

RECEIVED
FEDERAL ELECTION COMMISSION
APR 14 10 55 AM '94

LEBOEUF, LAMB, GREENE & MACRAE

A PARTNERSHIP INCLUDING PROFESSIONAL CORPORATION

NEW YORK, NY
WASHINGTON, DC
ALBANY, NY
BOSTON, MA
DENVER, CO
HARRISBURG, PA

125 WEST 59TH STREET
NEW YORK, NY 10019-5389
(212) 424-8000
FACSIMILE: (212) 424-6500

EUROPEAN COMMUNITY: BRUSSELS, BELGIUM AND LONDON, ENGLAND

RUSSIAN FEDERATION: MOSCOW

DIRECT DIAL

HARTFORD, CT
JACKSONVILLE, FL
LOS ANGELES, CA
NEWARK, NJ
PITTSBURGH, PA
SALT LAKE CITY, UT
SAN FRANCISCO, CA

April 11, 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
March 1, 1994 through March 31, 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

ADN:bv

Enclosures

2433901372

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION COMMISSION
APR 14 11 53 AM '94

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 55th Street	
CITY, STATE and ZIP CODE New York, New York 10019-5389	2. FEC IDENTIFICATION NUMBER C00217885
	3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- Monthly Report Due On:
- February 20 June 20 October 20
- March 20 July 20 November 20
- April 20 August 20 December 20
- May 20 September 20 January 31
- Twelfth day report preceding _____ (Type of Election)
 election on _____ in the State of _____
- Thirtieth day report following the General Election on _____
 _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>3/1/94</u> through <u>3/31/94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ 4,526
(b) Cash on Hand at Beginning of Reporting Period	\$ 2,094	
(c) Total Receipts (from Line 18)	\$ 7,875	\$14,355
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 9,969	\$18,681
7. Total Disbursements (from Line 30)	\$ 5,250	\$14,162
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 4,719	\$ 4,719
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 888 E Street, NW Washington, DC 20463 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		
Signature of Treasurer 		Date 4/11/94

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5497g.

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE LeBoeuf, Lamb, Leiby & MacRae Political Action Committee		REPORT COVERING PERIOD FROM 3/1/94 TO: 3/31/94	
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)	7,875	14,355	11(a)
ii. Unitemized	-0-	-0-	11(b)
iii. Total	7,875	14,355	11(c)
b. Political Party Committees	-0-	-0-	11(d)
c. Other Political Committees (such as PACs)	-0-	-0-	11(e)
d. Total Contributions	7,875	14,355	11(f)
12. Transfers From Affiliated/Other Party Committees	-0-	-0-	12
13. All Loans Received	-0-	-0-	13
14. Loan Repayments Received	-0-	-0-	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-	-0-	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	-0-	16
17. Other Federal Receipts (Dividends, Interest, etc.)	-0-	-0-	17
18. Transfers from Nonfederal Account for Joint Activity	-0-	-0-	18
19. Total Receipts	7,875	14,355	18
20. Total Federal Receipts	7,875	14,355	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	N/A	N/A	21(a)
ii. Non-Federal Share	N/A	N/A	21(b)
b. Other Federal Operating Expenditures	N/A	N/A	21(c)
c. Total Operating Expenditures	N/A	N/A	21(d)
22. Transfers to Affiliated/Other Party Committees	-0-	-0-	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	3,500	8,362	23
24. Independent Expenditures (use Schedule E)	-0-	-0-	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..	-0-	-0-	25
26. Loan Repayments Made	-0-	-0-	26
27. Loans Made	-0-	-0-	27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	-0-	-0-	28(a)
b. Political Party Committees	-0-	-0-	28(b)
c. Other Political Committees (such as PACs)	-0-	-0-	28(c)
d. Total Contribution Refunds	-0-	-0-	28(d)
29. Other Disbursements	1,750	5,800	29
30. Total Disbursements	5,250	14,162	30
31. Total Federal Disbursements	5,250	14,162	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	7,875	14,355	32
33. Total Contribution Refunds (from line 28d)	-0-	-0-	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	7,875	14,355	34
35. Total Federal Operating Expenditures	-0-	-0-	35
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-	36
37. Net Operating Expenditures	-0-	-0-	37

4 3 8 0 3 7 4

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 12
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 55th Street New York, NY 10019-5389	LeBoeuf, Lamb, Greene & MacRae	3/1/94 - 3/31/94	\$275 (memo only)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Exempt Legal Acct.		Occupation: Staff Accountant Aggregate Year-to-Date > \$ 825	
B. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)
TOTAL This Period (last page this line number only)

04038705370

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)
 LeBoeuf, Lamb, Leiby & MacRae Political Action Committee

A. Full Name, Mailing Address and ZIP Code Peter R. O'Flinn 125 West 55th Street New York, New York 10019	Name of Employer LeBoeuf, Lamb, Greene & MacRae	Date (month, day, year) 3/21/94	Amount of Each Receipt this Period 415
	Occupation Attorney	Aggregate Year-to-Date > \$ 415	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Wesley Caldwell One Riverfront Plaza Newark, NJ 07102-5490	Name of Employer LeBoeuf, Lamb, Greene & MacRae	Date (month, day, year) 3/28/94	Amount of Each Receipt this Period 260
	Occupation Attorney	Aggregate Year-to-Date > \$ 260	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code Paul K. Connolly, Jr. 260 Franklin Street Boston, Mass. 02110	Name of Employer LeBoeuf, Lamb, Greene & MacRae	Date (month, day, year) 3/28/94	Amount of Each Receipt this Period 375
	Occupation Attorney	Aggregate Year-to-Date > \$ 375	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code Elias Farrah 260 Franklin St. Boston, Mass. 02110	Name of Employer LeBoeuf, Lamb, Greene & MacRae	Date (month, day, year) 3/28/94	Amount of Each Receipt this Period 205
	Occupation Attorney	Aggregate Year-to-Date > \$ 205	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Gary Goodman 125 West 55th Street New York, NY 10019	Name of Employer LeBoeuf, Lamb, Greene & MacRae	Date (month, day, year) 3/28/94	Amount of Each Receipt this Period 250
	Occupation Attorney	Aggregate Year-to-Date > \$ 500	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code James Johnson 125 West 55th Street New York, NY 10019	Name of Employer LeBoeuf, Lamb, Greene & MacRae	Date (month, day, year) 3/28/94	Amount of Each Receipt this Period 690
	Occupation Attorney	Aggregate Year-to-Date > \$ 690	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code John S. Kinzey 125 West 55th Street New York, NY 10019	Name of Employer LeBoeuf, Lamb, Greene & MacRae	Date (month, day, year) 3/28/94	Amount of Each Receipt this Period 335
	Occupation Attorney	Aggregate Year-to-Date > \$ 335	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) 2,530

TOTAL This Period (last page this line number only)

3 7 6
 5 3 7 6
 0 5 3 7 6
 0 5 3 7 6
 0 5 3 7 6
 0 5 3 7 6
 0 5 3 7 6

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 12
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

<p>A. Full Name, Mailing Address and ZIP Code James A. Lapenn 125 West 55th Street New York, NY 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 & MacRae</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 250</p>	<p>Date (month, day, year) 3/28/94</p>	<p>Amount of Each Receipt This Period 250</p>
<p>B. Full Name, Mailing Address and ZIP Code Bruce V. Miller 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 & MacRae</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 205</p>	<p>Date (month, day, year) 3/28/94</p>	<p>Amount of Each Receipt This Period 205</p>
<p>C. Full Name, Mailing Address and ZIP Code Harvey A. Napier 125 West 55th Street New York, NY 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 & MacRae</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 295</p>	<p>Date (month, day, year) 3/28/94</p>	<p>Amount of Each Receipt This Period 295</p>
<p>D. Full Name, Mailing Address and ZIP Code Charles Platt 125 West 55th Street New York, NY 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 & MacRae</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 3/28/94</p>	<p>Amount of Each Receipt This Period 205</p>
<p>E. Full Name, Mailing Address and ZIP Code William G. Primp 125 West 55th Street New York, NY 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 & MacRae</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 250</p>	<p>Date (month, day, year) 3/28/94</p>	<p>Amount of Each Receipt This Period 250</p>
<p>F. Full Name, Mailing Address and ZIP Code Thomas G. Rohback 125 West 55th Street New York, NY 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 & MacRae</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 220</p>	<p>Date (month, day, year) 3/28/94</p>	<p>Amount of Each Receipt This Period 220</p>
<p>G. Full Name, Mailing Address and ZIP Code Joseph A. Tato 125 West 55th Street New York, NY 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 & MacRae</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 320</p>	<p>Date (month, day, year) 3/28/94</p>	<p>Amount of Each Receipt This Period 320</p>

SUBTOTAL of Receipts This Page (optional) 1745

TOTAL This Period (last page this line number only)

4 3 9 7 0 5 3 7 7

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)
 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
P. Bruce Wright 125 West 55th Street New York, NY 10019	LeBoeuf, Lamb, Greene & MacRae	3/28/94	485
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date \$ 1,100	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard M. Berman 125 West 55th Street New York, NY 10019	LeBoeuf, Lamb, Greene & MacRae	3/28/94	265
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date \$ 265	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Taylor R. Briggs 125 West 55th Street New York, NY 10019	LeBoeuf, Lamb, Greene & MacRae	3/28/94	845
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date \$ 845	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Contributions under \$200			2005
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)	3,600
TOTAL This Period (last page this line number only)	7,875

24030705375

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 7 OF 12
FOR LINE NUMBER 23

Any information copied from each 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)

LeBoenf, 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
Studds for Congress Committee Post Office Box 513 Scituate, Ma. 02066	Reception/Fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/15/04	500
B. Full Name, Mailing Address and ZIP Code Dan Rostenkowski Committee 555 NJ Avenue NW Suite 201 Washington, DC 20001	Fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/29/94	500
C. Full Name, Mailing Address and ZIP Code Robert Boraki for Congress Committee Post Office Box 26846 Philadelphia, Pa. 19134	Fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/29/94	500
D. Full Name, Mailing Address and ZIP Code Tom Bliley Committee 3830 Ingalls Avenue Alexandria, Va. 22302	Fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/29/94	500
E. Full Name, Mailing Address and ZIP Code Senator Bill Roth 425 2nd Street NE Washington, DC 20002	Fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/29/94	1,000
F. Full Name, Mailing Address and ZIP Code Dubin for Congress Committee 555 NJ Avenue, NW Washington, DC 20001	Fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/29/94	500
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

3,500

TOTAL This Period (last page this line number only)

3,500

34038705379

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 8 OF 12
FOR LINE NUMBER 29

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

NAME OF COMMITTEE (in Full)

LeBoeuf, Lamb, 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
New York State Democratic Senate Campaign Committee Post Office Box 7168 Albany, NY 12224	Reception Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/7/94	500
B. Full Name, Mailing Address and ZIP Code Friends of Senator Velella c/o Audrey Bills 20 Park Lane East Menands, NY 12204	Purpose of Disbursement Fundraiser/Reception Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/29/94	1,000
C. Full Name, Mailing Address and ZIP Code Friends of Dick Gottfried c/o Daniel Lowenstein 139 West 82 Street - Apt. #7F New York, NY 10024	Purpose of Disbursement Fundraiser/Reception Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/29/94	250
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	1750
TOTAL This Period (last page this line number only)	1750

LOANS

Name of Committee (in Full)
LeBoeuf, Lamb, Leiby & MacRae Political Action Committee

A. Full Name, Mailing Address and ZIP Code of Loan Source NOT APPLICABLE	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

Terms: Date Incurred _____ Date Due _____ Interest Rate _____ %(apr) Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$	
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$	
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$	

B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

Terms: Date Incurred _____ Date Due _____ Interest Rate _____ %(apr) Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$	
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$	
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$	

SUBTOTALS This Period This Page (optional).....

TOTALS This Period (last page in this line only)

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

3 4 3 3 8 9 0 3 3 1

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 10 of 12 for
LINE NUMBER _____
(Use separate schedules
for each numbered line)

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 D (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

1 4 3 3 3 2

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (in Full)

LeBoeuf, Lamb, Leiby & MacRae
Political Action Committee

CD0217885

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

Support Oppose

Support Oppose

Support Oppose

Support Oppose

Support Oppose

Support Oppose

(a) SUBTOTAL of Itemized Independent Expenditures \$ _____

(b) SUBTOTAL of Unitemized Independent Expenditures \$ _____

(c) TOTAL Independent Expenditures \$ _____

5

Under penalty of perjury I certify that the independent expenditures reported
herein were not made in cooperation, contribution, 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

243330303

SCHEDULE F

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

Page 2 of 12 for
LINE NUMBER _____

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

3 4 0 3 6 7 0 3 3 4

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—\$			
SUBTOTAL of Expenditures This Page (optional)				
TOTAL This Period (last page this line number only)				

**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 4/10/94
<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>E.S.</i> PREPARER	4 DATE PREPARED

94038905395