

LEBOEUF, LAMB, GREENE & MACRAE  
LLP.

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

A LIMITED LIABILITY PARTNERSHIP INCLUDING PROFESSIONAL CORPORATIONS

NEW YORK  
WASHINGTON  
ALBANY  
BOSTON  
DENVER  
HARRISBURG  
HARTFORD  
HOUSTON  
JACKSONVILLE

125 WEST 55TH STREET  
NEW YORK, NY 10019-5389

(212) 424-8000

FACSIMILE: (212) 424-8500

WRITER'S DIRECT DIAL:

JUN 25 12 50 PM '98

LOS ANGELES  
NEWARK  
PITTSBURGH  
PORTLAND, OR  
SALT LAKE CITY  
SAN FRANCISCO  
BRUSSELS  
MOSCOW  
ALMATY  
LONDON  
IN LONDON: ENGL  
MULTINATIONAL PARTNERSHIP

June 19, 1998

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

Re: LeBoeuf, Lamb, Greene & MacRae  
Political Action Committee

Gentlemen:

Enclosed is an amended Statement of Organization for the above Political Action Committee. Please note that the positions of Assistant Treasurer and Secretary, which were reported in our last filed Statement of Organization on April 11, 1996, have been eliminated. All other information remains unchanged.

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, Greene & MacRae  
Political Action Committee

ADM:bv

Enclosures

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) <b>LeBoeuf, Lamb, Greene &amp; MacRae Political Action Committee</b> (b) Number and Street Address <input type="checkbox"/> (Check if address is changed) <b>125 West 55th Street</b> (c) City, State and ZIP Code <b>New York, New York 10019-5389</b>	2. DATE <b>June 19, 1998</b> 3. FEC IDENTIFICATION NUMBER <b>C00217885</b> 4. IS THIS STATEMENT AN AMENDMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

JUN 25 12 50 PM '98

5. TYPE OF COMMITTEE (Check one)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
  - (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
- |                   |                             |               |                |
|-------------------|-----------------------------|---------------|----------------|
| Name of Candidate | Candidate Party Affiliation | Office Sought | State/District |
|                   |                             |               |                |
- (c) This committee supports/opposes only one candidate \_\_\_\_\_ and is NOT an authorized committee. (name of candidate)
  - (d) This committee is a \_\_\_\_\_ committee of the \_\_\_\_\_ Party. (National, State or subordinate) (Democratic, Republican, etc.)
  - (e) This committee is a separate segregated fund.
  - (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization  
 Corporation  Corporation w/o Capital Stock  Labor Organization  Membership Organization  Trade Association  Cooperative

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position
A. David Marshall	125 West 55th Street, NY NY 10019	Treasurer

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
A. David Marshall	125 West 55th Street, NY, NY 10019	Treasurer

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
Citibank, N.A.	153 East 53 Street, NY NY 10043

I certify that I have examined this Statement 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 6/19/98
------------------------------------------------------	----------------------------	-----------------

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:  
 Federal Election Commission  
 Toll-free 800-424-9530  
 Local 202-376-3120

**FEC FORM 1**  
(revised 4/87)

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 6-23-98
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 <i>SEN</i> PREPARER	 6-25-98 DATE PREPARED