

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

JAN 11 12 22 PM '95

USE FEI MINIMUM LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Skadden Arps Political Action Committee		2. FEC IDENTIFICATION NUMBER C00232629
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1440 New York Avenue, NW.		
CITY, STATE and ZIP CODE Washington, D.C. 20005		
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

9 5 0 3 2 3 6 0 5 5

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>11/29/94</u> through <u>12/31/94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ 76.29
(b) Cash on Hand at Beginning of Reporting Period	\$ 3,415.29	
(c) Total Receipts (from Line 19)	\$ 0.00	\$ 93,345.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 3,415.29	\$ 93,421.29
7. Total Disbursements (from Line 30)	\$ 3,250.00	\$ 93,256.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 165.29	\$ 165.29
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 1111 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 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 Lynn R. Coleman	Date 01/10/95
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.

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

(revised 1/1/91)

NAME OF COMMITTEE Sicadden Arps Political Action Committee	REPORT COVERING PERIOD	
	FROM 11/29/94	TO: 12/31/94
	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A).....	0.00	79,230.00
ii. Unitemized.....	0.00	14,115.00
iii. Total..... (add i and ii) >	0.00	93,345.00
b. Political Party Committees.....		
c. Other Political Committees (such as PACs).....		
d. Total Contributions..... (add a iii, b and c) >	0.00	93,345.00
12. Transfers From Affiliated/Other Party Committees.....		
13. All Loans Received.....		
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.).....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....		
18. Transfers from Nonfederal Account for Joint Activity.....		
19. Total Receipts..... (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	0.00	93,345.00
20. Total Federal Receipts..... (subtract line 16 from line 19) >	0.00	93,345.00
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share.....		
ii. Non-Federal Share.....	250.00	756.00
b. Other Federal Operating Expenditures.....		
c. Total Operating Expenditures..... (Add a i, a ii, and b) >	250.00	756.00
22. Transfers to Affiliated/Other Party Committees.....	3,000.00	92,500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		
24. Independent Expenditures (use Schedule E).....		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..		
26. Loan Repayments Made.....		
27. Loans Made.....		
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) >	0.00	0.00
29. Other Disbursements.....		
30. Total Disbursements..... (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	3,250.00	93,256.00
31. Total Federal Disbursements..... (subtract line 21 a ii from line 30) >	3,250.00	93,256.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d).....	0.00	93,345.00
33. Total Contribution Refunds (from line 28d).....	0.00	0.00
34. Net Contributions (other than loans)(subtract line 33 from 32).....	0.00	93,345.00
35. Total Federal Operating Expenditures..... (add 21 a i and 21 b) >	250.00	756.00
36. Offsets to Operating Expenditures (from line 15).....	0.00	0.00
37. Net Operating Expenditures..... (subtract line 36 from 35) >	250.00	756.00

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**(EXEMPT LEGAL SERVICES)
ITEMIZED RECEIPTS**

SCHEDULE A

Use separate schedules for each category of the Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER n/a

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)

Skadden Arps Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth Gross 1440 New York Ave., NW. Washington, DC 20005	Skadden, Arps, Slate, Meagher & Flom	12/31/94	\$300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date $\$ 1,175.00$	
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 $\$$	

SUBTOTAL of Receipts This Page (optional)	\$300.00
TOTAL This Period (last page this line number only)	\$300.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

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NAME OF COMMITTEE (in Full)

Skadden Arps 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 Larry Pressler P.O. Box 2827 Washington, DC 20013	Contribution to Senate Campaign - S. Dakota Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/30/94	\$1,000.00
B. Full Name, Mailing Address and ZIP Code Robb for Senate Cmte. P.O. Box 1994 McLean, VA 22101	Contribution to Senate Campaign - Virginia Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/30/94	\$1,000.00
C. Full Name, Mailing Address and ZIP Code Bill Frist for U.S. Senate 425 Second St., NE. Washington, DC 20002	Contribution to Senate Campaign - Tennessee Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/30/94	\$1,000.00
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) \$3,000.00

TOTAL This Period (last page this line number only) \$3,000.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
Skadden Arps Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Skadden, Arps, Slate, Meagher & Flom 919 Third Avenue New York, NY 10022	Administrative Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/31/94	\$250.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

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SUBTOTAL of Disbursements This Page (optional)	\$250.00
TOTAL This Period (last page this line number only)	\$250.00

**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

1-11-95

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

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

JMN

PREPARER

1-11-95

DATE PREPARED

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