

LEBOEUF, LAMB, GREENE & MACRAE

L.L.P.

A LIMITED LIABILITY PARTNERSHIP INCLUDING PROFESSIONAL CORPORATIONS

FEB 9 11 26 AM '95

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

(212) 424-8000

FACSIMILE: (212) 424-8500

WRITER'S DIRECT DIAL:

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—
BRUSSELS
LONDON
MOSCOW

February 6, 1995

CERTIFIED MAIL

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

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

Gentlemen:

Enclosed please find our completed Form 3X for the period
January 1, 1995 through January 31, 1995.

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

95039053222

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEB 3 11 20 AM '95

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in NR) LeBoeuf, Lamb, Greene & MacRae Political Action Committee		2. FEC IDENTIFICATION NUMBER C00217885
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 125 West 55th Street		
CITY, STATE and ZIP CODE New York, New York 10019-5389		
3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

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
5. Covering Period	1/1/95 through 1/31/95		
6. (a)	Cash on Hand January 1, 1995		\$ 20,248.12
(b)	Cash on Hand at Beginning of Reporting Period	\$ 20,248.12	
(c)	Total Receipts (from Line 19)	\$ -0-	\$ -0-
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 20,248.12	\$ 20,248.12
7.	Total Disbursements (from Line 30)	\$ 5,000.00	\$ 5,000.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 15,248.12	\$ 15,248.12
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9500 Local 202-219-3420
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	Date 2/6/95
Signature of Treasurer <i>A. David Marshall</i>	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §487g.

9 5 0 3 9 6 5 3 2 2 3

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

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD	
LeBoeuf, Lamb, Greene & MacRae Political Action Committee		FROM 1/1/95	TO: 1/31/95
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11.	Contributions (other than loans) From:		
a.	Individuals/Persons Other Than Political Committees		
i.	Itemized (use Schedule A)	-0-	-0-
ii.	Unitemized	-0-	-0-
iii.	Total	-0-	-0-
b.	Political Party Committees	-0-	-0-
c.	Other Political Committees (such as PACs)	-0-	-0-
d.	Total Contributions	-0-	-0-
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	-0-	-0-
20.	Total Federal Receipts	-0-	-0-
II. Disbursements			
21.	Operating Expenditures:		
a.	Shared Federal/Non-Federal Activity (from Schedule H4)		
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	N/A	N/A
22.	Transfers to Affiliated/Other Party Committees	-0-	-0-
23.	Contributions to Federal Candidates/Committees and Other Political Committees	2,500.00	2,500.00
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.	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	-0-	-0-
29.	Other Disbursements	2,500.00	2,500.00
30.	Total Disbursements	5,000.00	5,000.00
31.	Total Federal Disbursements	5,000.00	5,000.00
III. Net Contributions/Operating Expenditures			
32.	Total Contributions (other than loans)(from line 11c)	-0-	-0-
33.	Total Contribution Refunds (from line 28d)	-0-	-0-
34.	Net Contributions (other than loans)(subtract line 33 from 32)	-0-	-0-
35.	Total Federal Operating Expenditures	-0-	-0-
36.	Offsets to Operating Expenditures (from line 15)	-0-	-0-
37.	Net Operating Expenditures	-0-	-0-

9 5 0 3 9 6 5 3 2 2 4

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 10
FOR 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)

LeBoeuf, Lamb, Greene & MacRae Political Action Committee

95039653225

<p>A. Full Name, Mailing Address and ZIP Code Miriam Santiago 125 West 55th Street New York, N.Y. 10019-5389</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Exempt legal or acctg.</p>	<p>Name of Employer LeBoeuf, Lamb, Greene MacRae</p> <p>Occupation Staff Accountant</p> <p>Aggregate Year-to-Date > \$ 285.00</p>	<p>Date (month, day, year) 1/1/95 - 1/31/95</p>	<p>Amount of Each Receipt this Period \$285.00 (memo only)</p>
<p>B. Full Name, Mailing Address and ZIP Code SVCB.</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 10
FOR LINE NUMBER 20

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, Greene & MacRae Political Action Committee

9
5
0
3
9
6
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3
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2
6

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NO ACTIVITY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____			
Occupation _____			
Aggregate Year-to-Date > \$ _____			
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 > \$ _____			

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 10
FOR LINE NUMBER 20

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, Greene & MacRae Political Action Committee

95039653227

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bud Shuster for Congress Committee P.O. B. 23917 Washington, D.C. 20024	Fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/18/95	\$1,000.00
B. Full Name, Mailing Address and ZIP Code Friends of Newt Gingrich 1085 Holcomb Bridge Road Roswell, Georgia 30076	Fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/25/95	1,000.00
C. Full Name, Mailing Address and ZIP Code Alaskans for Don Young 2300 Clarendon Boulevard Arlington, Virginia 22201	Fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/25/95	500.00
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) \$2,500.00

TOTAL This Period (last page this line number only) 2,500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 6 OF 10
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, Greene & MacRae Political Action Committee

95039053228

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
N.Y. S. Senate Republican Comp. Comm. P.O.B. 7229 Albany, N.Y. 12224	Fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/26/95	\$1,500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Committee to Re-Elect Joseph L. Bruno P.O.B. 7229 Albany, New York 12224	Fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/26/95	1,000.00
C. 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)		
D. 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)		
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) \$2,500.00

TOTAL This Period (last page this line number only) 2,500.00

SCHEDULE C
(Revised 3/80)

LOANS

Name of Committee (in Full) LeBoeuf, Lamb, Greene & 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 _____ %(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			
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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)			
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.			

95039053229

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Name of Committee (in Full) LeBoeuf, Lamb, Greene & 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) TOTALS This Period (last page in this line 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)				

950339653230

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (in Full) LeBoeuf, Lamb, Greene & MacRae Political Action Committee			C00217885	
Full Name, Mailing Address & ZIP Code of Each Payee	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
NOT APPLICABLE				
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
(a) SUBTOTAL of Itemized Independent Expenditures			\$ _____	
(b) SUBTOTAL of Unitemized Independent Expenditures			\$ _____	
(c) TOTAL Independent Expenditures			\$ _____	

9 5 0 3 9 6 5 3 2 3 1

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing of dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Subscribed and sworn to before me this _____ day of _____, 19____.

My Commission expires: _____

NOTARY PUBLIC

Signature _____ Date _____

SCHEDULE F

**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENTS(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

Name of Political Committee (In Full)					
LeBoeuf, Lamb, Greene & MacRae Political Action Committee					
Has your Committee been designated to make coordinated expenditures by a political party committee? IF YES, name the designating committee:					<input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name, Mailing Address and ZIP Code of Subordinate Committee					
NOT APPLICABLE					
Full Name, Mailing Address and ZIP Code of Each Payee		Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
		Aggregate General Election Expenditure for this Candidate—\$			
Full Name, Mailing Address and ZIP Code of Each Payee		Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
		Aggregate General Election Expenditure for this Candidate—\$			
Full Name, Mailing Address and ZIP Code of Each Payee		Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
		Aggregate General Election Expenditure for this Candidate—\$			
Full Name, Mailing Address and ZIP Code of Each Payee		Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
		Aggregate General Election Expenditure for this Candidate—\$			
SUBTOTAL of Expenditures This Page (optional)					
TOTAL This Period (last page this line number only)					

95039653232

**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 <i>2-6-95</i>
<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
<i>JM/H</i> PREPARER	<i>2-9-95</i> DATE PREPARED

95039653233