

ROBINS, KAPLAN, MILLER & CIRESI

ATTORNEYS AT LAW

Aug 5 10 50 AM '94

ATLANTA
BOSTON
CHICAGO
MINNEAPOLIS
SAINT PAUL
SAN FRANCISCO
SOUTHERN CALIFORNIA
WASHINGTON

SUITE 1200
1801 K STREET, N.W.
WASHINGTON, D. C. 20006-1301
TELEPHONE (202) 775-0725
FACSIMILE (202) 223-8804
TELEX 4831197 RMC

August 5, 1994

By Hand

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

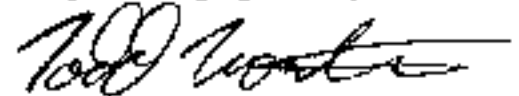
Re: Robins, Kaplan, Miller & Ciresi PAC FIN C00275909

Dear Jennifer Wall:

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

Please call Todd Troutner at (202) 775-0725 if you have any questions or require any additional information concerning this filing.

Very truly yours,



Todd R. Troutner

94039154222

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

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>April 1, 1994</u> through <u>June 30, 1994</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ 90.95
(b) Cash on Hand at Beginning of Reporting Period	\$ 90.95	
(c) Total Receipts (from Line 19)	\$ 1000.00	\$ 1000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 1090.95	\$ 1090.95
7. Total Disbursements (from Line 30)	\$ 1000.00	\$ 1000.00
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 800-424-6530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	
<i>I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.</i>		

Type or Print Name of Treasurer Harold E. Mesirov, Treasurer	
Signature of Treasurer 	Date 8/4/94

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

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DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
	FROM	TO
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	1000.00	1500.00
ii. Unitemized	-0-	-0-
iii. Total	1000.00	1500.00
..... (add i and ii) >		
b. Political Party Committees	-0-	-0-
c. Other Political Committees (such as PACs)	-0-	-0-
d. Total Contributions	1000.00	1500.00
..... (add a iii, b and c) >		
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	1000.00	1500.00
..... (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		
20. Total Federal Receipts	1000.00	1500.00
..... (subtract line 18 from line 19) >		
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	-0-	-0-
ii. Non-Federal Share	-0-	-0-
b. Other Federal Operating Expenditures	-0-	-0-
c. Total Operating Expenditures	-0-	-0-
..... (add a i, a ii, and b) >		
22. Transfers to Affiliated/Other Party Committees	-0-	-0-
23. Contributions to Federal Candidates/Committees and Other Political Committees	1000.00	1500.00
24. Independent Expenditures (use Schedule E)	-0-	-0-
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(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	-0-	-0-
..... (add a, b and c) >		
29. Other Disbursements	-0-	-0-
30. Total Disbursements	1000.00	1500.00
..... (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		
31. Total Federal Disbursements	1000.00	1500.00
..... (subtract line 21 a ii from line 30) >		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	1000.00	1500.00
33. Total Contribution Refunds (from line 28d)	-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from 32)	1000.00	1500.00
35. Total Federal Operating Expenditures	-0-	-0-
..... (add 21 a i and 21 b) >		
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-
37. Net Operating Expenditures	-0-	-0-
..... (subtract line 36 from 35) >		

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)
 Robins, Kaplan, Miller & Ciresi PAC C00275909

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A. Full Name, Mailing Address and ZIP Code *Robins, Kaplan, Miller & Ciresi 2800 LaSalle Plaza, 300 LaSalle Avenue Minneapolis, MN 55402	Name of Employer Robins, Kaplan, Miller & Ciresi	Date (month, day, year) 6/22/94	Amount of Each Receipt this Period 1000.00
	Occupation Law firm	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code *Group named in A above is a law firm (partnership composed of 113 partners and as such the \$1000 contribution has been allocated equally among the partners).	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):			
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)	1000.00
TOTAL This Period (last page this line number only)	1000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE OF
FDR LINE NUMBER

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Robins, Kaplan, Miller & Ciresi PAC C00275909

94039154226

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/27/94	Amount of Each Disbursement This Period 1000.00
B. 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
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)

1000.00

TOTAL This Period (last page this line number only)

1000.00

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

8-5-94

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



PREPARER

8-5-94
DATE PREPARED

94039154227