

# LEBOEUF, LAMB, LEIBY & MACRAE

A PARTNERSHIP INCLUDING PROFESSIONAL CORPORATIONS

EASTERN U.S.A.:  
NEW YORK, NY  
WASHINGTON, DC  
ALBANY, NY  
BOSTON, MA  
HARRISBURG, PA  
HARTFORD, CT  
NEWARK, NJ

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

(212) 424-8000

FACSIMILE: (212) 424-8500

TELEX: 423416 (OR) 1561383

EUROPEAN COMMUNITY: BRUSSELS, BELGIUM AND LONDON, ENGLAND

RUSSIAN FEDERATION: MOSCOW

DIRECT DIAL

WESTERN U.S.A.:  
LOS ANGELES, CA  
SALT LAKE CITY, UT  
SAN FRANCISCO, CA

SOUTHERN U.S.A.:  
JACKSONVILLE, FL  
RALEIGH, NC

October 1, 1993

## CERTIFIED MAIL

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

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

Gentlemen:

Enclosed please find our completed Form 3X for the period  
September 1, 1993 through September 30, 1993.

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, Leiby & MacRae  
Political Action Committee

ADM:bv

Enclosures

# 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) LeBoeuf, Lamb, Leiby & MacRae Political Action Committee ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 125 West 55 Street CITY, STATE and ZIP CODE New York, New York 10019-5389	2. FEC IDENTIFICATION NUMBER CD0217885 3. This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).
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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 checked="" 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>9/1/93</u> through <u>9/30/93</u>		
6. (a) Cash on Hand January 1, 19 <u>93</u>		\$ 3,491
(b) Cash on Hand at Beginning of Reporting Period	\$ 6,106	
(c) Total Receipts (from Line 19)	\$ 20,860	\$ 55,965
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 26,966	\$ 59,366
7. Total Disbursements (from Line 30)	\$ 4,150	\$ 36,550
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 22,816	\$ 22,816
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	
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

Signature of Treasurer Date  
 10/1/93

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 LeBocuf, Lamb, Leiby & MacRae Political Action Committee		REPORT COVERING PERIOD FROM 9/1/93 TO: 9/30/93	
<b>I. Receipts</b>		<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year</b>
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		20,860	55,965
ii. Unitemized		-0-	-0-
iii. Total (add i and ii) >		20,860	55,965
b. Political Party Committees		-0-	-0-
c. Other Political Committees (such as PACs)		-0-	-0-
d. Total Contributions (add a ii, b and c) >		20,860	55,965
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) >		20,860	55,965
20. Total Federal Receipts (subtract line 18 from line 19) >		20,860	55,965
<b>II. Disbursements</b>			
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 (Add a i, a ii, and b) >		N/A	N/A
22. Transfers to Affiliated/Other Party Committees		-0-	-0-
23. Contributions to Federal Candidates/Committees and Other Political Committees		1,000	22,000
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 (Add a, b and c) >		-0-	-0-
29. Other Disbursements		3,150	14,550
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		4,150	36,550
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		4,150	36,550
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)		20,860	55,965
33. Total Contribution Refunds (from line 28d)		-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from 32)		20,860	55,965
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		-0-	-0-
36. Offsets to Operating Expenditures (from line 15)		-0-	-0-
37. Net Operating Expenditures (subtract line 36 from 35) >		-0-	-0-

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 15 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, Leiby & MacRae Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Miriam Santiago 125 West 55 Street New York, New York 10019	LeBoeuf, Lamb, Leiby & MacRae	9/1/93-9/30/93	\$275 (Memo only)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Exempt legal Acct. Svcs.		Occupation: Staff Accountant Aggregate Year-to-Date > \$ 2,445	
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 A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

LeBoeuf, Lamb, Leiby & MacRae Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carl D. Hobelman 725 South Figueroa Street Los Angeles, C.A. 90017	LeBoeuf, Lamb, Leiby & MacRae	9/1/93	\$ 330
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 710	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence Acker 1875 Connecticut Avenue Washington, D.C. 20009	LeBoeuf, Lamb, Leiby & MacRae	9/1/93	245
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 700	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alan M. Berman 125 West 55 Street New York, N.Y. 10019	LeBoeuf, Lamb, Leiby & MacRae	9/1/93	645
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 1,330	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Molly S. Boast 125 West 55 Street New York, N.Y. 10019	LeBoeuf, Lamb, Leiby & MacRae	9/1/93	205
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 380	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wesley Caldwell One Gateway Center Newark, N.J. 07102	LeBoeuf, Lamb, Leiby & MacRae	9/1/93	260
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 460	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Cole One Embarcadero Center San Francisco, Calif. 94111	LeBoeuf, Lamb, Leiby & MacRae	9/1/93	300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 300	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul Connolly 260 Franklin Street Boston, Mass. 02110	LeBoeuf, Lamb, Leiby & MacRae	9/1/93	380
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 795	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	\$2,365
<b>TOTAL</b> This Period (last page this line number only) .....	

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

LeBoeuf, Lamb, Leiby & MacRae Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Cotton 725 South Figueroa Street Los Angeles, Calif. 90017	LeBoeuf, Lamb, Leiby & MacRae	9/1/93	\$ 235
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney Aggregate Year-to-Date > \$ 445		
B. Full Name, Mailing Address and ZIP Code Robert Cudd 125 West 55 Street New York, N.Y. 10019	LeBoeuf, Lamb, Leiby & MacRae	9/1/93	340
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney Aggregate Year-to-Date > \$ 340		
C. Full Name, Mailing Address and ZIP Code Stephen Davis 125 West 55 Street New York, N.Y. 10019	LeBoeuf, Lamb, Leiby & MacRae	9/1/93	380
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney Aggregate Year-to-Date > \$ 710		
D. Full Name, Mailing Address and ZIP Code Elias Farrah 260 Franklin Street Boston, Mass. 02110	LeBoeuf, Lamb, Leiby & MacRae	9/1/93	205
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney Aggregate Year-to-Date > \$ 380		
E. Full Name, Mailing Address and ZIP Code Donald Henderson 125 West 55 Street New York, N.Y. 10019	LeBoeuf, Lamb, Leiby & MacRae	9/1/93	265
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney Aggregate Year-to-Date > \$ 395		
F. Full Name, Mailing Address and ZIP Code John Huhs 125 West 55 Street New York, N.Y. 10019	LeBoeuf, Lamb, Leiby & MacRae	9/1/93	340
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney Aggregate Year-to-Date > \$ 340		
G. Full Name, Mailing Address and ZIP Code James Johnson 125 West 55 Street New York, N.Y. 10019	LeBoeuf, Lamb, Leiby & MacRae	9/1/93	690
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney Aggregate Year-to-Date > \$ 1,375		

SUBTOTAL of Receipts This Page (optional) ..... \$2,455

TOTAL This Period (last page this line number only) .....

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use SEPARATE schedules for each category of the Detailed Summary Page

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NAME OF COMMITTEE (in Full)

LeBoeuf, Lamb, Leiby & MacRae Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cecelia Kempler 125 West 55 Street New York, New York 10019	LeBoeuf, Lamb, Leiby & MacRae	9/1/93	\$ 605
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 1,285	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Kinzey 125 West 55 Street New York, New York 10019	LeBoeuf, Lamb, Leiby & MacRae	9/1/93	340
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 715	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jane Kober 125 West 55 Street New York, New York 10019	LeBoeuf, Lamb, Leiby & MacRae	9/1/93	415
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 875	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frederick Lacey One Gateway Center Newark, New Jersey 07102	LeBoeuf, Lamb, Leiby & MacRae	9/1/93	2,010
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 2,990	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles Landgraf 1875 Connecticut Avenue Washington, D.C. 20009	LeBoeuf, Lamb, Leiby & MacRae	9/1/93	220
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 520	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Lapenn 125 West 55 Street New York, New York 10019	LeBoeuf, Lamb, Leiby & MacRae	9/1/93	250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 520	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frank Liggert 2840 Plaza Plaza Raleigh, N.C. 27612	LeBoeuf, Lamb, Leiby & MacRae	9/1/93	270
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 565	

SUBTOTAL of Receipts This Page (optional) ..... \$4,110

TOTAL This Period (less page this line number only) .....

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (in Full)**

LeBoeuf, Lamb, Leiby & MacRae Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jay Martin 99 Washington Avenue Albany, N.Y. 12210	LeBoeuf, Lamb, Leiby & MacRae	9/1/93	\$ 390
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date >	3 570
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Meagher 1875 Connecticut Avenue Washington, D.C. 20009	LeBoeuf, Lamb, Leiby & MacRae	9/1/93	280
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date >	\$ 280
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harvey Napier 125 West 55 Street New York, N.Y. 10019	LeBoeuf, Lamb, Leiby & MacRae	9/1/93	300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date >	\$ 570 -
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Nolan 1875 Connecticut Avenue Washington, D.C. 20009	LeBoeuf, Lamb, Leiby & MacRae	9/1/93	260
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date >	\$ 635 -
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Austin Olney 1875 Connecticut Avenue Washington, D.C. 20009	LeBoeuf, Lamb, Leiby & MacRae	9/1/93	1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date >	\$ 1,460 -
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Brian O'Neill 1875 Connecticut Avenue Washington, D.C. 20009	LeBoeuf, Lamb, Leiby & MacRae	9/1/93	260
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date >	\$ 500 -
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Primps 125 West 55 Street New York, N.Y. 10019	LeBoeuf, Lamb, Leiby & MacRae	9/1/93	250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date >	\$ 520 -

<b>SUBTOTAL</b> of Receipts This Page (optional)	\$2,740
<b>TOTAL</b> This Period (last page this line number only)	



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (in Full)**

LeBoeuf, Lamb, Leiby & MacRae Political Action Committee

<b>A. Full Name, Mailing Address and ZIP Code</b> George Ragsdale 2840 Plaza Place Raleigh, N.C. 27612	Name of Employer LeBoeuf, Lamb, Leiby & MacRae	Date (month, day, year) 9/1/93	Amount of Each Receipt this Period \$ 535
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney Aggregate Year-to-Date > \$ 830		
<b>B. Full Name, Mailing Address and ZIP Code</b> John Rudy 125 West 55 Street New York, N.Y. 10019	Name of Employer LeBoeuf, Lamb, Leiby & MacRae	Date (month, day, year) 9/1/93	Amount of Each Receipt this Period 595
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney Aggregate Year-to-Date > \$ 595		
<b>C. Full Name, Mailing Address and ZIP Code</b> Thomas Ruggiero 125 West 55 Street New York, N.Y. 10019	Name of Employer LeBoeuf, Lamb, Leiby & MacRae	Date (month, day, year) 9/1/93	Amount of Each Receipt this Period 410
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney Aggregate Year-to-Date > \$ 625		
<b>D. Full Name, Mailing Address and ZIP Code</b> Jay Safer 125 West 55 Street New York, N.Y. 10019	Name of Employer LeBoeuf, Lamb, Leiby & MacRae	Date (month, day, year) 9/1/93	Amount of Each Receipt this Period 275
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney Aggregate Year-to-Date > \$ 570		
<b>E. Full Name, Mailing Address and ZIP Code</b> Joseph Tato 125 West 55 Street New York, N.Y. 10019	Name of Employer LeBoeuf, Lamb, Leiby & MacRae	Date (month, day, year) 9/1/93	Amount of Each Receipt this Period 325
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney Aggregate Year-to-Date > \$ 595		
<b>F. Full Name, Mailing Address and ZIP Code</b> Vernon Vig 125 West 55 Street New York, New York 10019	Name of Employer LeBoeuf, Lamb, Leiby & MacRae	Date (month, day, year) 9/1/93	Amount of Each Receipt this Period 315
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney Aggregate Year-to-Date > \$ 315		
<b>G. Full Name, Mailing Address and ZIP Code</b> James Woods One Embarcadero Center San Francisco, Calif. 94111	Name of Employer LeBoeuf, Lamb, Leiby & MacRae	Date (month, day, year) 9/1/93	Amount of Each Receipt this Period 645
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney Aggregate Year-to-Date > \$ 1,330		

**SUBTOTAL** of Receipts This Page (optional) ..... \$3,100

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedules 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)**

LeBoeuf, Lamb, Leiby & MacRae Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Douglas W. Hawes 125 West 55 Street New York, New York 10019	LeBoeuf, Lamb, Leiby & MacRae	9/24/93	\$ 850
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 1,660.	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cameron F. MacRae 125 West 55 Street New York, New York 10019	LeBoeuf, Lamb, Leiby & MacRae	9/24/93	840
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 1,635	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bruce Miller 125 West 55 Street New York, NY 10019	LeBoeuf, Lamb, Leiby & MacRae	9/1/93	205
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 420	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Contributions Under \$200			4,195
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)	\$ 6,090
TOTAL This Period (last page this line number only)	\$ 20,860

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (in Full)**  
 LeBoeuf, Lamb, Leiby & MacRae Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Durbin for Congress Committee 555 New Jersey Avenue Washington, D.C. 20001	Fundraiser	9/17/93	\$ 500
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
B. Full Name, Mailing Address and ZIP Code Friends of Klaczka 555 New Jersey Avenue Washington, D.C. 20001	Fundraiser	9/27/93	500
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
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)		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	\$1,000
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (in Full)

LeBoeuf, Lamb, Leiby & MacRae Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hevesi '93 432 Park Avenue South New York, N.Y. 10016	Fundraiser Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/27/93	\$ 500
B. Full Name, Mailing Address and ZIP Code Jim Long Election Committee Post Office Box 10343 Raleigh, N.C. 27605	Fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/27/93	500
C. Full Name, Mailing Address and ZIP Code People for O'Rourke 189 Main Street, Suite 1993 White Plains, N.Y. 10601	Fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/27/93	250
D. Full Name, Mailing Address and ZIP Code Monroe County Democratic Committee 65 West Broad Street Rochester, N.Y. 14614	Fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/27/93	500
E. Full Name, Mailing Address and ZIP Code Eugene I. Scanlon Campaign Committee 428 Forbes Avenue Pittsburgh, Pa. 15219	Fundraiser Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/27/93	200
F. Full Name, Mailing Address and ZIP Code Friends of Bob Mellow 524 Main Street Deckville, Pa. 18452	Fundraiser Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/27/93	200
G. Full Name, Mailing Address and ZIP Code Friends of Mark Singel Post Office Box 11624 Harrisburg, Pa. 17108	Campaign Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/27/93	1,000
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) .....

\$3,150

TOTAL This Period (last page this line number only) .....

**LOANS**

Name of Committee (in Full) <b>LeBoeuf, Lamb, Leiby &amp; MacRae Political Action Committee</b>			
A. Full Name, Mailing Address and ZIP Code of Loan Source  <p style="text-align: center;">NOT APPLICABLE</p> Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	Original Amount of Loan	Cumulative Payments To Date	Balance Outstanding at Close of This Period
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) <input type="checkbox"/> 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): _____	Original Amount of Loan	Cumulative Payments To Date	Balance Outstanding at Close of This Period
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) <input type="checkbox"/> 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 balances only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

**SCHEDULE D**  
(Revised 3/80)

**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

Name of Committee (in Full) LeBoeuf, Lamb, Leiby & 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) TOTAL This Period (last page 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) . . . . .				

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ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (in Full) LeBoeuf, Lamb, Leiby & MacRae Political Action Committee				I.D. No. C00217885	
Full Name, Mailing Address & ZIP Code of Each Payer	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			\$ _____		

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

**ITEMIZED COORDINATED EXPENDITURES MADE BY  
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(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, Leiby & MacRae Political Action Committee				
Has your Committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:				
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—\$			
<b>SUBTOTAL</b> of Expenditures This Page (optional) .....				
<b>TOTAL</b> This Period (last page this line number only) .....				

11-10-00



**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

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

*10-1-93*

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

*LLH*

PREPARER

*10-5-93*

DATE PREPARED

3300103-4