

ROBINS, KAPLAN, MILLER & CIRESI

ATTORNEYS AT LAW

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CHICAGO
MINNEAPOLIS
SAN FRANCISCO
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WASHINGTON

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WASHINGTON, D. C. 20006-1301
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January 24, 1994

By Hand

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

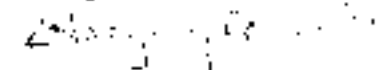
Re: Robins, Kaplan, Miller & Ciresi PAC FIN C00275909

Dear Sir or Madam:

Attached for filing with the Federal Election Commission is an executed copy of the Robins, Kaplan, Miller & Ciresi PAC Year End Report. I have included a duplicate copy to be stamped and returned for our files.

Please call me at (202) 736-2661 if you have any questions or require any additional information concerning this filing.

Very truly yours,


Gregory M. Williams
Assistant Treasurer

94-113-1112

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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 (in full) Robins, Kaplan, Miller & Ciresi PAC ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1801 K Street, N.W., Suite 1200 CITY, STATE and ZIP CODE Washington, D.C. 20006	2. FEC IDENTIFICATION NUMBER C00275909 3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
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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:

<input type="checkbox"/> February 20	<input type="checkbox"/> June 20	<input type="checkbox"/> October 20
<input type="checkbox"/> March 20	<input type="checkbox"/> July 20	<input type="checkbox"/> November 20
<input type="checkbox"/> April 20	<input type="checkbox"/> August 20	<input type="checkbox"/> December 20
<input type="checkbox"/> May 20	<input type="checkbox"/> September 20	<input type="checkbox"/> January 31

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

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

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>Oct. 1, 1993</u> through <u>Dec. 31, 1993</u>		
6. (a) Cash on Hand January 1, 19 93		\$ 0.00
(b) Cash on Hand at Beginning of Reporting Period	\$ 100.00	
(c) Total Receipts (from Line 19)	\$ 0.00	\$ 1100.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 100.00	\$ 1100.00
7. Total Disbursements (from Line 30)	\$ 9.05	\$ 1009.05
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 90.95	\$ 90.95
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information contact: Federal Election Commission 999 E Street, NW Washington DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	
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 Harold R. Mesirov, Esq. Treasurer	Date
Signature of Treasurer 	1/24/94

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

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

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD	
Robins, Kaplan, Miller & Ciresi PAC		FROM 10/1/93	TO 12/31/93
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
1	Contributions (other than loans) From:		
a	Individual/Persons Other Than Political Committees		
i	Itemized (use Schedule A)	-0-	1100.00
ii	Unitemized	-0-	-0-
iii	Total (add i and ii) >	-0-	-0-
b	Political Party Committees	-0-	-0-
c	Other Political Committees (such as PACs)	-0-	-0-
d	Total Contributions (add a iii, b and c) >	-0-	1100.00
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) >	-0-	1100.00
20	Total Federal Receipts (subtract line 18 from line 19) >	-0-	1100.00
II. Disbursements			
21	Operating Expenditures:		
a	Share of Federal/Non-Federal Activity (from Schedule H4)		
i	Federal Share	-0-	-0-
ii	Non-Federal Share	-0-	-0-
b	Other Federal Operating Expenditures	9.05	9.05
c	Total Operating Expenditures (add a i, a ii, and b) >	9.05	9.05
22	Transfers to Affiliated/Other Party Committees	-0-	-0-
23	Contributions to Federal Candidates/Committees and Other Political Committees	-0-	1000.00
24	Independent Expenditures (use Schedule E)	-0-	-0-
25	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(f)) (use Schedule F)	-0-	-0-
26	Loan Repayments Made	-0-	-0-
27	Loans Made	-0-	-0-
28	Refunds of Contributions To:		
a	Individuals/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	-0-	-0-
30	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	9.05	1009.05
31	Total Federal Disbursements (subtract line 21 a ii from line 30) >	9.05	1009.05
III. Net Contributions/Operating Expenditures			
32	Total Contributions (other than loans)(from line 11d)	-0-	1100.00
33	Total Contribution Refunds (from line 28d)	-0-	-0-
34	Net Contributions (other than loans)(subtract line 33 from 32)	-0-	1100.00
35	Total Federal Operating Expenditures (add 21 a i and 21 b) >	9.05	9.05
36	Offsets to Operating Expenditures (from line 15)	-0-	-0-
37	Net Operating Expenditures (subtract line 36 from 35) >	9.05	9.05

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER

All 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)

Robins, Kaplan, Miller & Ciresi PAC

A. Full Name, Mailing Address and ZIP Code None Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	0.00
TOTAL This Period (list page this line number only)	0.00

940000740000

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.

Hand Delivered

DATE OF RECEIPT

1/26/94

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

No Postmark

Postmark Illegible

Received from the House Office of Records
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

MMR

PREPARER

1/26/94

DATE PREPARED

240000745007