

LEBOEUF, LAMB, LEIBY & MACRAE

A PARTNERSHIP INCLUDING PROFESSIONAL CORPORATIONS

Nov 5 12 15 PM '93

EASTERN U.S.A.:

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

(212) 424-8000

FACSIMILE: (212) 424-8500

TELEX: 423416 (OR) 1861363

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JACKSONVILLE, FL  
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November 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  
October 1, 1993 through October 31, 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

930338654507

# 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) <b>LeBoeuf, Lamb, Leiby &amp; MacKae Political Action Committee</b> 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 <b>00217885</b> 3. This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).
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## 4. TYPE OF REPORT

(a) <input type="checkbox"/> April 15 Quarterly Report <input type="checkbox"/> July 15 Quarterly Report <input type="checkbox"/> October 15 Quarterly Report <input type="checkbox"/> January 31 Year End Report <input type="checkbox"/> July 31 Mid Year Report (Non-election Year Only) <input type="checkbox"/> 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 checked="" 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

3 3 0 3 8 6 5 4 5 0 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10/1/93</u> through <u>10/31/93</u>		
6. (a) Cash on Hand January 1, 19 <u>93</u>		\$ 3,401
(b) Cash on Hand at Beginning of Reporting Period	\$ 22,816	
(c) Total Receipts (from Line 19)	\$ 245	\$ 56,210
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 23,061	\$ 59,611
7. Total Disbursements (from Line 3D)	\$ 4,900	\$ 41,450
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 18,161	\$ 18,161
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule G 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  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-376-3120

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  
*A. David Marshall*

Date  
11/1/93

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §497g.

**FEC FORM 3X**

(revised 1/191)

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
LeBocuf, Lamb, Leiby & MacRae Political Action Commit	FROM 10/1/93	TO: 10/31/93
	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) .....	245	56,210
ii. Unitemized .....	-0-	-0-
ii. Total ..... (add i and ii) >	245	56,210
b. Political Party Committees .....	-0-	-0-
c. Other Political Committees (such as PACs) .....	-0-	-0-
d. Total Contributions ..... (add a ii, b and c) >	245	56,210
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) >	245	56,210
20. Total Federal Receipts ..... (subtract line 18 from line 19) >	245	56,210
<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 .....	3,250	25,250
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 .....	1,650	16,200
30. Total Disbursements ..... (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	4,900	41,450
31. Total Federal Disbursements ..... (subtract line 21 a ii from line 30) >	4,900	41,450
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans)(from line 11d) .....	245	56,210
33. Total Contribution Refunds (from line 28d) .....	-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from 32) .....	245	56,210
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-

9303038654509

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s) 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

<b>A. Full Name, Mailing Address and ZIP Code</b> Miriam Santiago 125 West 55 Street New York, N.Y. 10019  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): exempt legal acct	Name of Employer LeBoeuf, Lamb, Leiby & MacRae  Occupation STAFF ACCOUNTANT  Aggregate Year-to-Date > \$ 2,720	Date (month, day, year) 10/1/93- 10/31/93	Amount of Each Receipt this Period \$275 (memo only)
<b>B. Full Name, Mailing Address and ZIP Code</b>   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer   Occupation   Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
<b>C. Full Name, Mailing Address and ZIP Code</b>   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer   Occupation   Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
<b>D. Full Name, Mailing Address and ZIP Code</b>   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer   Occupation   Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
<b>E. Full Name, Mailing Address and ZIP Code</b>   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer   Occupation   Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
<b>F. Full Name, Mailing Address and ZIP Code</b>   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer   Occupation   Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
<b>G. Full Name, Mailing Address and ZIP Code</b>   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer   Occupation   Aggregate Year-to-Date > \$	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) .....

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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
Peter K. Demmerle 125 West 55 Street New York, New York 10019	LeBoeuf, Lamb, Leiby & MacRae	10/18/93	\$245
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 450	
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 > \$	

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SUBTOTAL of Receipts This Page (optional)	\$245
TOTAL This Period (last page this line number only)	245

SCHEDULE B

ITEMIZED DISBURSEMENTS

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
Borski for Congress Committee P.O.B. 26846 Philadelphia, Pa. 19134	Reception Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/8/93	\$ 250
B. Full Name, Mailing Address and ZIP Code Citizens for Tom Petri P. O. B. 25026 Washington, D.C. 20007	Fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/8/93	500
C. Full Name, Mailing Address and ZIP Code Speaker Tom Foley 1850 K Street Washington, D.C. 20006	Fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/28/93	1,000
D. Full Name, Mailing Address and ZIP Code Jon Kyl Committee 317 Second Street Washington, D.C. 20002	Fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/28/93	1,000
E. Full Name, Mailing Address and ZIP Code Earl Pomeroy Committee 555 New Jersey Avenue Washington, D.C. 20001	Fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/28/93	500
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) ..... \$3,250

TOTAL This Period (last page this line number only) ..... 3,250

2  
3  
4  
5  
6  
7  
8  
9  
0  
1  
2  
3  
4  
5  
6  
7  
8  
9  
0

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 6 OF 10  
FOR LINE NUMBER 29

Any information copied from such Reports and Statements may not be told 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

9 3 0 3 8 6 5 4 5 1 3

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jeanine Pirro for District Attorney Campaign - 19 Ridge Road Bronxville, N.Y. 10708	Reception Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/8/93	\$ 150
B. Full Name, Mailing Address and ZIP Code Friends of Bill Johnson for Mayor P.O.B. 630 Rochester, N.Y. 14603	Campaign Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/13/93	1,500
C. 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
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)	\$1,650
TOTAL This Period (last page this line number only)	1,650

**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	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
NOT APPLICABLE			
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
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):			
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 balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

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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 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 . . . . .			\$ _____	

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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) .....				

93038654517

**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

11-1-93

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

*Seb.*

PREPARER

11-5-93

DATE PREPARED

9 3 0 3 8 6 5 4 5 1 8