

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

COMM. REG. DIV.  
FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20543

Jul 20 3 51 PM '98

1. NAME OF COMMITTEE (in full) <b>Skadden Arps Political Action Committee</b>	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <b>1440 New York Avenue, NW</b>	2. FEC IDENTIFICATION NUMBER <b>C00232629</b>
CITY, STATE and ZIP CODE <b>Washington, DC 20005</b>	3. <input checked="" 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)

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
6. Covering Period <u>06/01/98</u> through <u>06/30/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u> .....		\$ 66,709.82
(b) Cash on Hand at Beginning of Reporting Period.....	\$ 37,759.82	
(c) Total Receipts (from line 18).....	\$ 0.00	\$ 0.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	\$ 37,759.82	\$ 66,709.82
7. Total Disbursements (from Line 30).....	\$ 4,700.00	\$ 33,650.00
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))..	\$ 33,059.82	\$ 33,059.82
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	\$ 0.00	For further information: Federal Election Commission 999 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).....	\$ 0.00	
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 <b>Lynn R. Coleman</b>	<i>[Signature]</i>	
Signature of Treasurer <b>Lynn R. Coleman</b>	Date <b>7-18-98</b>	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 8437g.

# DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

Revised (1/1/91)

NAME OF COMMITTEE <b>Skadden Arps Political Action Committee</b>	REPORT COVERING PERIOD	
	FROM: 06/01/98	TO: 06/30/98
	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).....	0.00	0.00
ii. Unitemized.....	0.00	0.00
iii. Total.....(add i and ii) >	0.00	0.00
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (such as PACs).....	0.00	0.00
d. Total Contributions.....(add all, b and c) >	0.00	0.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received.....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
16. Offsets To Operating Expenditures (Refunds, Rebates, etc.).....	0.00	0.00
18. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity.....	0.00	0.00
19. Total Receipts.....(add 11d,12,13,14,15,16,17, and 18) >	0.00	0.00
20. Total Federal Receipts.....(subtract line 18 from line 19) >	0.00	0.00
<b>II. Disbursements</b>		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share.....	0.00	0.00
ii. Non-Federal Share.....	0.00	0.00
b. Other Federal Operating Expenditures.....	200.00	400.00
c. Total Operating Expenditures.....(Add a,ii, and b) >	200.00	400.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4,500.00	33,150.00
24. Independent Expenditures (use Schedule E).....	0.00	0.00
26. Coordinated Expenditures Made by Party Committees (2 U.S.C.441b(d)) (use Schedule F).....	0.00	0.00
28. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees.....	0.00	0.00
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (Such As PACs).....	0.00	0.00
d. Total Contribution Refunds.....(Add a, b, and c) >	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements.....(Add 21 c,22,23,24,26,27,28d, and 29) >	4,700.00	33,650.00
31. Total Federal Disbursements.....(Subtract line 21 aii from line 30) >	4,700.00	33,650.00
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (Other than loans)(from line 11 d).....	0.00	0.00
33. Total Contribution Refunds (from line 28d).....	0.00	0.00
34. Net Contributions (Other than loans)(subtract line 33 from 32).....	0.00	0.00
35. Total Federal Operating Expenditures.....(add 21 ai and 21 b) >	200.00	400.00
36. Offsets to Operating Expenditures (from line 16).....	0.00	0.00
37. Net Operating Expenditures.....(subtract line 36 from 35) >	200.00	400.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE **1** OF **1**  
FOR LINE NUMBER **21B**

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 SKADDEN, ARPS 1440 New York Avenue, N.W. Washington, DC 20005	Purpose of Disbursement Admin. Expenses (Secretarial, Phones, Copier) Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year) 06/18/98	Amount of Each Disb. this Period 200.00
B. 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 Disb. this Period
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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. this Period
SUB TOTAL of Disbursements this page (Optional).....>			200.00
TOTAL this Period (Last page this line number only).....>			200.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 23

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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 Disb. this Period
<b>BUILDING OUR BASES (B.O.B'S PAC)</b> P.O. Box 15377 New Orleans, LA 70175	<b>B.O.B.'s PAC Breakfast</b> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/04/98	1,000.00
<b>ROTH SENATE COMMITTEE</b> PO Box 105 Wilmington, DE 19899	<b>William V. Roth, U.S. SENATE DE</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/09/98	1,000.00
<b>CAROL MOSELEY-BRAUN FOR US SENATE</b> 1900 W. Place, NE Washington, DC 20018	<b>Carol Moseley-Braun, U.S. SENATE IL</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/17/98	1,000.00
<b>VOINOVICH FOR SENATE</b> PO Box 21030 Alexandria, VA 22320	<b>Voided Check Returned Uncashed</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/18/98	-1,000.00
<b>QLINN FOR CONGRESS</b> P.O. Box 2012 Blasdell, NY 14219	<b>Jack Quinn, U.S. HOUSE 30th NY</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/24/98	500.00
<b>LAUCH FAIRCLOTH FOR SENATE COMMITTEE</b> 507 Capitol Court, N.E., Suite 100 Washington, DC 20002	<b>Lauch Faircloth, U.S. SENATE NC</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/24/98	1,000.00
<b>THE SUNSHINE PAC</b> P.O. Box 222064 Chantilly, VA 20151-1652	<b>Contribution to PAC</b> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/24/98	1,000.00
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 Disb. 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 Disb. this Period

SUB TOTAL of Disbursements this page (Optional).....>	4,500.00
TOTAL this Period (Last page this line number only).....>	4,500.00

**SCHEDULE A**

**ITEMIZED RECEIPTS  
EXEMPT LEGAL SERVICES**

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

PAGE 1 OF 1  
FOR LINE NUMBER 100

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NAME OF COMMITTEE (In full)  
Skadden Arps Political Action Committee

A. Full Name, Mailing Address and Zip Code <b>Beth K. Fricke</b> 1440 New York Avenue, NW Washington, DC 20005	Name of Employer <b>Skadden, Arps</b>  Occupation <b>Political Reports Analyst</b>	Date (Month day, Year) <b>06/30/98</b>	Amount of Each Receipt this Period  <b>17.28</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>0.00</b>		(Memo Entry)
B. Full Name, Mailing Address and Zip Code	Name of Employer  Occupation	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)	Aggregate Year-to-date > \$		
C. Full Name, Mailing Address and Zip Code	Name of Employer  Occupation	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)	Aggregate Year-to-date > \$		
D. Full Name, Mailing Address and Zip Code	Name of Employer  Occupation	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)	Aggregate Year-to-date > \$		
E. Full Name, Mailing Address and Zip Code	Name of Employer  Occupation	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)	Aggregate Year-to-date > \$		
F. Full Name, Mailing Address and Zip Code	Name of Employer  Occupation	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)	Aggregate Year-to-date > \$		
G. Full Name, Mailing Address and Zip Code	Name of Employer  Occupation	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)	Aggregate Year-to-date > \$		

SUB TOTAL of Receipts 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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>7-20-98</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<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
<input type="checkbox"/> Electronic Filing	
<i>JMU</i> PREPARER	<i>7-20-98</i> DATE PREPARED