

Enclosures

ADM:bv

A. David Marshall
Treasurer
Leboeuf, Lamb, Greene & MacRae
Political Action Committee

A. David Marshall
Sincerely,

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.

Enclosed please find our completed Form 3X for the period August 1, 1994 through August 31, 1994.

Gentlemen:

Re: Leboeuf, Lamb, Greene & MacRae
Political Action Committee
FRC Form 3X

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

CERTIFIED MAIL

September 6, 1994

LOS ANGELES
NEWARK
PITTSBURGH
SALT LAKE CITY
SAN FRANCISCO
BRUSSELS
LONDON
MOSCOW

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

TELEPHONE: 212 424-8000
FACSIMILE: 212 424-8500

WRITER'S DIRECT DIAL

NEW YORK
WASHINGTON
ALBANY
BOSTON
DENVER
HARRISBURG
HARTFORD
JACKSONVILLE

A MEMBERSHIP INCLUDING PROFESSIONAL CORPORATION

LEBOEUF, LAMB, GREENE & MACRAE

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, Greene & MacRae
 Political Action Committee
 ADDRESS (number and street) 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. 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
- (b) YES NO
 Is this Report an Amendment?

Twelfth day report preceding _____ in the State of _____
 (Type of Election)

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

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
8/1/94 through 8/31/94		
6. (a) Cash on Hand January 1, 1994	\$ 2,689	\$ 4,526
(b) Cash on Hand at Beginning of Reporting Period	\$ 2,689	
(c) Total Receipts (from Line 1g) ...	\$ 265	\$ 28,240
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 2,954	\$ 32,766
7. Total Disbursements (from Line 3g)	\$ 200	\$ 30,012
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) ...	\$ 2,754	\$ 2,754
9. Debts and Obligations Owed TO the Committee (Nameize all on Schedule C and/or Schedule D)	\$ -	
10. Debts and Obligations Owed BY the Committee (Nameize all on Schedule C and/or Schedule D)	\$ -	

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
 9/6/94

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 LeBoeuf, Lamb, Greene & MacRae

Political Action Committee

REPORT COVERING PERIOD FROM 8/1/94

TO 8/31/94

I. Receipts

LINE NO.	DESCRIPTION	COLUMN A Total This Period	COLUMN B Calendar Year
11	Contributions (other than loans) from: B. Individual/Persons Other Than Political Committees I. Identified (Use Schedule A) II. Unidentified	265	28,240
11(a)(i)	Identified (Use Schedule A)	265	28,240
11(a)(ii)	Unidentified	-0-	-0-
11(a)(iii)	Total	265	28,240
11(b)	Political Party Committees	-0-	-0-
11(c)	Other Political Committees (such as PACs)	-0-	-0-
11(d)	Total Contributions	265	28,240
12	Transfers From Affiliated/Other Party Committees	-0-	-0-
13	All Loans Received	-0-	-0-
14	Loan Repayments Received	-0-	-0-
15	Offset 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	265	28,240
20	Total Federal Receipts	265	28,240
II. Disbursements			
21	Operating Expenditures: A. Shared Federal/Non-Federal Activity (from Schedule H4) I. Federal Share II. Non-Federal Share	N/A	N/A
21(a)(i)	Federal Share	N/A	N/A
21(a)(ii)	Non-Federal Share	N/A	N/A
21(b)	Other Federal Operating Expenditures	N/A	N/A
21(c)	Total Operating Expenditures (add a, i, 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	-0-	15,712
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 B. Political Party Committees C. Other Political Committees (such as PACs) D. Total Contribution Refunds (add a, b and c)	-0-	-0-
28(a)	Individual/Persons Other Than Political Committees	-0-	-0-
28(b)	Political Party Committees	-0-	-0-
28(c)	Other Political Committees (such as PACs)	-0-	-0-
28(d)	Total Contribution Refunds (add a, b and c)	-0-	-0-
29	Other Disbursements	200	14,300
30	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	200	30,012
31	Total Federal Disbursements (subtract line 21 a ii from line 30)	200	30,012
III. Net Contributions/Operating Expenditures			
32	Total Contributions (other than loans) (from line 11d)	265	28,240
33	Total Contribution Refunds (from line 28d)	-0-	-0-
34	Net Contributions (other than loans) (subtract line 33 from 32)	265	28,240
35	Total Federal Operating Expenditures (add 21 a i and 21 b)	-0-	-0-
36	Offset to Operating Expenditures (from line 15)	-0-	-0-
37	Net Operating Expenditures (subtract line 36 from 35)	-0-	-0-

2
4
3
2
2
4
4
3

REVISION

Use separate schedules for each category of the Detailed Summary Page	PAGE OF	FOR LINE NUMBER
	3	9

Any information copied from each Report 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, Greene & MacRae Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Receipt For:	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Miriam Santiago 125 West 55th Street New York, New York	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Exempt legal acct. rvc	LeBoeuf, Lamb, Greene & MacRae	8/1/94 - 8/31/94	\$285 (Memo Only)
B. Full Name, Mailing Address and ZIP Code	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)				
TOTAL This Period (last page this line number only)				

24000700 + 411

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE OF 4
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, Greene & MacRae Political Action Committee

A. Full Name, Mailing Address and ZIP Code		B. Full Name, Mailing Address and ZIP Code		C. Full Name, Mailing Address and ZIP Code		D. Full Name, Mailing Address and ZIP Code		E. Full Name, Mailing Address and ZIP Code		F. Full Name, Mailing Address and ZIP Code		G. Full Name, Mailing Address and ZIP Code		SUBTOTAL of Receipts This Page (optional)		TOTAL This Period (last page this line number only)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		\$265		\$265	
Name of Employer: LeBoeuf, Lamb, Greene & MacRae Date (month, day, year): 8/15/94		Name of Employer: Date (month, day, year):		Name of Employer: Date (month, day, year):		Name of Employer: Date (month, day, year):		Name of Employer: Date (month, day, year):		Name of Employer: Date (month, day, year):		Name of Employer: Date (month, day, year):		Amount of Each Receipt This Period:		Amount of Each Receipt This Period:	
Occupation: Attorney		Occupation:		Occupation:		Occupation:		Occupation:		Occupation:		Occupation:		Aggregate Year-to-Date:		Aggregate Year-to-Date:	

FEELGOOD

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 2 of 9, for
LINE NUMBER
(Use separate schedules
for each numbered line)

Outstanding Balance at Close of This Period	Payment This Period	Amount Incurred This Period	Outstanding Balance Beginning This Period	Name of Committee (in Full) LeBoeuf, Lamb, Greene & MacKae Political Action Committee
				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)

7
4
0
5
7
2
0
4
4
5
5

EXPLANATION

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (in Full)		Leborouf, Lamb, Greene & MacRae Political Action Committee		C00217885	
Full Name, Mailing Address & ZIP Code of Each Payer	Type 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					

7 4 0 0 7 2 0 1 4 5 5

I, the undersigned, 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, it was ascertained that I did not know the financing of expenditures, deduction, or reimbursement, in whole or in part of any campaign materials prepared by the candidate, the candidate's committee, or their agent.

Subscribed and sworn to before me this _____ day of _____

My Commission expires _____

NOTARY PUBLIC

Signature _____ Date _____

SCHEDULE F

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, Greene & 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 _____

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

3 4 0 2 7 . 0 4 4 5 7

TOTAL This Period (last page the line number only)

SUBTOTAL of Expenditures This Page (optional)

<p>Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS</p> <p>The Commission has added this page to the end of this filing to indicate how it was received.</p>	
<input type="checkbox"/> Hand Delivered	DATE OF RECEIPT
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 9-6-91
<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
under DATE OF RECEIPT	
PREPARER	DATE PREPARED 9-5-91

9 4 0 3 7 2 0 4 4 5 8