

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

A LIMITED LIABILITY PARTNERSHIP INCLUDING PROFESSIONAL CORPORATIONS

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

Oct 6 10 53 AM '97

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

(212) 424-8000

FACSIMILE: (212) 424-8500

WRITER'S DIRECT DIAL:

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MULTINATIONAL PARTNERSHIP

October 2, 1997

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
September 1, 1997 through September 30, 1997.

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

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

OCT 6 10 53 AM '97

USE FEC MAILING LABEL
OR
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 C00217885
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:

- 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
5. Covering Period <u>9/1/97</u> through <u>9/30/97</u>		\$ 4,510.46
6. (a) Cash on Hand January 1, 19 <u>97</u>		
(b) Cash on Hand at Beginning of Reporting Period	\$ 55,430.46	
(c) Total Receipts (from Line 19)	\$ -0-	\$ 89,195.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 55,430.46	\$ 93,705.46
7. Total Disbursements (from Line 30)	\$ 6,550.00	\$ 44,825.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 48,880.46	\$ 48,880.46
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 488 E Street, NW Washington, DC 20463 Toll Free 800-424-6530 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 or Print Name of Treasurer

A. David Marshall

Signature of Treasurer

A. David Marshall

Date

10/2/97

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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FEC FORM 3X
(revised 8/93)

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

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD		
LeBoeuf, Lamb, Greene & MacRae Political Action Committee		FROM 9/1/97	TO 9/30/97	
		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-	89,195.00	1104
ii.	Unitemized	-0-	-0-	1105
iii.	Total (add i and ii) >	-0-	89,195.00	1106
b.	Political Party Committees	-0-	-0-	1107
c.	Other Political Committees (such as PACs)	-0-	-0-	1108
d.	Total Contributions (add a ii, b and c) >	-0-	89,195.00	1109
12.	Transfers From Affiliated/Other Party Committees	-0-	-0-	12
13.	All Loans Received	-0-	-0-	13
14.	Loan Repayments Received	-0-	-0-	14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-	-0-	15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	-0-	16
17.	Other Federal Receipts (Dividends, Interest, etc.)	-0-	-0-	17
18.	Transfers from Nonfederal Account for Joint Activity	-0-	-0-	18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	-0-	89,195.00	19
20.	Total Federal Receipts (subtract line 16 from line 19) >	-0-	89,195.00	20
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
i.	Federal Share	-0-	-0-	21(a)
ii.	Non-Federal Share	-0-	-0-	21(b)
b.	Other Federal Operating Expenditures	-0-	-0-	21(c)
c.	Total Operating Expenditures (add a i, a ii, and b) >	-0-	-0-	22
22.	Transfers to Affiliated/Other Party Committees	-0-	-0-	22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	1,500.00	21,250.00	23
24.	Independent Expenditures (use Schedule E)	-0-	-0-	24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	-0-	-0-	25
26.	Loan Repayments Made	-0-	-0-	26
27.	Loans Made	-0-	-0-	27
28.	Refunds of Contributions To:			
a.	Individuals/Persons Other Than Political Committees	-0-	-0-	28(a)
b.	Political Party Committees	-0-	-0-	28(b)
c.	Other Political Committees (such as PACs)	-0-	-0-	28(c)
d.	Total Contribution Refunds (add a, b and c) >	-0-	-0-	28(d)
29.	Other Disbursements	5,050.00	23,575.00	29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	6,550.00	44,825.00	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	6,550.00	44,825.00	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	-0-	89,195.00	32
33.	Total Contribution Refunds (from line 28d)	-0-	-0-	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	-0-	89,195.00	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	-0-	-0-	35
36.	Offsets to Operating Expenditures (from line 15)	-0-	-0-	36
37.	Net Operating Expenditures (subtract line 36 from 35) >	-0-	-0-	37

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, Greene & MacRae Political Action Committee

A. Full Name, Mailing Address and ZIP Code Albert Caros 125 West 55th Street New York, New York 10019-5389 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Exempt legal or acct.	Name of Employer LaBoeuf, Lamb, Greene & MacRae Occupation Staff Accountant Aggregate Year-to-Date > \$ 2,575.00	Date (month, day, year) 9/1/97 - 9/30/97	Amount of Each Receipt this Period \$255.00 (MEMO ONLY)
B. Full Name, Mailing Address and ZIP Code SVCS. 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
C. Full Name, Mailing Address and ZIP Code 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
D. Full Name, Mailing Address and ZIP Code 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
E. Full Name, Mailing Address and ZIP Code 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
F. Full Name, Mailing Address and ZIP Code 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
G. Full Name, Mailing Address and ZIP Code 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)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 5

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

LeBoeuf, Lamb, Greene & MacRae Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/19/97	Amount of Each Disbursement This Period \$1,000.00
B. Full Name, Mailing Address and ZIP Code Team Emerson POB 16021 Alexandria, Virginia 22302	Purpose of Disbursement Fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/29/97	Amount of Each Disbursement This Period 500.00
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)

TOTAL This Period (last page this line number only)

1,500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 5

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of C Virginia Fields 123 West 126 Street New York, New York 10027	Fundraiser Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/3/97	\$ 500.00
B. Full Name, Mailing Address and ZIP Code Friends of Dennis Vacco 355 Lexington Avenue New York, New York 10017	Fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/10/97	600.00
C. Full Name, Mailing Address and ZIP Code Elizabeth Democratic Committee 976 Byron Avenue Elizabeth, New Jersey 07208	Fundraiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Golf Tournament	9/10/97	200.00
D. Full Name, Mailing Address and ZIP Code James E. McGreevey 90 Woodbridge Center Drive Woodbridge, New Jersey 07095	Fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/17/97	2,100.00
E. Full Name, Mailing Address and ZIP Code Bronx County Republican Committee 1937 Williamsburgh Road Bronx, New York 10461-1604	Fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/18/97	150.00
F. Full Name, Mailing Address and ZIP Code Sauerbrey Campaign Committee 8600 LaSalle Road, Ste. 105 Towson, Maryland 21286	Fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/26/97	500.00
G. Full Name, Mailing Address and ZIP Code Friends of Michael Balboni POB 1720 Mineola, New York 11501	Fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/26/97	500.00
H. Full Name, Mailing Address and ZIP Code Rockland Excelsior 23 Reginald Drive Conger, New York 10920	Fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/26/97	500.00
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)

\$5,050.00

TOTAL This Period (last page this line number only)

