

# 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)  
Legg Mason Political Action Committee

ADDRESS (number and street)  Check if different than previously reported  
P.O. Box 1746

CITY, STATE and ZIP CODE  
Baltimore, Maryland 21203

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

APR 19 11 51 AM '98

2. FEC IDENTIFICATION NUMBER  
C 00195586

3.  This committee has qualified as a multicandidate committee. (see FEC FORM 1M)  
Criteria Satisfied Prior to 1/1/94

## 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

- 12-Day Pre-Election Report for the \_\_\_\_\_  
(Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- 30-Day Post-Election 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>Jan 1, 1998</u> through <u>March 31, 1998</u>		\$ 37,391.25
6. (a) Cash on Hand January 1, 1998	\$ 37,391.25	
(b) Cash on Hand at Beginning of Reporting Period	\$ 991.03	\$ 991.03
(c) Total Receipts (from Line 19)	\$ 38,382.28	\$ 38,382.28
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 455.00	\$ 455.00
7. Total Disbursements (from Line 30)	\$ 37,927.28 ---	\$ 37,927.28
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ -0-	
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-	

For further information contact:  
Federal Election Commission  
399 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-219-3420

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  
F. Barry Bilson

Signature of Treasurer



Date

4/14/98

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

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FEC FORM 3X  
(revised 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE <b>Legg Mason Political Action Committee</b>		REPORT COVERING PERIOD		
		FROM <b>1/1/98</b>	TO <b>3/31/98</b>	
		COLUMN A Total This Period	COLUMN B Calendar Year	
<b>I Receipts</b>				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			11(a)
i.	Itemized (use Schedule A)	705.00	705.00	11(a)(i)
ii.	Unitemized			11(a)(ii)
iii.	Total (add i and ii) >			11(a)(iii)
b.	Political Party Committees			11(b)
c.	Other Political Committees (such as PACs)			11(c)
d.	Total Contributions (add a iii, b and c) >			11(d)
12.	Transfers From Affiliated/Other Party Committees			12
13.	All Loans Received			13
14.	Loan Repayments Received			14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17.	Other Federal Receipts (Dividends, Interest, etc.)	286.03	286.03	17
18.	Transfers from Nonfederal Account for Joint Activity			18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	991.03	991.03	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	991.03	991.03	20
<b>II Disbursements</b>				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)
i.	Federal Share			21(a)(i)
ii.	Non-Federal Share	455.00	455.00	21(a)(ii)
b.	Other Federal Operating Expenditures			21(b)
c.	Total Operating Expenditures (add a i, a ii, and b) >			21(c)
22.	Transfers to Affiliated/Other Party Committees			22
23.	Contributions to Federal Candidates/Committees and Other Political Committees			23
24.	Independent Expenditures (use Schedule E)			24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26.	Loan Repayments Made			26
27.	Loans Made			27
28.	Refunds of Contributions To:			
a.	Individuals/Persons Other Than Political Committees			28(a)
b.	Political Party Committees			28(b)
c.	Other Political Committees (such as PACs)			28(c)
d.	Total Contribution Refunds (add a, b and c) >			28(d)
29.	Other Disbursements	455.00	455.00	29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	455.00	455.00	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	455.00	455.00	31
<b>III Net Contributions/Operating Expenditures</b>				
32.	Total Contributions (other than loans)(from line 11d)	705.00	705.00	32
33.	Total Contribution Refunds (from line 28d)			33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	705.00	705.00	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	455.00	455.00	35
36.	Offsets to Operating Expenditures (from line 15)	---	---	36
37.	Net Operating Expenditures (subtract line 36 from 35) >	455.00	455.00	37

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)

Reporting Period 1/1/98 - 3/31/98

Legg Mason, Inc. Political Action Committee

C00195586

A. Full Name, Mailing Address and ZIP Code John A. Pliakas 10 Pine Ridge Road N. Andover, MA 01845		Name of Employer Legg Mason Wood Walker Inc.	Date (month, day, year) per month	Amount of Each Receipt this Period thru payroll deduction. Total for reptg. period \$120
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): non-specified		Occupation SVP-Investments	\$40	Aggregate Year-to-Date > \$120
B. Full Name, Mailing Address and ZIP Code Robert L. Jones 9703 Whitley Park Bethesda, MD 20814		Name of Employer Legg Mason Wood Walker Inc.	Date (month, day, year) per month	Amount of Each Receipt this Period thru payroll deduction. Total for reptg. period \$150
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): non-specified		Occupation VP-Investments	\$50	Aggregate Year-to-Date > \$150
C. Full Name, Mailing Address and ZIP Code James O. Sanders, III 528 West 21st Avenue Covington, LA 70433		Name of Employer Legg Mason Wood Walker Inc.	Date (month, day, year) per month	Amount of Each Receipt this Period thru payroll deduction. Total for reptg. period \$30
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): non-specified		Occupation 1st VP-Investments	\$10	Aggregate Year-to-Date > \$30
D. Full Name, Mailing Address and ZIP Code Chris A. Scitti 107 Witherspoon Road Baltimore, MD 21212		Name of Employer Legg Mason Wood Walker Inc.	Date (month, day, year) per month	Amount of Each Receipt this Period thru payroll deduction. Total for reptg. period \$75
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): non-specified		Occupation Vice President	\$25	Aggregate Year-to-Date > \$75
E. Full Name, Mailing Address and ZIP Code John F. Glenn, Jr. 11467 Siouzedale Drive Oaleton, VA 22124		Name of Employer Legg Mason Wood Walker Inc.	Date (month, day, year) per month	Amount of Each Receipt this Period thru payroll deduction. Total for reptg. period \$15
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): non-specified		Occupation Investment Executive	\$5	Aggregate Year-to-Date > \$15
F. Full Name, Mailing Address and ZIP Code Douglas Pollard 4427 Butler Road Glyndon, MD 21071		Name of Employer Legg Mason Wood Walker Inc.	Date (month, day, year) per month	Amount of Each Receipt this Period thru payroll deduction. Total for reptg. period \$75
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): non-specified		Occupation Vice President	\$25	Aggregate Year-to-Date > \$75
G. Full Name, Mailing Address and ZIP Code Lawrence D. Shubnell 1748 Long Green Court Annapolis, MD 21401		Name of Employer Legg Mason Wood Walker Inc.	Date (month, day, year) per month	Amount of Each Receipt this Period thru payroll deduction. Total for reptg. period \$75
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): non-specified		Occupation Vice President	\$25	Aggregate Year-to-Date > \$75

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (in Full)

Reporting Period 1/1/98 - 3/31/98

Legg Mason, Inc. Political Action Committee

C00195586

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Deshields Petty 5 Hull Avenue Annapolis, MD 21401	Legg Mason Wood Walker Inc.	per month	thru payroll deduction.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): non-specified	Occupation AVP-Investments	\$5	Total for repts. period
	Aggregate Year-to-Date > \$15		\$15
B. Full Name, Mailing Address and ZIP Code E. Lee Cain 1208 Westminster Drive High Point, NC 27260	Legg Mason Wood Walker Inc.	per month	thru payroll deduction.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): non-specified	Occupation VP-Investments	\$15	Total for repts. period
	Aggregate Year-to-Date > \$45		\$45
C. Full Name, Mailing Address and ZIP Code	Legg Mason Wood Walker Inc.	per month	thru payroll deduction.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): non-specified	Occupation		Total for repts. period
	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code E. Chris Kiehne 912 Hunsman Road Towson, MD 21204	Legg Mason Wood Walker Inc.	per month	thru payroll deduction.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): non-specified	Occupation Investment Executive	\$10	Total for repts. period
	Aggregate Year-to-Date > \$30		\$30
E. Full Name, Mailing Address and ZIP Code	Legg Mason Wood Walker Inc.	per month	thru payroll deduction.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): non-specified	Occupation		Total for repts. period
	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code David H. Hendrickson 8315 D Edgewood Church Road Frederick, MD 21701	Legg Mason Wood Walker Inc.	per month	thru payroll deduction.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): non-specified	Occupation Senior VP - Investments	\$25	Total for repts. period
	Aggregate Year-to-Date > \$75		\$75
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		Total for repts. period
	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) ..... \$ 705

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (In Full)**

Legg Mason Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
IRS Philadelphia, PA 19255	1997 Tax Aggregate YTD 373.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Expense	3/12/98	373.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Comptroller of The Treasury Annapolis, MD 21411	1997 Tax Aggregate YTD 82.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Expense	3/12/98	82.00
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) .....

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

455.00

