

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

1. NAME OF COMMITTEE (in full) Skadden Arps Political Action Committee		2. FEC IDENTIFICATION NUMBER C00232629
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1440 New York Avenue, NW	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (See FEC FORM 1M)	
CITY, STATE and ZIP CODE Washington, DC 20005		

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 _____

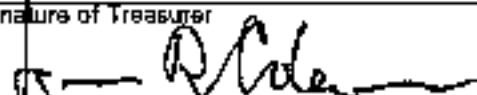
Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>04/01/98</u> through <u>04/30/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 66,709.82
(b) Cash on Hand at Beginning of Reporting Period	\$ 52,259.82	
(c) Total Receipts (from line 18)	\$ 0.00	\$ 0.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and lines 6(a) and 6(c) for Column B)	\$ 52,259.82	\$ 66,709.82
7. Total Disbursements (from line 30)	\$ 2,500.00	\$ 16,950.00
8. Cash on Hand at Close of Reporting Period (Subtract line 7 from line 6(d))	\$ 49,759.82	\$ 49,759.82
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	
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
Lynn R. Coleman

Signature of Treasurer  Date **5-19-98**

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 (1/1/81)

NAME OF COMMITTEE Skadden Arps Political Action Committee	REPORT COVERING PERIOD	
	FROM: 04/01/98	TO: 04/30/98
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).....	0.00	0.00
ii. Unitemized.....	0.00	0.00
iii. Total.....(add i and ii) >	0.00	0.00
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (such as PACs).....	0.00	0.00
d. Total Contributions.....(add iii, b and c) >	0.00	0.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received.....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity.....	0.00	0.00
19. Total Receipts.....(add 11d, 12, 13, 14, 15, 16, 17, and 18) >	0.00	0.00
20. Total Federal Receipts.....(subtract line 18 from line 19) >	0.00	0.00
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share.....	0.00	0.00
ii. Non-Federal Share.....	0.00	0.00
b. Other Federal Operating Expenditures.....	0.00	200.00
c. Total Operating Expenditures.....(Add ai, ii, and b) >	0.00	200.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2,500.00	16,750.00
24. Independent Expenditures (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees.....	0.00	0.00
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (Such As PACs).....	0.00	0.00
d. Total Contribution Refunds.....[Add a, b, and c] >	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements.....(Add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	2,500.00	16,950.00
31. Total Federal Disbursements.....(Subtract line 21 all from line 30) >	2,500.00	16,950.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans)(from line 11d).....	0.00	0.00
33. Total Contribution Refunds (from line 28d).....	0.00	0.00
34. Net Contributions (Other than loans)(subtract line 33 from 32).....	0.00	0.00
35. Total Federal Operating Expenditures.....(add 21 ai and 21 b) >	0.00	200.00
36. Offsets to Operating Expenditures (from line 15).....	0.00	0.00
37. Net Operating Expenditures.....(subtract line 36 from 35) >	0.00	200.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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)
 Stadden Arps Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
John Breaux Senate Committee 110 B East Broad St. Falls Church, VA 22046	John B. Breaux, U.S. SENATE LA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	04/06/98	1,000.00
B. Full Name, Mailing Address and Zip Code Ehrlich for Congress Committee 1301 York Road, Ste. 705 Lutherville, MD 21093	Robert Ehrlich, U.S. HOUSE 2nd MD Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	04/22/98	500.00
C. Full Name, Mailing Address and Zip Code Murtha for Congress Committee PO Box 1091 Johnstown, PA 15907	John P. Murtha, U.S. HOUSE 12th PA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	04/28/98	1,000.00
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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. this Period

SUB TOTAL of Disbursements this page (Optional).....> 2,500.00

TOTAL this Period (Last page this line number only).....> 2,500.00

SCHEDULE A

ITEMIZED RECEIPTS

EXEMPT LEGAL FEES

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

PAGE 1 OF 1
FOR LINE NUMBER n/a

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NAME OF COMMITTEE (in Full)

Skadden, Arps Political Action Committee

A. Full Name, Mailing Address and ZIP Code Brian D. Flynn 1440 New York Ave., NW Washington, DC 20005	Name of Employer Skadden, Arps	Date (month, day, year) 4/30/98	Amount of Each Receipt this Period 1,540.00 MEMO
	Occupation Legislative Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,627.50 MEMO		

B. Full Name, Mailing Address and ZIP Code Beth K. Fricke 1440 New York Ave., NW Washington, DC 20005	Name of Employer Skadden, Arps	Date (month, day, year) 4/30/98	Amount of Each Receipt this Period 380.00 MEMO
	Occupation Reports Analyst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,440.00 MEMO		

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

SUBTOTAL of Receipts This Page (optional) 1,920.00 MEMO

TOTAL This Period (last page this line number only) 1,920.00 MEMO

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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt 5-20-98
<input type="checkbox"/> First Class Mail	POSTMARKED
<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>SEP</i> PREPARER	5-20-98 DATE PREPARED