

LEBOEUF, LAMB, GREENE & MACRAE  
L.L.P.

A LIMITED LIABILITY PARTNERSHIP INCLUDING PROFESSIONAL CORPORATION

JUL 10 12 27 PM '95

NEW YORK  
WASHINGTON  
ALBANY  
BOSTON  
DENVER  
HARRISBURG  
HARTFORD  
JACKSONVILLE

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

TEL: (212) 424-8000

FACSIMILE: (212) 424-8500

WRITER'S DIRECT DIAL:

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

July 5, 1995

CERTIFIED MAIL

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

Re: LeBoeuf, Lamb, Greene & MacRae  
Political Action Committee  
FEC Form 3X

Gentlemen:

Enclosed please find our completed Form 3X for the period  
June 1, 1995 through June 30, 1995.

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, Greene & MacRae  
Political Action Committee

ADM:bv

Enclosures

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# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

501  
JUL 10 12 17 PM '95

USE FEC MAILING LABEL OR PRINT TYPE OR PRINT

1. NAME OF COMMITTEE (in full) LeBoeuf, Lamb, Greene & MacRae Political Action Committee	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 125 West 55th Street	2. FEC IDENTIFICATION NUMBER CO0217885
CITY, STATE and ZIP CODE New York, New York 10019-5389	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:
- |                                      |   |                                      |
|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20            | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20    | <input checked="" type="checkbox"/> July 20 | <input 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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Covering Period <u>6/01/95</u> through <u>6/30/95</u>		
6. (a) Cash on Hand January 1, 19 <u>95</u> .....		\$ 20,248.12
(b) Cash on Hand at Beginning of Reporting Period .....	\$ 4,408.12	
(c) Total Receipts (from Line 19) .....	\$ 22,990.00	\$ 31,575.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	\$ 27,398.12	\$ 51,823.12
7. Total Disbursements (from Line 8D) .....	\$ 6,884.66	\$ 31,309.66
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) ...	\$ 20,513.46	\$ 20,513.46
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 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-218-3420
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 of Print Name of Treasurer A. David Marshall	
Signature of Treasurer 	Date 7/5/95

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 LaBoeuf, Lamb, Greene & MacRae Political Action Committee		REPORT COVERING PERIOD FROM 6/1/95 TO 6/30/95	
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11.	Contributions (other than loans) From:		
a.	Individuals/Persons Other Than Political Committees		
i.	Itemized (use Schedule A)	22,990.00	31,575.00
ii.	Unitemized	-0-	-0-
iii.	Total (add i and ii) >	22,990.00	31,575.00
b.	Political Party Committees	-0-	-0-
c.	Other Political Committees (such as PACs)	-0-	-0-
d.	Total Contributions (add a iii, b and c) >	22,990.00	31,575.00
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 11d, 12, 13, 14, 15, 16, 17, and 18) >	22,990.00	31,575.00
20.	Total Federal Receipts (subtract line 18 from line 19) >	22,990.00	31,575.00
II. Disbursements			
21.	Operating Expenditures:		
a.	Shared Federal/Non-Federal Activity (from Schedule HA)		
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	N/A	N/A
23.	Contributions to Federal Candidates/Committees and Other Political Committees	4,000.00	20,500.00
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.	Individuals/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	2,884.66	10,809.66
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	6,884.66	31,309.66
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	6,884.66	31,309.66
III. Net Contributions/Operating Expenditures			
32.	Total Contributions (other than loans)(from line 11d)	22,990.00	31,575.00
33.	Total Contribution Refunds (from line 28d)	-0-	-0-
34.	Net Contributions (other than loans)(subtract line 33 from 32)	22,990.00	31,575.00
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-

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 3 OF 17  
FOR LINE NUMBER

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

95039613708

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Miriam Santiago 125 West 55th Street New York, New York 10019	LeBoeuf, Lamb, Greene & MacRae	6/1/95 - 6/30/95	\$295.00 (memo only)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): exempt legal or acct	Occupation Staff Accountant	Aggregate Year-to-Date > \$ 1,730.00	
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) .....

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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**NAME OF COMMITTEE (in Full)**

LeBoeuf, Lamb, Greene & MacRae Political Action Committee

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas E. Burke 125 West 55th Street New York, New York 10019	LeBoeuf, Lamb, Greene & MacRae	6/6/95	\$ 450.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 450.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Shirley Curfman 125 West 55th Street New York, New York 10019	LeBoeuf, Lamb, Greene & MacRae	6/6/95	410.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$410.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven H. Davis 125 West 55th Street New York, New York 10019	LeBoeuf, Lamb, Greene & MacRae	6/6/95	325.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$325.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald J. Greene 125 West 55th Street New York, New York 10019	LeBoeuf, Lamb, Greene & MacRae	6/6/95	2,030.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$2,030.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dean Hansell 725 South Figueroa Street Los Angeles, California 90017	LeBoeuf, Lamb, Greene & MacRae	6/6/95	375.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$375.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Davis Robinson 1875 Connecticut Avenue Washington, D.C. 20009	LeBoeuf, Lamb, Greene & MacRae	6/6/95	205.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$205.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Thompson One Embarcadero Center San Francisco, Calif. 94111	LeBoeuf, Lamb, Greene & MacRae	6/6/95	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$275.00	

**SUBTOTAL of Receipts This Page (optional)** ..... \$4,070.00

**TOTAL This Period (last page this line number only)** .....

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 5 OF 17  
FOR LINE NUMBER 20

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**NAME OF COMMITTEE (in Full)**

LeBoeuf, Lamb, Greene & MacRae Political Action Committee

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Lawrence Acker 1875 Connecticut Avenue Washington, D.C. 20009	LeBoeuf, Lamb, Greene & MacRae	6/16/95	\$ 305.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney	Aggregate Year-to-Date > \$ 305.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Howard Aibel 125 West 55th Street New York, New York 10019	LeBoeuf, Lamb, Greene & MacRae	6/16/95	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney	Aggregate Year-to-Date > \$ 275.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Alan Berman 125 West 55th Street New York, New York 10019	LeBoeuf, Lamb, Greene & MacRae	6/16/95	755.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney	Aggregate Year-to-Date > \$ 755.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Geoffry Best 125 West 55th Street New York, New York 10019	LeBoeuf, Lamb, Greene & MacRae	6/16/95	495.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney	Aggregate Year-to-Date > \$ 495.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Wesley Caldwell One Riverfront Plaza Newark, New Jersey 07102	LeBoeuf, Lamb, Greene & MacRae	6/16/95	280.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney	Aggregate Year-to-Date > \$ 280.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Paul Connolly 260 Franklin Street Boston, Massachusetts 02110	LeBoeuf, Lamb, Greene & MacRae	6/16/95	450.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney	Aggregate Year-to-Date > \$ 450.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John Cotton 725 South Figueroa Street Los Angeles, Calif. 90017	LeBoeuf, Lamb, Greene & MacRae	6/16/95	295.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney	Aggregate Year-to-Date > \$ 295.00	

**SUBTOTAL** of Receipts This Page (optional) ..... \$2,855.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 6 OF 17  
FOR LINE NUMBER 20

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**NAME OF COMMITTEE (in Full)**

LeBoeuf, Lamb, Greene & 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
Robert Cudd 125 West 55th Street New York, New York 10019	LeBoeuf, Lamb, Greene & MacRae	6/16/95	\$ 410.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 410.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carl Eklund 633 Seventeenth Street Denver, Colorado 80202	LeBoeuf, Lamb, Greene & MacRae	6/16/95	295.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 295.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elias Ferrah 260 Franklin Street Boston, Massachusetts 02110	LeBoeuf, Lamb, Greene & MacRae	6/16/95	255.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 255.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gary Goodman 125 West 55th Street New York, New York 10019	LeBoeuf, Lamb, Greene & MacRae	6/16/95	305.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 305.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eric Haas 125 West 55th Street New York, New York 10019	LeBoeuf, Lamb, Greene & MacRae	6/16/95	205.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 205.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Huhs 125 West Street New York, New York 10019	LeBoeuf, Lamb, Greene & MacRae	6/16/95	410.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 410.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peter Ivanick 125 West 55th Street New York, New York 10019	LeBoeuf, Lamb, Greene & MacRae	6/16/95	220.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 220.00	

SUBTOTAL of Receipts This Page (optional) .....

\$2,100.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (in Full)**  
 LeBoeuf, Lamb, Greene & 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
James Johnson 125 West 55th Street New York, New York 10019	LeBoeuf, Lamb, Greene & MacRae	6/16/95	\$ 750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 750.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Kinzey 125 West 55th Street New York, New York 10019	LeBoeuf, Lamb, Greene & MacRae	6/16/95	410.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 410.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frederick Lacey One Riverfront Plaza Newark, New Jersey 07102	LeBoeuf, Lamb, Greene & MacRae	6/16/95	1,090.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 1,090.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
L. Charles Landgraf 1875 Connecticut Avenue Washington, D.C. 20009	LeBoeuf, Lamb, Greene & MacRae	6/16/95	255.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 255.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Lapenn 125 West 55th Street New York, New York 10019	LeBoeuf, Lamb, Greene & MacRae	6/16/95	305.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 305.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Lockett 125 West 55th Street New York, New York 10019	LeBoeuf, Lamb, Greene & MacRae	6/16/95	220.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 220.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ralph K. Mabcy 1000 Kearns Building Salt Lake City, Utah 84101	LeBoeuf, Lamb, Greene & MacRae	6/16/95	825.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 825.00	

**SUBTOTAL** of Receipts This Page (optional) ..... \$3,855.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 8 OF 17  
FOR LINE NUMBER 20

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**NAME OF COMMITTEE (in Full)**

LeBoeuf, Lamb, Greene & MacRae Political Action Committee

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeffrey Mace 125 West 55th Street New York, New York 10019	LeBoeuf, Lamb, Greene & MacRae	6/16/95	\$ 220.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 220.00	
Jay Martin One Commerce Plaza Albany, New York 12210	LeBoeuf, Lamb, Greene & MacRae	6/16/95	255.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 255.00	
Michael McBride 1875 Connecticut Avenue Washington, D.C. 20009	LeBoeuf, Lamb, Greene & MacRae	6/16/95	240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 240.00	
Brian O'Neill 1875 Connecticut Avenue Washington, D.C. 20009	LeBoeuf, Lamb, Greene & MacRae	6/16/95	325.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 325.00	
Charles Platt 125 West 55th Street New York, New York 10019	LeBoeuf, Lamb, Greene & MacRae	6/16/95	255.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 255.00	
William Primps 125 West 55th Street New York, New York 10019	LeBoeuf, Lamb, Greene & MacRae	6/16/95	305.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 305.00	
Constantine Ralli 125 West 55th Street New York, New York 10019	LeBoeuf, Lamb, Greene & MacRae	6/16/95	205.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 205.00	

**SUBTOTAL** of Receipts This Page (optional) ..... \$1,805.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 9 OF 17  
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

2  
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4  
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14

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward Reilly 225 Asylum Street Hartford, Connecticut 06103	LeBoeuf, Lamb, Greene & MacRae	6/16/95	\$ 240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date	\$ 240.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles Renfrew One Embarcadero Center San Francisco, Calif. 94111	LeBoeuf, Lamb, Greene & MacRae	6/16/95	735.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date	\$ 735.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Rohback 601 Grant Street Pittsburgh, Pa. 15219	LeBoeuf, Lamb, Greene & MacRae	6/16/95	325.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date	\$ 325.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Rudy 125 West 55th Street New York, New York 10019	LeBoeuf, Lamb, Greene & MacRae	6/16/95	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date	\$ 200.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Ruggiero 125 West 55th Street New York, New York 10019	LeBoeuf, Lamb, Greene & MacRae	6/16/95	255.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date	\$ 255.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jay Safer 125 West 55th Street New York, New York 10019	LeBoeuf, Lamb, Greene & MacRae	6/16/95	325.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date	\$ 325.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph Seiler 125 West 55th Street New York, New York 10019	LeBoeuf, Lamb, Greene & MacRae	6/16/95	220.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date	\$ 220.00

**SUBTOTAL** of Receipts This Page (optional) ..... \$2,300.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 10 OF 17  
FOR LINE NUMBER 20

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**NAME OF COMMITTEE (in Full)**

LeBoeuf, Lamb, Greene & MacRae Political Action Committee

5  
1  
3  
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3  
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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph Tato 125 West 55th Street New York, New York 10019	LeBoeuf, Lamb, Greene & MacRae	6/16/95	\$ 410.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney Aggregate Year-to-Date > \$ 410.00		
B. Full Name, Mailing Address and ZIP Code Vernon E. Vig 125 West 55th Street New York, New York 10019	Name of Employer LeBoeuf, Lamb, Greene & MacRae	Date (month, day, year) 6/16/95	Amount of Each Receipt this Period 340.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney Aggregate Year-to-Date > \$ 340.00		
C. Full Name, Mailing Address and ZIP Code Thomas West One Commerce Plaza Albany, New York 12210	Name of Employer LeBoeuf, Lamb, Greene & MacRae	Date (month, day, year) 6/16/95	Amount of Each Receipt this Period 205.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney Aggregate Year-to-Date > \$ 205.00		
D. Full Name, Mailing Address and ZIP Code Bruce Wright 125 West 55th Street New York, New York 10019	Name of Employer LeBoeuf, Lamb, Greene & MacRae	Date (month, day, year) 6/16/95	Amount of Each Receipt this Period 580.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney Aggregate Year-to-Date > \$ 580.00		
E. Full Name, Mailing Address and ZIP Code James R. Woods One Embarcadero Center San Francisco, Calif. 94111	Name of Employer LeBoeuf, Lamb, Greene & MacRae	Date (month, day, year) 6/16/95	Amount of Each Receipt this Period 755.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney Aggregate Year-to-Date > \$ 755.00		
F. Full Name, Mailing Address and ZIP Code Contributions Under \$200	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 3,715.00
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) ..... \$6,005.00

**TOTAL** This Period (last page this line number only) .....

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

**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 committees.

**NAME OF COMMITTEE (in Full)**

LeBoeuf, Lamb, Greene & MacRae Political Action Committee

95039513716

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Billy Tauzin Committee 301 Cherry Drive Thibodaux, Louisiana 70301	Reception Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/02/95	\$1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pete Wilson for President Comm. 1020 12th Street Sacramento, Calif. 95814	Fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/15/95	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dole for President 47 West Lenox Street Chevy Chase, Maryland 20815	Fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/27/95	1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pete Wilson Compliance Committee 1020 12th Street Sacramento, Calif. 95814	Fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/29/95	1,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	\$4,000.00
<b>TOTAL</b> This Period (last page this line number only) .....	4,000.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 12 OF 17  
FOR LINE NUMBER 29

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

95039013717

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Senator Velella 20 Park Lane East Menandez, New York 12204	Reception Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/05/95	\$1,000.00
B. Full Name, Mailing Address and ZIP Code Bronx County Democratic Party 2111 White Plains Road Bronx, New York 10462	Fundraiser Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/09/95	300.00
C. Full Name, Mailing Address and ZIP Code Citizens for Solomon Post Office Box 140095 Brooklyn, New York 11214-0003	Fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/12/95	250.00
D. Full Name, Mailing Address and ZIP Code Bragan for Assembly Re-election Comm. Post Office Box 2566 Syracuse, New York 13220	Fundraiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/12/95	500.00
E. Full Name, Mailing Address and ZIP Code Leibell for Senate Committee Post Office box 443 Jefferson Valley, New York 10535	Reception Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/12/95	500.00
F. Full Name, Mailing Address and ZIP Code Friends of Dick Gottfried 339 Millers Corner Road East Greenbush, New York 12061	Fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/14/95	150.00
G. Full Name, Mailing Address and ZIP Code Debra Atkinson 329 4th Street New Cumberland, P.A 17054	Bartender for Amy Putman for Judge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/27/95	50.00
H. Full Name, Mailing Address and ZIP Code Janet Reilly 6212 Westover Drive Mechanicsburg, P.A. 17055	Catering for Amy Putman for Judge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/27/95	134.66
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) .....

\$2,884.66

**TOTAL** This Period (last page this line number only) .....

2,884.66

**LOANS**

Name of Committee (in Full) <b>LeBoeuf, Lamb, Greene &amp; MacRae Political Action Committee</b>			
A. Full Name, Mailing Address and ZIP Code of Loan Source  <b>NOT APPLICABLE</b>	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
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.			

95039213718

**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

NAME OF COMMITTEE (IN FULL) LeBoeuf, Lamb, Greene & MacRae Political Action Committee		FEC IDENTIFICATION NUMBER C00217885	
FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER)  NOT APPLICABLE		AMOUNT OF LOAN	INTEREST RATE (APR)
		DATE INCURRED OR ESTABLISHED	DATE DUE

95039013719

A. Has loan been restructured?  No  Yes If yes, date originally incurred: \_\_\_\_\_

B. If line of credit, amount of this draw: \_\_\_\_\_; total outstanding balance: \_\_\_\_\_

C. Are other parties secondarily liable for the debt incurred?  
 No  Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
 No  Yes If yes, specify: \_\_\_\_\_

What is the value of this collateral? \_\_\_\_\_

Does the lender have a perfected security interest in it?  No  Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  
 No  Yes If yes, specify: \_\_\_\_\_ What is the estimated value? \_\_\_\_\_

A depository account must be established pursuant to 11 CFR 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B). Date account established: \_\_\_\_\_ Location of account: \_\_\_\_\_

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER	DATE
TYPED NAME	SIGNATURE

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.

AUTHORIZED REPRESENTATIVE	TITLE	DATE
TYPED NAME	SIGNATURE	

**SCHEDULE D**  
(Revised 3/80)

**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

Name of Committee (in Full) LeBoeuf, Lamb, Greene & 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) 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)				

95039013720



ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (in Full)			Committee ID	
LeBoeuf, Lamb, Greene & MacRae Political Action Committee			C00217885	
PUR Name, Mailing Address & ZIP Code of Each Payer	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
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
(a) SUBTOTAL of Itemized Independent Expenditures			\$ _____	
(b) SUBTOTAL of Unitemized Independent Expenditures			\$ _____	
(c) TOTAL Independent Expenditures			\$ _____	

95039313721

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, 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, dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, the campaign committee, or their agent.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

My Commission expires: \_\_\_\_\_

NOTARY PUBLIC

Signature

Date

**SCHEDULE F**

**ITEMIZED COORDINATED EXPENDITURES MADE BY  
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENTS(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? <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 of Expenditures This Page (optional)</b> .....				
<b>TOTAL This Period (last page this line number only)</b> .....				

95039013722

**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  
7/7/95

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

*D.A.Q.*  
 PREPARER

*7/10/95*  
 DATE PREPARED

95039513723