

# 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

TELEK: 423416 (OR: 1361363)

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

May 4, 1994

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 April 1, 1994 through April 30, 1994.

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

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- Monthly Report Due On:
- |  |                                       |                                      |
|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20       | <input type="checkbox"/> June 20      | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20          | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20          | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20 |
| <input checked="" 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>4/1/94</u> through <u>4/30/94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ 4,526
(b) Cash on Hand at Beginning of Reporting Period	\$ 4,719	
(c) Total Receipts (from Line 19)	\$ 12,485	\$ 26,840
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 17,204	\$ 31,366
7. Total Disbursements (from Line 30)	\$ 5,200	\$ 19,362
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 12,004	\$ 12,004
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 20483 Toll Free 800-424-9530 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 5/4/94
Signature of Treasurer 	

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		REPORT COVERING PERIOD	
LeBneuf, Lamb, Leiby & MacRae Political Action Committee		FROM 4/1/94	TO: 4/30/94
		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			
i. Itemized (use Schedule A) .....		12,485	26,840
ii. Unitemized .....		-0-	-0-
iii. Total .....	(add i and ii) >	12,485	26,840
b. Political Party Committees .....		-0-	-0-
c. Other Political Committees (such as PACs) .....		-0-	-0-
d. Total Contributions .....	(add a ii, b and c) >	12,485	26,840
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) >	12,485	26,840
20. Total Federal Receipts .....	(subtract line 18 from line 19) >	12,485	26,840
<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 .....		2,250	10,612
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 .....		2,950	8,750
30. Total Disbursements .....	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	5,200	19,362
31. Total Federal Disbursements .....	(subtract line 21 a ii from line 30) >	5,200	19,362
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d) .....		12,485	26,840
33. Total Contribution Refunds (from line 28d) .....		-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from 32) .....		12,485	26,840
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-

24038290340

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

**NAME OF COMMITTEE (in Full)**

LeBocuf, Lamb, Leiby & MacRae Political Action Committee

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<p><b>A. Full Name, Mailing Address and ZIP Code</b> Miriam Santiago 125 West 55th Street New York, New York 10019-5389</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Exempt Legal Acct. Svcs</p>	<p>Name of Employer LeBocuf, Lamb, Greene &amp; MacRae</p> <p>Occupation staff accountant</p> <p>Aggregate Year-to-Date &gt; \$1,110.00</p>	<p>Date (month, day, year) 4/1/94 - 4/30/94</p>	<p>Amount of Each Receipt this Period \$285 (Memo Only)</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b></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 &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b></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 &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b></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 &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b></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 &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b></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 &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b></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 &gt; \$</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 13  
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, Leiby & MacRae Political Action Committee

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David P. Bicks 125 West 55th Street New York, New York 10019	LeBoeuf, Lamb, Greene & MacRae	4/1/94	\$ 530
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation Attorney	Aggregate Year-to-Date > \$ 530	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frank Cummings 1875 Connecticut Avenue Washington, D.C. 20009	LeBoeuf, Lamb, Greene & MacRae	4/1/94	455
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation Attorney	Aggregate Year-to-Date > \$ 455	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald J. Greene 125 West 55th Street New York, New York 10019	LeBoeuf, Lamb, Greene & MacRae	4/1/94	1,865
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation Attorney	Aggregate Year-to-Date > \$ 1,865	
D. 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 55th Street New York, New York 10019	LeBoeuf, Lamb, Greene & MacRae	4/1/94	845
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation Attorney	Aggregate Year-to-Date > \$ 845	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carl D. Hobelman 1875 Connecticut Avenue Washington, D.C. 20009	LeBoeuf, Lamb, Greene & MacRae	4/1/94	455
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation Attorney	Aggregate Year-to-Date > \$ 445	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Geoffry D. Best 125 West 55th Street New York, New York 10019	LeBoeuf, Lamb, Greene & MacRae	4/6/94	455
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation Attorney	Aggregate Year-to-Date > \$ 455	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Raymond N. Shibley 1875 Connecticut Avenue Washington, D.C. 20009	LeBoeuf, Lamb, Greene & MacRae	4/6/94	690
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation Attorney	Aggregate Year-to-Date > \$ 690	

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

55,295

**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 6 OF 13  
FOR LINE NUMBER 20

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**NAME OF COMMITTEE (In Full)**

LeBoeuf, Lamb, Leiby & MacRae Political Action Committee

<p><b>A. Full Name, Mailing Address and ZIP Code</b> Peter Demmerle 125 West 55th Street New York, New York 10019</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer LeBoeuf, Lamb, Greene &amp; MacRae</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date &gt; \$ 240</p>	<p>Date (month, day, year) 4/17/94</p>	<p>Amount of Each Receipt this Period \$ 240</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> Alexander Dye 125 West 55th Street New York, New York 10019</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer LeBoeuf, Lamb, Greene &amp; MacRae</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date &gt; \$ 205</p>	<p>Date (month, day, year) 4/17/94</p>	<p>Amount of Each Receipt this Period 205</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> Cocelia Kempler 125 West 55th Street New York, New York 10019</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer LeBoeuf, Lamb, Greene &amp; MacRae</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date &gt; \$ 605</p>	<p>Date (month, day, year) 4/17/94</p>	<p>Amount of Each Receipt this Period 605</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> L. Charles Landgraf 1875 Connecticut Avenue Washington, D.C. 20009</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer LeBoeuf, Lamb, Greene &amp; MacRae</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date &gt; \$ 220</p>	<p>Date (month, day, year) 4/17/94</p>	<p>Amount of Each Receipt this Period 220</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> Ralph R. Mabey 136 South Main Street Salt Lake City, Utah 84101</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer LeBoeuf, Lamb, Greene &amp; MacRae</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date &gt; \$ 455</p>	<p>Date (month, day, year) 4/17/94</p>	<p>Amount of Each Receipt this Period 455</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> Michael F. McBride 1875 Connecticut Avenue Washington, D.C. 20009</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer LeBoeuf, Lamb, Greene &amp; MacRae</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date &gt; \$ 205</p>	<p>Date (month, day, year) 4/17/94</p>	<p>Amount of Each Receipt this Period 205</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> Brian D. O'Neill 1875 Connecticut Avenue Washington, D.C. 20009</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer LeBoeuf, Lamb, Greene &amp; MacRae</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date &gt; \$ 260</p>	<p>Date (month, day, year) 4/17/94</p>	<p>Amount of Each Receipt this Period 260</p>

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

\$2,190

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

2 4 0 3 8 9 8 0 3 4 4

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 7 OF 13  
FOR LINE NUMBER 20

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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
Vernon E. Vig 125 West 55th Street New York, New York 10019	LeBoeuf, Lamb, Greene & MacRae	4/17/94	\$ 310
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 310	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Contributions Under \$200			1,970
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,970	
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) ..... \$2,280

**TOTAL** This Period (last page this line number only) ..... 12,485

24038980345



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Congresswoman Karen Shepherd 125 South State Street Salt Lake City, Utah 84138	Campaign Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/14/94	\$ 500
B. Full Name, Mailing Address and ZIP Code Bill Brewster for Congress Post Office Box 990 Washington, D.C. 20044-D990	Fundraiser Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/25/94	500
C. Full Name, Mailing Address and ZIP Code John Ashcroft Committee 517 Second Street Washington, D.C. 20002	Fundraiser Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/27/94	500
D. Full Name, Mailing Address and ZIP Code Earl Pomeroy for Congress 555 Ne Jersey Avenue Washington, D.C. 20001	Fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/27/94	500
E. Full Name, Mailing Address and ZIP Code Senator Frank Murkowski 601 13th Street Washington, D.C. 20005	Reception Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/29/94	250
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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	\$2,250
<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

PAGE 9 OF 13  
FOR LINE NUMBER 29

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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
Friends of Mario Cuomo 811 7th Avenue New York, New York	Reception Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/4/94	\$1,000
B. Full Name, Mailing Address and ZIP Code Friends of Eileen C. Dugan 351 Court Street Brooklyn, New York 11231	Fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/17/94	250
C. Full Name, Mailing Address and ZIP Code Friends of Frau Pordum Post Office Box 2057 Blasden, New York 14219	Fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/17/94	250
D. Full Name, Mailing Address and ZIP Code Friends of Ivan Lafayette 32-40 92nd Street Jackson Heights, New York 11369	Fundraiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/17/94	200
E. Full Name, Mailing Address and ZIP Code Committee to Re-elect Senator Bruno Post Office Box 984 Troy, New York 12181	Fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/17/94	250
F. Full Name, Mailing Address and ZIP Code A. G. Law Day Celebration Post Office Box 936 Salt Lake City, Utah 84110	Reception Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/27/94	500
G. Full Name, Mailing Address and ZIP Code Senator Chip Bright Bill 543 Main Capitol Harrisburg, Pa. 17120	Campaign Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/27/94	500
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

2943347

**SUBTOTAL** of Disbursements This Page (optional) .....

\$2,950

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



**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) 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)				

9  
4  
J  
3  
6  
7  
8  
0  
3  
4  
9

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (in Full)

LeBoeuf, Lamb, Leiby & MacRae Political Action Committee

000217885

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

(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

94038780360

**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?     YES     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—\$			
	Aggregate General Election Expenditure for this Candidate—\$			
	Aggregate General Election Expenditure for this Candidate—\$			
	Aggregate General Election Expenditure for this Candidate—\$			

**SUBTOTAL** of Expenditures This Page (optional) .....

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

74038980351

**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>5-4-94</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>JMN</i> PREPARER		<i>5-10-94</i> DATE PREPARED

94038980352