal Operating Expenditures	N/A	N/A
c. Total Operating Expenditures (Add a.i, a.ii, and b) >	N/A	N/A
22. Transfers to Affiliated/Other Party Committees	-0-	-0-
23. Contributions to Federal Candidates/Committees and Other Political Committees	3,250	5,000
24. Independent Expenditures (use Schedule E)	-0-	-0-
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 447a(d)) (use Schedule F)	-0-	-0-
26. Loan Repayments Made	-0-	-0-
27. Loans Made	-0-	-0-
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees	-0-	-0-
b. Political Party Committees	-0-	-0-
c. Other Political Committees (such as PACs)	-0-	-0-
d. Total Contribution Refunds (Add a, b and c) >	-0-	-0-
29. Other Disbursements	2,500	7,500
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	5,750	12,500
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	5,750	12,500
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	6,850	25,725
33. Total Contribution Refunds (from line 28d)	-0-	-0-
34. Net Contributions (other than loans) (subtract line 33 from 32)	6,850	25,725
35. Total Federal Operating Expenditures (add 21 a.i and 21 b) >	-0-	-0-
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-
37. Net Operating Expenditures (subtract line 36 from 35) >	-0-	-0-

SCHEDULE A

ITEMIZED RECEIPTS

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

Any information copied from such Reports and Statements may not be 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)

LeBoeuf, Lamb, Leiby & MacRae Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Miriam Santiago 125 West 55 Street New York, N.Y. 10019	LeBoeuf, Lamb, Leiby & MacRae	3/1/93 - 3/31/93	\$ 265 (Memo entry)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Exempt legal acct. svcs	Occupation: Staff Accountant	Aggregate Year-to-Date > \$ 795	
B. 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 > \$	
C. 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 > \$	
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 > \$	

9 3 3 8 3 3 6 0 2 6

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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)
LeBoeuf, Lamb, Leiby & MacRae Political Action Committee

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cameron F. MacRae 125 West 55 Street New York, N.Y. 10019	LeBoeuf, Lamb, Leiby & MacRae	3/12/93	\$ 815
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$ 815		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Douglas W. Hawes 125 West 55 Street New York, N.Y. 10019	LeBoeuf, Lamb, Leiby & MacRae	3/19/93	810
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$ 810		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence Acker 1875 Connecticut Avenue Washington, D.C. 20009	LeBoeuf, Lamb, Leiby & MacRae	3/31/93	225
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$ 225		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul Connolly 260 Franklin Street Boston, Mass. 02110	LeBoeuf, Lamb, Leiby & MacRae	3/31/93	415
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$ 415		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Cotton 725 South Figueroa Street Los Angeles, Calif. 90017	LeBoeuf, Lamb, Leiby & MacRae	3/31/93	210
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$ 210		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peter Demmerle 2 Suffolk Lane London EC4R 0AT England	LeBoeuf, Lamb, Leiby & MacRae	3/31/93	215
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$ 215		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Koen 125 West 55 Street New York, N.Y. 10019	LeBoeuf, Lamb, Leiby & MacRae	3/31/93	240
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$ 240		

SUBTOTAL of Receipts This Page (optional)	\$2,930
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

LeBoeuf, Lamb, Leiby & MacRae Political Action Committee

A. Full Name, Mailing Address and ZIP Code P. Bruce Wright 125 West 55 Street New York, N.Y. 10019	Name of Employer LeBoeuf, Lamb, Leiby & MacRae	Date (month, day, year) 3/31/93	Amount of Each Receipt this Period \$ 590
	Occupation Attorney	Aggregate Year-to-Date > \$ 590	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

B. Full Name, Mailing Address and ZIP Code Contributions Under \$200	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 1,230
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

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

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)	\$1,820
TOTAL This Period (last page this line number only)	\$6,850

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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)

LeBoeuf, Lamb, Leiby & MacRae Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hatch Election Committee Post Office Box 3464 Salt Lake City, Utah 84110	Re-election Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	3/19/93	\$2,000
B. Full Name, Mailing Address and ZIP Code Committee for Sam Gibbons Post Office Box 2884 Washington, D.C. 20013	Re-election Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	3/29/93	1,000
C. Full Name, Mailing Address and ZIP Code Borski for Congress Post Office Box 26846 Philadelphia, Pa. 19134	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	3/29/93	250
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) \$3,250

TOTAL This Period (last page this line number only)

2303803000

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 8 OF 12
FOR LINE NUMBER 29

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)

LeBoeuf, Lamb, Leiby & MacRae Political Action Committee

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
People to Elect Jack Wagner, Mayor 25-02 West Liberty Avenue Pittsburg, Pa. 15226	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	3/17/93	\$1,000
B. Full Name, Mailing Address and ZIP Code Giuliani for New York 355 Lexington Avenue New York, N.Y. 10017	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/29/93	1,500
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) \$2,500

TOTAL This Period (last page this line number only)

SCHEDULE C

Revised 3/80

LOANS

030332

Name of Committee (or Fund): LeBoeuf, Lomb, Leiby & MacRae Political Action Committee				
A 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
NOT APPLICABLE				
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):				
Terms: Date Incurred _____ Date Due _____ Interest Rate _____				<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		Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):				
Terms: Date Incurred _____ Date Due _____ Interest Rate _____				<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)				
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.				

DEBTS AND OBLIGATIONS
Excluding Loans

Name of Committee (or Full Name) LeBoeuf, Lamb, Leiby & MacRae Political Action Committee	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor NOT APPLICABLE				
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
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):				
1) SUBTOTALS This Period This Page (optional)				
2) TOTAL This Period (last page only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

0 5 0 3 8 0 3 3 3 3

**Federal Election Commission
ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	DATE OF RECEIPT
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 4-2-93
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House Office of Records and Registration	DATE OF RECEIPT
<input type="checkbox"/> Received from the Senate Office of Public Records	DATE OF RECEIPT
<input type="checkbox"/> Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

J.H.
PREPARER

4-5-93
DATE PREPARED

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