

ROBINS, KAPLAN, MILLER & CIRESI

ATTORNEYS AT LAW

APR 15 3 11 PM '93

ATLANTA
BOSTON
CHICAGO
DALLAS
MINNEAPOLIS
NEWPORT BEACH
SAINT PAUL
SAN FRANCISCO
WASHINGTON

SUITE 1200
1801 K STREET, N.W.
WASHINGTON, D. C. 20006-1301
TELEPHONE (202) 775-0725
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JOEL K. SMITH
Legislative Assistant
(202) 736-2619

April 15, 1993

VIA HAND DELIVERY

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

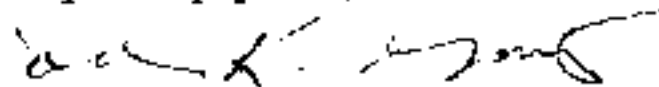
Re: Robins, Kaplan, Miller & Ciresi PAC FIN C00275909

Dear Sir or Madam:

Attached for filing with the Federal Election Commission is an executed copy of the Robins, Kaplan, Miller & Ciresi PAC First Quarter Report for 1993.

Please call me at (202) 775-0725 if you have any questions or require additional information about this filing.

Very truly yours,



Joel K. Smith
Assistant Treasurer

JKS/kms
Attachment

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) Robins, Kaplan, Miller & Ciresi PAC	2. FEC IDENTIFICATION NUMBER C00275909
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1801 K Street, N.W., Suite 1200	3. <input type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).
CITY, STATE and ZIP CODE Washington, D.C. 20006	

4. TYPE OF REPORT

(a) April 15 Quarterly Report Monthly Report Due On:

July 15 Quarterly Report February 20 June 20 October 20
 October 15 Quarterly Report March 20 July 20 November 20
 January 31 Year End Report April 20 August 20 December 20
 July 31 Mid Year Report (Non-election Year Only) 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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>January 1, 1993</u> through <u>March 31, 1993</u>		
6. (a) Cash on Hand January 1, 1993		\$ 0.00
(b) Cash on Hand at Beginning of Reporting Period	\$ 0.00	
(c) Total Receipts (from Line 19)	\$ 600.00	\$ 600.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 600.00	\$ 600.00
7. Total Disbursements (from Line 30)	\$ 500.00	\$ 500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 100.00	\$ 100.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information contact: Federal Election Commission 999 E Street, N.W. Washington, DC 20462 Toll Free 800-424-9530 Local 202-219-5420
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: Harold E. Mesirov	
Signature of Treasurer: 	Date: 4/15/93

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g

FEC FORM 3X

(revised 11/91)

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

CDC275909

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
	FROM 1/1/93	TO 3/31/93
	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11 Contributions (other than loans) From:		
a. Individual Persons Other Than Political Committees	600.00	600.00
i. Itemized (use Schedule A)	-0-	-0-
ii. Unitemized	-0-	-0-
iii. Total (add i and ii) >	600.00	600.00
b. Political Party Committees	-0-	-0-
c. Other Political Committees (such as PACs)	-0-	-0-
d. Total Contributions (add a iii, b and c) >	600.00	600.00
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 * 1d, 12, 13, 14, 15, 16, 17, and 18) >	600.00	600.00
20. Total Federal Receipts (subtract line 18 from line 19) >	600.00	600.00
II. Disbursements		
21 Operating Expenditures:		
a. Shared Federal Non-Federal Activity (from Schedule H4)		
i. Federal Share	-0-	-0-
ii. Non-Federal Share	-0-	-0-
c. Other Federal Operating Expenditures	-0-	-0-
d. Total Operating Expenditures (add a i, a ii, and b) >	-0-	-0-
22. Transfers to Affiliated Other Party Committees	-0-	-0-
23. Contributions to Federal Candidates Committees and Other Political Committees	500.00	500.00
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	-0-	-0-
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	500.00	500.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	500.00	500.00
III. Net Contributions, Operating Expenditures		
32. Total Contributions (other than loans) from line 11d	500.00	500.00
33. Total Contribution Refunds from line 28d	-0-	-0-
34. Net Contributions (other than loans) (subtract line 33 from 32)	500.00	500.00
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-

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) **Robins, Kaplan, Miller & Ciresi PAC** C00275909

A. Full Name, Mailing Address and ZIP Code *Robins, Kaplan, Miller & Ciresi 2800 LaSalle Plaza 800 LaSalle Avenue Minneapolis, MN 55402	Name of Employer Robins, Kaplan, Miller & Ciresi	Date (month, day, year) 2/5/93	Amount of Each Receipt this Period 500.00
	Occupation Law Firm	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

B. Full Name, Mailing Address and ZIP Code *Group named in A Above is a law firm (partnership composed of 105 partners and as such the 500 contribution has been allocated equally among the partners)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (use page total line number only)	500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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)

Robins, Kaplan, Miller & Ciresi PAC C00275909

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Alaskans For Don Young	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Post election	2/5/93	\$500.00
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 Disbursement 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 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)	500.00
TOTAL This Period (see page 115 line number only)	500.00

**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.

<input checked="" type="checkbox"/> Hand Delivered	DATE OF RECEIPT 4/15/93
<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

PT
 PREPARER

4/16/93
 DATE PREPARED

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