

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

HAND DELIVERED

RECEIVED
FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION

Apr 15 11 28 AM '00

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (If Null)
Skadden Arps Political Action Committee

ADDRESS (number and street) Check if different than previously reported
440 New York Avenue, NW

CITY, STATE and ZIP CODE
Washington, DC 20005

2. FEC IDENTIFICATION NUMBER
C00232629

3. 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>07/01/99</u> through <u>12/31/99</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>			\$ 96,129.82
(b) Cash on Hand at Beginning of Reporting Period		\$ 38,629.82	
(c) Total Receipts (from Line 1B)		\$ 127,181.00	\$ 127,181.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 166,810.82	\$ 223,310.82
7. Total Disbursements (from Line 3C)		\$ 13,400.00	\$ 70,900.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 152,410.82	\$ 152,410.82
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 0.00	
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.

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

Type or Print Name of Treasurer

Kenneth A. Gross, Asst. Treasurer

Signature of Treasurer

Kenneth A. Gross

Date

04/14/00

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 8/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
Skadden Arps Political Action Committee	FROM	TO:	
	07/01/99	12/31/99	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees	126,981.00	126,981.00	11(a)(i)
i. Itemized (use Schedule A)	200.00	200.00	11(a)(i)
ii. Unitemized			
iii. Total (add i and ii) >	127,181.00	127,181.00	11(a)(ii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
d. Total Contributions (add a ii, b and c) >	127,181.00	127,181.00	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	127,181.00	127,181.00	19
20. Total Federal Receipts (subtract line 18 from line 19) >	127,181.00	127,181.00	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule N4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	400.00	400.00	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	400.00	400.00	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	13,000.00	70,500.00	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	0.00	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) >	0.00	0.00	28(d)
29. Other Disbursements	0.00	0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	13,400.00	70,900.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	13,400.00	70,900.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	127,181.00	127,181.00	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	127,181.00	127,181.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	400.00	400.00	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	400.00	400.00	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **1** OF **35**
FOR LINE NUMBER **11 & 1**

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
Dwight Bush 3905 Jocelyn Street, NW Washington, DC 20015	Information Requested	08/26/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Requested	Aggregate Year-to-Date > \$ 1,000.00	
J. Michael Schell 919 Third Avenue New York, NY 10022	Skadden, Arps	12/30/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 1,000.00	
Roger Aaron 919 Third Avenue New York, NY 10022	Skadden, Arps	Payroll Deduction	1,200.00 (\$0.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 1,200.00	
Blaine Fogg 919 Third Avenue New York, NY 10022	Skadden, Arps	Payroll Deduction	900.00 (\$0.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 900.00	
David Fox 919 Third Avenue New York, NY 10022	Skadden, Arps	Payroll Deduction	800.00 (\$0.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 800.00	
William P. Frank 919 Third Avenue New York, NY 10022	Skadden, Arps	Payroll Deduction	1,000.00 (\$0.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 1,000.00	
Jay M. Goffman 919 Third Avenue New York, NY 10022	Skadden, Arps	Payroll Deduction	535.00 (\$0.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 535.00	

SUBTOTAL of Receipts This Page (optional) 6,435.00

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 2 OF 35

FOR LINE NUMBER 181

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

A. Full Name, Mailing Address and ZIP Code Frank Rothman 300 South Grand Avenue Los Angeles, CA 90071	Name of Employer Skadden, Arps	Date (month, day, year) Payroll Deduction	Amount of Each Receipt This Period 1,100.00
	Occupation Attorney	Aggregate Year-to-Date > \$ 1,100.00	(\$0.00) Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Dana H. Freyer 819 Third Avenue New York, NY 10022	Name of Employer Skadden, Arps	Date (month, day, year) Payroll Deduction	Amount of Each Receipt This Period 430.00
	Occupation Attorney	Aggregate Year-to-Date > \$ 430.00	(\$0.00) Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code David J. Friedman 819 Third Avenue New York, NY 10022	Name of Employer Skadden, Arps	Date (month, day, year) Payroll Deduction	Amount of Each Receipt This Period 600.00
	Occupation Attorney	Aggregate Year-to-Date > \$ 600.00	(\$0.00) Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code Jonathan Lee Koslow 819 Third Avenue New York, NY 10022	Name of Employer Skadden, Arps	Date (month, day, year) Payroll Deduction	Amount of Each Receipt This Period 475.00
	Occupation Attorney	Aggregate Year-to-Date > \$ 475.00	(\$0.00) Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Barry H. Garfinkel 819 Third Avenue New York, NY 10022	Name of Employer Skadden, Arps	Date (month, day, year) Payroll Deduction	Amount of Each Receipt This Period 365.00
	Occupation Attorney	Aggregate Year-to-Date > \$ 365.00	(\$0.00) Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Leslie J. Goldman 1440 New York Avenue, NW Washington, DC 10005	Name of Employer Skadden, Arps	Date (month, day, year) Payroll Deduction	Amount of Each Receipt This Period 700.00
	Occupation Attorney	Aggregate Year-to-Date > \$ 700.00	(\$0.00) Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code Michael E. Gizang 819 Third Avenue New York, NY 10022	Name of Employer Skadden, Arps	Date (month, day, year) Payroll Deduction	Amount of Each Receipt This Period 600.00
	Occupation Attorney	Aggregate Year-to-Date > \$ 600.00	(\$0.00) Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) **4,270.00**

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 3 OF 36
FOR LINE NUMBER 11 91

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

A. Full Name, Mailing Address and ZIP Code Gary P. Cullen 333 West Wacker Drive Chicago, IL 60606 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Skadden, Arps	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 535.00 (\$0.00 Biweekly)
	Occupation Attorney Aggregate Year-to-Date \$ 635.00		
B. Full Name, Mailing Address and ZIP Code Edward E. Gonzales 919 Third Avenue New York, NY 10022 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Skadden, Arps	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 800.00 (\$0.00 Biweekly)
	Occupation Attorney Aggregate Year-to-Date \$ 600.00		
C. Full Name, Mailing Address and ZIP Code Franklin M. Gittles 30/F. Peregrine Tower 89 Queensway Central, HK Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Skadden, Arps	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 800.00 (\$0.00 Biweekly)
	Occupation Attorney Aggregate Year-to-Date \$ 800.00		
D. Full Name, Mailing Address and ZIP Code Joseph J. Giunta 300 South Grand Avenue Los Angeles, CA 90071 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Skadden, Arps	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 535.00 (\$0.00 Weekly)
	Occupation Attorney Aggregate Year-to-Date \$ 535.00		
E. Full Name, Mailing Address and ZIP Code Peter E. Greene 919 Third Avenue New York, NY 10022 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Skadden, Arps	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 535.00 (\$0.00 Biweekly)
	Occupation Attorney Aggregate Year-to-Date \$ 535.00		
F. Full Name, Mailing Address and ZIP Code Rodrigo A. Guerra 300 South Grand Avenue Los Angeles, CA 90071 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Skadden, Arps	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 600.00 (\$0.00 Weekly)
	Occupation Attorney Aggregate Year-to-Date \$ 600.00		
G. Full Name, Mailing Address and ZIP Code Jerome S. Hirsch 919 Third Avenue New York, NY 10022 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Skadden, Arps	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 535.00 (\$0.00 Weekly)
	Occupation Attorney Aggregate Year-to-Date \$ 535.00		

SUBTOTAL of Receipts This Page (optional) 4,140.00

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

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FOR LINE NUMBER 1131

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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
Bertil PH Lundqvist 919 Third Avenue New York, NY 10022 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Skadden, Arps	Payroll Deduction	600.00 (\$0.00 Biweekly)
	Occupation Attorney Aggregate Year-to-Date > \$ 600.00		
Lawrence D. Frishman 919 Third Avenue New York, NY 10022 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Skadden, Arps	Payroll Deduction	330.00 (\$0.00 Weekly)
	Occupation Attorney Aggregate Year-to-Date > \$ 330.00		
Samuel Kadet 919 Third Avenue New York, NY 10022 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Skadden, Arps	Payroll Deduction	535.00 (\$0.00 Biweekly)
	Occupation Attorney Aggregate Year-to-Date > \$ 535.00		
Phillip J. Adams 919 Third Avenue New York, NY 10022 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Skadden, Arps	Payroll Deduction	475.00 (\$0.00 Weekly)
	Occupation Attorney Aggregate Year-to-Date > \$ 475.00		
William R. Kunkel 633 West Wacker Drive Chicago, IL 60606 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Skadden, Arps	Payroll Deduction	600.00 (\$0.00 Biweekly)
	Occupation Attorney Aggregate Year-to-Date > \$ 600.00		
Christopher J. Kell 919 Third Avenue New York, NY 10022 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Skadden, Arps	Payroll Deduction	535.00 (\$0.00 Biweekly)
	Occupation Attorney Aggregate Year-to-Date > \$ 535.00		
Jonathan F. Pedersen 88 Queensway Central Hong Kong, HK Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Skadden, Arps	Payroll Deduction	475.00 (\$0.00 Biweekly)
	Occupation Attorney Aggregate Year-to-Date > \$ 475.00		

SUBTOTAL of Receipts This Page (optional) 3,550.00

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 **35**

FOR LINE NUMBER **11 a 1**

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

A. Full Name, Mailing Address and ZIP Code Jay B. Kasner 919 Third Avenue New York, NY 10022 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Skadden, Arps	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 700.00 (\$0.00)
	Occupation Attorney	Aggregate Year-to-Date $\$$ 700.00	Biweekly
B. Full Name, Mailing Address and ZIP Code Lou R. Kling 919 Third Avenue New York, NY 10022 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Skadden, Arps	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 800.00 (\$0.00)
	Occupation Attorney	Aggregate Year-to-Date $\$$ 800.00	Biweekly
C. Full Name, Mailing Address and ZIP Code Douglas B. Adler 919 Third Avenue New York, NY 10022 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Skadden, Arps	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 475.00 (\$0.00)
	Occupation Attorney	Aggregate Year-to-Date $\$$ 475.00	Weekly
D. Full Name, Mailing Address and ZIP Code Theodore J. Kozloff Four Embarcadero Center San Francisco, CA 94111 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Skadden, Arps	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 430.00 (\$0.00)
	Occupation Attorney	Aggregate Year-to-Date $\$$ 430.00	Biweekly
E. Full Name, Mailing Address and ZIP Code Morris J. Kramer 919 Third Avenue New York, NY 10022 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Skadden, Arps	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 1,000.00 (\$0.00)
	Occupation Attorney	Aggregate Year-to-Date $\$$ 1,000.00	Biweekly
F. Full Name, Mailing Address and ZIP Code Sheldon Adler 300 So. Grand Avenue Los Angeles, CA 90007-1 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Skadden, Arps	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 535.00 (\$0.00)
	Occupation Attorney	Aggregate Year-to-Date $\$$ 535.00	Biweekly
G. Full Name, Mailing Address and ZIP Code Michael A. Lawson 300 So. Grand Avenue Los Angeles, CA 90071 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Skadden, Arps	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 395.00 (\$0.00)
	Occupation Attorney	Aggregate Year-to-Date $\$$ 395.00	Biweekly

SUBTOTAL of Receipts This Page (optional) **4,335.00**

TOTAL This Period (last page this line number only) **4,335.00**

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **6** OF **35**

FOR LINE NUMBER **11 a 1**

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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
John C. Quale 1440 New York Avenue, NW Washington, DC 20005	Skadden, Arps Occupation Attorney	Payroll Deduction	475.00 (\$0.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 475.00		
John E. Mendez 300 South Grand Avenue Los Angeles, CA 90071	Skadden, Arps Occupation Attorney	Payroll Deduction	535.00 (\$0.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 535.00		
James E. Lyons Four Embarcadero Center San Francisco, CA 94111	Skadden, Arps Occupation Attorney	Payroll Deduction	600.00 (\$0.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 600.00		
Martha E. McGarry 919 Third Avenue New York, NY 10022	Skadden, Arps Occupation Attorney	Payroll Deduction	535.00 (\$0.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 535.00		
Ailison R. Schnalrov 919 Third Avenue New York, NY 10022	Skadden, Arps Occupation Attorney	Payroll Deduction	250.00 (\$0.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 250.00		
Kenneth A. Plevin 919 Third Avenue New York, NY 10022	Skadden, Arps Occupation Attorney	Payroll Deduction	535.00 (\$0.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 635.00		
Alan C. Myers 919 Third Avenue New York, NY 10022	Skadden, Arps Occupation Attorney	Payroll Deduction	700.00 (\$0.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 700.00		

SUBTOTAL of Receipts This Page (optional) **3,630.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 7 OF 35

FOR LINE NUMBER 1181

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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
Brian J. McCarthy 300 South Grand Avenue Los Angeles, CA 90071	Skadden, Arps Occupation Attorney	Payroll Deduction	600.00 (\$0.00) Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 600.00		
J. Gregory Milmos 919 Third Avenue New York, NY 10022	Skadden, Arps Occupation Attorney	Payroll Deduction	700.00 (\$0.00) Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 700.00		
Robert B. Pincus One Rodney Square Wilmington, DE 19899	Skadden, Arps Occupation Attorney	Payroll Deduction	600.00 (\$0.00) Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 600.00		
Michael P. Rogan 1440 New York Avenue, NW Washington, DC 20005	Skadden, Arps Occupation Attorney	Payroll Deduction	600.00 (\$0.00) Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 600.00		
Thomas R. Graham 1440 New York Avenue, NW Washington, DC 20005	Skadden, Arps Occupation Attorney	Payroll Deduction	430.00 (\$0.00) Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 430.00		
Louis S. Freeman 833 West Wacker Drive Chicago, IL 60608	Skadden, Arps Occupation Attorney	Payroll Deduction	535.00 (\$0.00) Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 535.00		
Robert C. Sheehan 919 Third Avenue New York, NY 10022	Skadden, Arps Occupation Attorney	Payroll Deduction	900.00 (\$0.00) Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 900.00		

SUBTOTAL of Receipts This Page (optional) **4,368.00**

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 35
FOR LINE NUMBER 1131

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

<p>A. Full Name, Mailing Address and ZIP Code Paul T. Schnell 919 Third Avenue New York, NY 10022</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date \rightarrow \$ 800.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>800.00 (\$0.00 Biweekly)</p>
<p>B. Full Name, Mailing Address and ZIP Code Daniel E. Stoller 1440 New York Avenue, NW Washington, DC 20005</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date \rightarrow \$ 600.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>600.00 (\$0.00 Biweekly)</p>
<p>C. Full Name, Mailing Address and ZIP Code Matthew A. Rosen 919 Third Avenue New York, NY 10022</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date \rightarrow \$ 800.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>800.00 (\$0.00 Weekly)</p>
<p>D. Full Name, Mailing Address and ZIP Code Charles W. Mulaney 833 West Wacker Drive Chicago, IL 60606</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date \rightarrow \$ 1,000.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>1,000.00 (\$0.00 Biweekly)</p>
<p>E. Full Name, Mailing Address and ZIP Code Harvey R. Uris 919 Third Avenue New York, NY 10022</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date \rightarrow \$ 600.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>600.00 (\$0.00 Biweekly)</p>
<p>F. Full Name, Mailing Address and ZIP Code Allan G. Mutchnik 800 So. Grand Avenue Los Angeles, CA 90071</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date \rightarrow \$ 360.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>360.00 (\$0.00 Biweekly)</p>
<p>G. Full Name, Mailing Address and ZIP Code Eric S. Waxman 800 South Grand Avenue Los Angeles, CA 90071</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date \rightarrow \$ 635.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>535.00 (\$0.00 Biweekly)</p>

SUBTOTAL of Receipts This Page (optional) 4,696.00

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 35

FOR LINE NUMBER 11 a 1

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
John Estes III 1440 New York Avenue, NW Washington, DC 20005	Skadden, Arps Occupation Attorney	Payroll Deduction	330.00 (\$0.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 330.00		
Neil M. Leff 819 Third Avenue New York, NY 10022	Skadden, Arps Occupation Attorney	Payroll Deduction	430.00 (\$0.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 430.00		
Timothy G. Reynolds 819 Third Avenue New York, NY 10022	Skadden, Arps Occupation Attorney	Payroll Deduction	475.00 (\$0.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 475.00		
Jose Allen Four Embarcadero Center San Francisco, CA 94111	Skadden, Arps Occupation Attorney	Payroll Deduction	475.00 (\$0.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 475.00		
Angela G. Garcia 819 Third Avenue New York, NY 10022	Skadden, Arps Occupation Attorney	Payroll Deduction	330.00 (\$0.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 330.00		
Martin Klepper 1440 New York Avenue, NW Washington, DC 10005	Skadden, Arps Occupation Attorney	Payroll Deduction	800.00 (\$0.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 800.00		
Jeffrey S. Christie Suntec City Tower 2,9 Temase Singapore, SI 0718	Skadden, Arps Occupation Attorney	Payroll Deduction	395.00 (\$0.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 395.00		

SUBTOTAL of Receipts This Page (optional) 3,235.00

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 **35**

FOR LINE NUMBER **11 a 1**

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 Alan G. Schiffman 30/F Tower Two, Lippo Centre Queensway, Central, HK	Name of Employer Skadden, Arps	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 300.00 (\$0.00 Weekly)
	Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date $\$$ 300.00	
B. Full Name, Mailing Address and ZIP Code Thomas Weil Jr. 1600 Smith Street Houston, TX 77002	Name of Employer Skadden, Arps	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 360.00 (\$0.00 Biweekly)
	Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date $\$$ 360.00	
C. Full Name, Mailing Address and ZIP Code Garrett J. Waltzer 300 South Grand Avenue Los Angeles, CA 90071	Name of Employer Skadden, Arps	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 330.00 (\$0.00 Biweekly)
	Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date $\$$ 330.00	
D. Full Name, Mailing Address and ZIP Code Peter Simshauser 300 So. Grand Avenue Los Angeles, CA 90071	Name of Employer Skadden, Arps	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 475.00 (\$0.00 Biweekly)
	Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date $\$$ 475.00	
E. Full Name, Mailing Address and ZIP Code David J. Goldschmidt 919 Third Avenue New York, NY 10022	Name of Employer Skadden, Arps	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 330.00 (\$0.00 Biweekly)
	Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date $\$$ 330.00	
F. Full Name, Mailing Address and ZIP Code Kenton J. King Four Embarcadero Center San Francisco, CA 94111	Name of Employer Skadden, Arps	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 360.00 (\$0.00 Weekly)
	Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date $\$$ 360.00	
G. Full Name, Mailing Address and ZIP Code Warren G. Lavey 333 West Wacker Drive Chicago, IL 60606	Name of Employer Skadden, Arps	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 475.00 (\$0.00 Biweekly)
	Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date $\$$ 475.00	

SUBTOTAL of Receipts This Page (optional) **2,630.00**

TOTAL This Period (last page line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **11** OF **35**

FOR LINE NUMBER **11 & 1**

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 Linda Hayman 919 Third Avenue New York, NY 10022	Name of Employer Skadden, Arps	Date (month, day, year) Payroll	Amount of Each Receipt This Period 430.00 (\$0.00 Biweekly)
	Occupation Attorney	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 430.00		
B. Full Name, Mailing Address and ZIP Code Paul W. Costerhuls 1440 New York Avenue, NW Washington, DC 20005	Name of Employer Skadden, Arps	Date (month, day, year) Payroll	Amount of Each Receipt This Period 700.00 (\$0.00 Biweekly)
	Occupation Attorney	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 700.00		
C. Full Name, Mailing Address and ZIP Code Jay L. Birnbaum 1440 New York Avenue, NW Washington, DC 20006	Name of Employer Skadden, Arps	Date (month, day, year) Payroll	Amount of Each Receipt This Period 395.00 (\$0.00 Biweekly)
	Occupation Attorney	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 395.00		
D. Full Name, Mailing Address and ZIP Code Harold F. Moore 919 Third Avenue New York, NY 10022	Name of Employer Skadden, Arps	Date (month, day, year) Payroll	Amount of Each Receipt This Period 600.00 (\$0.00 Biweekly)
	Occupation Attorney	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 600.00		
E. Full Name, Mailing Address and ZIP Code Karen L. Gorman 300 South Grand Avenue Los Angeles, CA 90071	Name of Employer Skadden, Arps	Date (month, day, year) Payroll	Amount of Each Receipt This Period 360.00 (\$0.00 Weekly)
	Occupation Attorney	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 360.00		
F. Full Name, Mailing Address and ZIP Code John Mangan 1440 New York Avenue, NW Washington, DC 20005	Name of Employer Skadden, Arps	Date (month, day, year) Payroll	Amount of Each Receipt This Period 600.00 (\$0.00 Biweekly)
	Occupation Attorney	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 600.00		
G. Full Name, Mailing Address and ZIP Code Peter J. McKenna 919 Third Avenue New York, NY 10022	Name of Employer Skadden, Arps	Date (month, day, year) Payroll	Amount of Each Receipt This Period 800.00 (\$0.00 Weekly)
	Occupation Attorney	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 800.00		

SUBTOTAL of Receipts This Page (optional) **3,085.00**

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 **12** OF **35**
FOR LINE NUMBER **11 & 1**

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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
Jon L. Christianson East Wing Office, Level 4 China World Trade Center 1 Jlan Guo Men Wal, CH	Payroll Deduction		330.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$ 330.00	(\$0.00 Weekly)
B. Full Name, Mailing Address and ZIP Code Robert E. Lighthizer 1440 New York Avenue, NW Washington, DC 20005	Skadden, Arps		800.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date \$ 800.00	(\$0.00 Weekly)
C. Full Name, Mailing Address and ZIP Code Mitchell Etlinger 1440 New York Avenue, NW Washington, DC 20005	Skadden, Arps		430.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date \$ 430.00	(\$0.00 Biweekly)
D. Full Name, Mailing Address and ZIP Code James A. Keyte 919 Third Avenue New York, NY 10022	Skadden, Arps		396.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date \$ 396.00	(\$0.00 Biweekly)
E. Full Name, Mailing Address and ZIP Code Andrew S. Kenoe 333 West Wacker Drive Chicago, IL 60606	Skadden, Arps		475.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date \$ 475.00	(\$0.00 Biweekly)
F. Full Name, Mailing Address and ZIP Code Stacie E. McGinn 1440 New York Avenue, N.W. Washington, DC 20005	Skadden, Arps		250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date \$ 250.00	(\$0.00 Weekly)
G. Full Name, Mailing Address and ZIP Code Edward J. Meehan 1440 New York Avenue, N.W. Washington, DC 20005	Skadden, Arps		300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date \$ 300.00	(\$0.00 Weekly)

SUBTOTAL of Receipts This Page (optional) **2,980.00**

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 **13** OF **35**
FOR LINE NUMBER **11 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

<p>A. Full Name, Mailing Address and ZIP Code John Wm. Butler 333 West Wacker Drive Chicago, IL 60606</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date \gg 6 800.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt This Period</p> <p>800.00</p> <p>(\$0.00 Biweekly)</p>
<p>B. Full Name, Mailing Address and ZIP Code Alan Kregel 1440 New York Avenue, NW Washington, DC 20005</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date \gg 5 475.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt This Period</p> <p>475.00</p> <p>(\$0.00 Biweekly)</p>
<p>C. Full Name, Mailing Address and ZIP Code Benjamin F. Needell 919 Third Avenue New York, NY 10022</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date \gg 5 1,000.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt This Period</p> <p>1,000.00</p> <p>(\$0.00 Biweekly)</p>
<p>D. Full Name, Mailing Address and ZIP Code Barret Phillips 919 Third Ave. New York, NY 10022</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date \gg 3 600.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt This Period</p> <p>600.00</p> <p>(\$0.00 Weekly)</p>
<p>E. Full Name, Mailing Address and ZIP Code Andrew L. Sandler 1440 New York Avenue, NW Washington, DC 20005</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date \gg 5 395.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt This Period</p> <p>395.00</p> <p>(\$0.00 Biweekly)</p>
<p>F. Full Name, Mailing Address and ZIP Code Peter Atkins 919 Third Avenue New York, NY 10022</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date \gg 5 1,200.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt This Period</p> <p>1,200.00</p> <p>(\$0.00 Biweekly)</p>
<p>G. Full Name, Mailing Address and ZIP Code Sally McDonald Henry 919 Third Avenue New York, NY 10022</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date \gg 5 395.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt This Period</p> <p>395.00</p> <p>(\$0.00 Biweekly)</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>4,865.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **14** OF **36**

FOR LINE NUMBER **1121**

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 Richard J. Grossman 919 Third Avenue New York, NY 10022 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Skadden, Arps	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 300.00 (\$0.00 Weekly)
	Occupation Attorney	Aggregate Year-to-Date \$ 300.00	
B. Full Name, Mailing Address and ZIP Code Stacy J. Kanter 919 Third Avenue New York, NY 10022 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Skadden, Arps	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 475.00 (\$0.00 Biweekly)
	Occupation Attorney	Aggregate Year-to-Date \$ 475.00	
C. Full Name, Mailing Address and ZIP Code Neal R. Stoll 919 Third Avenue New York, NY 10022 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Skadden, Arps	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 535.00 (\$0.00 Biweekly)
	Occupation Attorney	Aggregate Year-to-Date \$ 535.00	
D. Full Name, Mailing Address and ZIP Code Patricia M. Chuff One Rodney Square Wilmington, DE 19899 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Skadden, Arps	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 430.00 (\$0.00 Weekly)
	Occupation Attorney	Aggregate Year-to-Date \$ 430.00	
E. Full Name, Mailing Address and ZIP Code Stephen Arcano 919 Third Avenue New York, NY 10022 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Skadden, Arps	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 360.00 (\$0.00 Biweekly)
	Occupation Attorney	Aggregate Year-to-Date \$ 360.00	
F. Full Name, Mailing Address and ZIP Code Hunter S. Baker One Canada Square Canary Wharf London, UK Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Skadden, Arps	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 300.00 (\$0.00 Weekly)
	Occupation Attorney	Aggregate Year-to-Date \$ 300.00	
G. Full Name, Mailing Address and ZIP Code Howard L. Eilin 919 Third Avenue New York, NY 10022 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Skadden, Arps	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 330.00 (\$0.00 Biweekly)
	Occupation Attorney	Aggregate Year-to-Date \$ 330.00	

SUBTOTAL of Receipts This Page (optional) 2,730.00

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 **15** OF **35**

FOR LINE NUMBER **1121**

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
Scott V. Simpson One Canada Square London E14 5DS, EN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Skadden, Arps Occupation Attorney Aggregate Year-to-Date > \$ 600.00	Payroll Deduction (\$0.00 Biweekly)	600.00
B. Full Name, Mailing Address and ZIP Code F. Eugene Hilgel 919 Third Avenue New York, NY 10022 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Skadden, Arps Occupation Attorney Aggregate Year-to-Date > \$ 475.00	Payroll Deduction (\$0.00 Biweekly)	475.00
C. Full Name, Mailing Address and ZIP Code David T. Brewster One Beacon Street Boston, MA 02108 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Skadden, Arps Occupation Attorney Aggregate Year-to-Date > \$ 535.00	Payroll Deduction (\$0.00 Biweekly)	535.00
D. Full Name, Mailing Address and ZIP Code Beth M. Schwartz 919 Third Avenue New York, NY 10022 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Skadden, Arps Occupation Attorney Aggregate Year-to-Date > \$ 475.00	Payroll Deduction (\$0.00 Biweekly)	475.00
E. Full Name, Mailing Address and ZIP Code Vincent J. Pisano 919 Third Avenue New York, NY 10022 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Skadden, Arps Occupation Attorney Aggregate Year-to-Date > \$ 535.00	Payroll Deduction (\$0.00 Biweekly)	535.00
F. Full Name, Mailing Address and ZIP Code Neil L. Rock 919 Third Avenue New York, NY 10022 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Skadden, Arps Occupation Attorney Aggregate Year-to-Date > \$ 380.00	Payroll Deduction (\$0.00 Biweekly)	380.00
G. Full Name, Mailing Address and ZIP Code Stuart M. Finkelstein 919 Third Avenue New York, NY 10022 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Skadden, Arps Occupation Attorney Aggregate Year-to-Date > \$ 475.00	Payroll Deduction (\$0.00 Weekly)	475.00

SUBTOTAL of Receipts This Page (optional)

3,455.00

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 **16** OF **35**
FOR LINE NUMBER **11 a 1**

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

<p>A. Full Name, Mailing Address and ZIP Code Alesia Ranney-Marinelli 819 Third Avenue New York, NY 10022</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 430.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>430.00 (\$0.00 Biweekly)</p>
<p>B. Full Name, Mailing Address and ZIP Code Ronald C. Barusch 819 Third Avenue New York, NY 10022</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 475.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>475.00 (\$0.00 Weekly)</p>
<p>C. Full Name, Mailing Address and ZIP Code Eric L. Cochran 819 Third Avenue New York, NY 10022</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 430.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>430.00 (\$0.00 Biweekly)</p>
<p>D. Full Name, Mailing Address and ZIP Code Hillary S. Foulkes 80308 Frankfurt am MAIN Frankfurt, GE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 395.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>395.00 (\$0.00 Biweekly)</p>
<p>E. Full Name, Mailing Address and ZIP Code Douglas Robinson 1440 New York Avenue, NW Washington, DC 20005</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 380.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>380.00 (\$0.00 Biweekly)</p>
<p>F. Full Name, Mailing Address and ZIP Code Peter C. Krupp 333 West Wacker Drive Chicago, IL 60606</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 430.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>430.00 (\$0.00 Biweekly)</p>
<p>G. Full Name, Mailing Address and ZIP Code Stuart Alperin 819 Third Avenue New York, NY 10022</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 535.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>535.00 (\$0.00 Biweekly)</p>

SUBTOTAL of Receipts This Page (optional)

3,075.00

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

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FOR LINE NUMBER 11 81

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

<p>A. Full Name, Mailing Address and ZIP Code Ronald S. Lauria 333 West Wacker Drive Chicago, IL 60606</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 430.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>430.00</p> <p>(\$0.00 Weekly)</p>
<p>B. Full Name, Mailing Address and ZIP Code Joseph M. Doloboff 300 South Grand Ave. Los Angeles, CA 90071</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 360.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>360.00</p> <p>(\$0.00 Weekly)</p>
<p>C. Full Name, Mailing Address and ZIP Code Moshe J. Kushman 300 South Grand Avenue Los Angeles, CA 90071</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>300.00</p> <p>(\$0.00 Weekly)</p>
<p>D. Full Name, Mailing Address and ZIP Code Curtis K. Barnette 319 Third Avenue New York, NY 10022</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 395.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>395.00</p> <p>(\$0.00 Biweekly)</p>
<p>E. Full Name, Mailing Address and ZIP Code Maxwell M. Miller 333 West Wacker Drive Chicago, IL 60606</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 330.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>330.00</p> <p>(\$0.00 Weekly)</p>
<p>F. Full Name, Mailing Address and ZIP Code Charles F. Smith 333 West Wacker Drive Chicago, IL 60606</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 360.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>360.00</p> <p>(\$0.00 Biweekly)</p>
<p>G. Full Name, Mailing Address and ZIP Code Jeffrey H. Cohen 300 So. Grand Avenue Los Angeles, CA 90071</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 360.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>360.00</p> <p>(\$0.00 Biweekly)</p>

SUBTOTAL of Receipts This Page (optional)

2,535.00

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

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FOR LINE NUMBER 11 & 1

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 Jonathan L. Friedman 300 South Grand Avenue Los Angeles, CA 90071 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Skadden, Arps	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 300.00 (\$0.00 Weekly)
	Occupation Attorney Aggregate Year-to-Date > \$ 300.00		
B. Full Name, Mailing Address and ZIP Code Robert A. Copan 919 Third Avenue New York, NY 10022 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Skadden, Arps	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 300.00 (\$0.00 Weekly)
	Occupation Attorney Aggregate Year-to-Date > \$ 300.00		
C. Full Name, Mailing Address and ZIP Code David C. Reamer 300 South Grand Avenue Los Angeles, CA 90071 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Skadden, Arps	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 250.00 (\$0.00 Weekly)
	Occupation Attorney Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code Kenneth Wright Jr. 919 Third Avenue New York, NY 10022 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Skadden, Arps	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 250.00 (\$0.00 Weekly)
	Occupation Attorney Aggregate Year-to-Date > \$ 250.00		
E. Full Name, Mailing Address and ZIP Code Matthew R. Klipp 333 West Wacker Drive Chicago, IL 60606 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Skadden, Arps	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 250.00 (\$0.00 Weekly)
	Occupation Attorney Aggregate Year-to-Date > \$ 250.00		
F. Full Name, Mailing Address and ZIP Code Frank E. Bayouth 1600 Smith Street Suite 4480 Houston, TX 77002 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Skadden, Arps	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 250.00 (\$0.00 Weekly)
	Occupation Attorney Aggregate Year-to-Date > \$ 250.00		
G. Full Name, Mailing Address and ZIP Code Lance T. Brasher 1440 New York Avenue, N.W. Washington, DC 20005 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Skadden, Arps	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 250.00 (\$0.00 Weekly)
	Occupation Attorney Aggregate Year-to-Date > \$ 250.00		

SUBTOTAL of Receipts This Page (optional) 1,850.00

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

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FOR LINE NUMBER **1181**

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

<p>A. Full Name, Mailing Address and ZIP Code Rand S. April 300 So. Grand Avenue Los Angeles, CA 90071</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 600.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt This Period</p> <p>600.00 (\$0.00 Biweekly)</p>
<p>B. Full Name, Mailing Address and ZIP Code Clifford H. Aronson 919 Third Avenue New York, NY 10022</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 535.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt This Period</p> <p>535.00 (\$0.00 Biweekly)</p>
<p>C. Full Name, Mailing Address and ZIP Code Audrey L. Sokoloff 919 Third Avenue New York, NY 10022</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt This Period</p> <p>250.00 (\$0.00 Weekly)</p>
<p>D. Full Name, Mailing Address and ZIP Code Stephen M. Banker 919 Third Avenue New York, NY 10022</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 535.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt This Period</p> <p>535.00 (\$0.00 Weekly)</p>
<p>E. Full Name, Mailing Address and ZIP Code Pankaj Sinha 1440 New York Ave., N.W. Washington, DC 20005</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt This Period</p> <p>300.00 (\$0.00 Weekly)</p>
<p>F. Full Name, Mailing Address and ZIP Code Gregg M. Galardi One Rodney Square P.O. Box 636 Wilmington, DE 19899</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt This Period</p> <p>300.00 (\$0.00 Weekly)</p>
<p>G. Full Name, Mailing Address and ZIP Code Janet L. Goetz 1440 New York Avenue, NW Washington, DC 20005</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 430.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt This Period</p> <p>430.00 (\$0.00 Biweekly)</p>

SUBTOTAL of Receipts This Page (optional) **2,950.00**

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

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FOR LINE NUMBER 11 & 1

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

<p>A. Full Name, Mailing Address and ZIP Code Margaret A. Brown One Beacon Street Boston, MA 02108</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date \$ 475.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p> <p>Aggregate Year-to-Date \$ 475.00</p>	<p>Amount of Each Receipt this Period</p> <p>475.00 (\$0.00 Biweekly)</p>
<p>B. Full Name, Mailing Address and ZIP Code Anthony W. Clark One Rodney Square Wilmington, DE 19899</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date \$ 475.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p> <p>Aggregate Year-to-Date \$ 475.00</p>	<p>Amount of Each Receipt this Period</p> <p>475.00 (\$0.00 Biweekly)</p>
<p>C. Full Name, Mailing Address and ZIP Code Joseph A. Coco 919 Third Avenue New York, NY 10022</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date \$ 600.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p> <p>Aggregate Year-to-Date \$ 600.00</p>	<p>Amount of Each Receipt this Period</p> <p>600.00 (\$0.00 Weekly)</p>
<p>D. Full Name, Mailing Address and ZIP Code John D. Rayis 800 So. Grand Avenue Los Angeles, CA 90071</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date \$ 600.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p> <p>Aggregate Year-to-Date \$ 600.00</p>	<p>Amount of Each Receipt this Period</p> <p>600.00 (\$0.00 Biweekly)</p>
<p>E. Full Name, Mailing Address and ZIP Code William J. Sweet 1440 New York Avenue, NW Washington, DC 20005</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date \$ 600.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p> <p>Aggregate Year-to-Date \$ 600.00</p>	<p>Amount of Each Receipt this Period</p> <p>600.00 (\$0.00 Biweekly)</p>
<p>F. Full Name, Mailing Address and ZIP Code Randall H. Doud 919 Third Avenue New York, NY 10022</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date \$ 600.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p> <p>Aggregate Year-to-Date \$ 600.00</p>	<p>Amount of Each Receipt this Period</p> <p>600.00 (\$0.00 Biweekly)</p>
<p>G. Full Name, Mailing Address and ZIP Code Susan J. Sutherland 919 Third Avenue New York, NY 10022</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date \$ 360.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p> <p>Aggregate Year-to-Date \$ 360.00</p>	<p>Amount of Each Receipt this Period</p> <p>360.00 (\$0.00 Biweekly)</p>

SUBTOTAL of Receipts This Page (optional) 3,710.00

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 **21** OF **35**
FOR LINE NUMBER **1181**

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

A. Full Name, Mailing Address and ZIP Code Wallace L. Schwartz 919 Third Avenue New York, NY 10022 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Skadden, Arps	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 600.00 (\$0.00 Weekly)
	Occupation Attorney	Aggregate Year-to-Date > \$ 600.00	
B. Full Name, Mailing Address and ZIP Code Glenn J. Berger 1404 New York Avenue, NW Washington, DC 20005 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Skadden, Arps	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 475.00 (\$0.00 Weekly)
	Occupation Attorney	Aggregate Year-to-Date > \$ 475.00	
C. Full Name, Mailing Address and ZIP Code Edward J. Yodowitz 919 Third Avenue New York, NY 10022 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Skadden, Arps	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 600.00 (\$0.00 Biweekly)
	Occupation Attorney	Aggregate Year-to-Date > \$ 600.00	
D. Full Name, Mailing Address and ZIP Code Edward P. Welch One Rodney Square Wilmington, DE 19899 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Skadden, Arps	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 475.00 (\$0.00 Biweekly)
	Occupation Attorney	Aggregate Year-to-Date > \$ 475.00	
E. Full Name, Mailing Address and ZIP Code Michale L. Weiner 919 Third Avenue New York, NY 10022 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Skadden, Arps	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 475.00 (\$0.00 Biweekly)
	Occupation Attorney	Aggregate Year-to-Date > \$ 475.00	
F. Full Name, Mailing Address and ZIP Code Enid L. Veron 1440 New York Avenue, NW Washington, DC 20005 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Skadden, Arps	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 475.00 (\$0.00 Biweekly)
	Occupation Attorney	Aggregate Year-to-Date > \$ 475.00	
G. Full Name, Mailing Address and ZIP Code Thomas R. Bateman One Beacon Street Boston, MA 02108 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Skadden, Arps	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 475.00 (\$0.00 Biweekly)
	Occupation Attorney	Aggregate Year-to-Date > \$ 475.00	

SUBTOTAL of Receipts This Page (optional)

3,575.00

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 **22** OF **35**
FOR LINE NUMBER **11 81**

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 Michael A. Woronoff 300 So. Grand Avenue Los Angeles, CA 90071	Name of Employer Skadden, Arps	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation Attorney	Payroll Deduction 	(\$0.00 600.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 600.00		
B. Full Name, Mailing Address and ZIP Code Gregory C. Smith 535 University Ave. Palo Alto, CA 94601	Name of Employer Skadden, Arps	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation Attorney	Payroll Deduction 	(\$0.00 300.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
C. Full Name, Mailing Address and ZIP Code Joseph W. Halliday 919 Third Avenue New York, NY 10022	Name of Employer Skadden, Arps	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation Attorney	Payroll Deduction 	(\$0.00 600.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 600.00		
D. Full Name, Mailing Address and ZIP Code Sheila L. Birnbaum 919 Third Avenue New York, NY 10022	Name of Employer Skadden, Arps	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation Attorney	Payroll Deduction 	(\$0.00 1,200.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,200.00		
E. Full Name, Mailing Address and ZIP Code Dean S. Shulman 919 Third Avenue New York, NY 10022	Name of Employer Skadden, Arps	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation Attorney	Payroll Deduction 	(\$0.00 250.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
F. Full Name, Mailing Address and ZIP Code Marco E. Schnabl 919 Third Avenue New York, NY 10022	Name of Employer Skadden, Arps	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation Attorney	Payroll Deduction 	(\$0.00 475.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 475.00		
G. Full Name, Mailing Address and ZIP Code Phyllis G. Korff 919 Third Avenue New York, NY 10022	Name of Employer Skadden, Arps	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation Attorney	Payroll Deduction 	(\$0.00 600.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 600.00		

SUBTOTAL of Receipts This Page (optional)

4,225.00

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 **23** OF **35**

FOR LINE NUMBER **11 a 1**

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 Jaffroy Gleket 919 Third Avenue New York, NY 10022	Name of Employer Skadden, Arps	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation Attorney	Payroll Deduction 	(\$0.00) 475.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 475.00		
B. Full Name, Mailing Address and ZIP Code Stephen W. Hamilton 1440 New York Avenue, NW Washington, DC 20005	Name of Employer Skadden, Arps	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation Attorney	Payroll Deduction 	(\$0.00) 475.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 475.00		
C. Full Name, Mailing Address and ZIP Code Richard L. Brusca 1440 New York Avenue, NW Washington, DC 20005	Name of Employer Skadden, Arps	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation Attorney	Payroll Deduction 	(\$0.00) 475.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 475.00		
D. Full Name, Mailing Address and ZIP Code Marc P. Hanrahan 919 Third Avenue New York, NY 10022	Name of Employer Skadden, Arps	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation Attorney	Payroll Deduction 	(\$0.00) 430.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 430.00		
E. Full Name, Mailing Address and ZIP Code Keith D. Krakaur 919 Third Avenue New York, NY 10022	Name of Employer Skadden, Arps	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation Attorney	Payroll Deduction 	(\$0.00) 330.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 330.00		
F. Full Name, Mailing Address and ZIP Code rene A. Sullivan 919 Third Avenue New York, NY 10022	Name of Employer Skadden, Arps	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation Attorney	Payroll Deduction 	(\$0.00) 700.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 700.00		
G. Full Name, Mailing Address and ZIP Code Christina M. Tchen 333 West Wacker Drive Chicago, IL 60608	Name of Employer Skadden, Arps	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation Attorney	Payroll Deduction 	(\$0.00) 475.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 475.00		

SUBTOTAL of Receipts This Page (optional) **3,360.00**

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 **24** OF **35**

FOR LINE NUMBER **11 a 1**

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

<p>A. Full Name, Mailing Address and ZIP Code Jeffrey Boyd Valle 300 So. Grand Avenue Los Angeles, CA 90071</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 475.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt This Period</p> <p>475.00</p> <p>(\$0.00 Biweekly)</p>
<p>B. Full Name, Mailing Address and ZIP Code Lyndon C. Taylor 1600 Smith Street, Ste. 4450 Houston, TX 77002</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 475.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt This Period</p> <p>475.00</p> <p>(\$0.00 Biweekly)</p>
<p>C. Full Name, Mailing Address and ZIP Code Jerome L. Coben 300 South Grand Avenue Los Angeles, CA 90071</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 700.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt This Period</p> <p>700.00</p> <p>(\$0.00 Weekly)</p>
<p>D. Full Name, Mailing Address and ZIP Code Peter J. Neckles 919 Third Avenue New York, NY 10022</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 430.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt This Period</p> <p>430.00</p> <p>(\$0.00 Biweekly)</p>
<p>E. Full Name, Mailing Address and ZIP Code Michael E. Hatchard One Canada Square London E14 5DS, EN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 535.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt This Period</p> <p>535.00</p> <p>(\$0.00 Biweekly)</p>
<p>F. Full Name, Mailing Address and ZIP Code Jeffrey H. Dasteel 300 So. Grand Avenue Los Angeles, CA 90071</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 475.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt This Period</p> <p>475.00</p> <p>(\$0.00 Biweekly)</p>
<p>G. Full Name, Mailing Address and ZIP Code Edward M. Crane 333 West Wacker Drive Chicago, IL 60606</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 535.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt This Period</p> <p>535.00</p> <p>(\$0.00 Biweekly)</p>

SUBTOTAL of Receipts This Page (optional) **3,625.00**

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

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FOR LINE NUMBER 11 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

<p>A. Full Name, Mailing Address and ZIP Code Michael L. Cook 919 Third Avenue New York, NY 10022</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 475.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>475.00</p> <p>(\$0.00 Biweekly)</p>
<p>B. Full Name, Mailing Address and ZIP Code Fred T. Goldberg Jr. 1440 New York Avenue, NW Washington, DC 20005</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 800.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>800.00</p> <p>(\$0.00 Biweekly)</p>
<p>C. Full Name, Mailing Address and ZIP Code Gregg A. Noel 300 South Grand Avenue Los Angeles, CA 90071</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 535.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>535.00</p> <p>(\$0.00 Weekly)</p>
<p>D. Full Name, Mailing Address and ZIP Code isaac Shapiro 919 Third Avenue New York, NY 10022</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 626.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>626.00</p> <p>(\$0.00 Biweekly)</p>
<p>E. Full Name, Mailing Address and ZIP Code Robert J. Dal Tufo 919 Third Avenue New York, NY 10022</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 535.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>535.00</p> <p>(\$0.00 Weekly)</p>
<p>F. Full Name, Mailing Address and ZIP Code Pamela F. Olson 1440 New York Avenue, NW Washington, DC 20005</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 475.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>475.00</p> <p>(\$0.00 Weekly)</p>
<p>G. Full Name, Mailing Address and ZIP Code Eileen T. Nugent 919 Third Avenue New York, NY 10022</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 700.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>700.00</p> <p>(\$0.00 Weekly)</p>

SUBTOTAL of Receipts This Page (optional)

4,145.00

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 **26** OF **35**

FOR LINE NUMBER **11 & 1**

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

<p>A. Full Name, Mailing Address and ZIP Code William Kirk Wallace 919 Third Ave. New York, NY 10022</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 330.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>330.00</p> <p>(\$0.00 Weekly)</p>
<p>B. Full Name, Mailing Address and ZIP Code David W. Hansen 525 University Avenue Suite 220 Palo Alto, CA 94301</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>300.00</p> <p>(\$0.00 Weekly)</p>
<p>C. Full Name, Mailing Address and ZIP Code Lynn M. McGovern 333 West Wacker Drive Chicago, IL 60606</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>250.00</p> <p>(\$0.00 Weekly)</p>
<p>D. Full Name, Mailing Address and ZIP Code Lynn R. Coleman 1440 New York Avenue, NW Washington, DC 20005</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 700.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>700.00</p> <p>(\$0.00 Biweekly)</p>
<p>E. Full Name, Mailing Address and ZIP Code William S. Rubenstein 919 Third Avenue New York, NY 10022</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 600.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>600.00</p> <p>(\$0.00 Biweekly)</p>
<p>F. Full Name, Mailing Address and ZIP Code Charles M. Morgan 919 Third Avenue New York, NY 10022</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 600.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>600.00</p> <p>(\$0.00 Biweekly)</p>
<p>G. Full Name, Mailing Address and ZIP Code Richard R. Kalikow 919 Third Avenue New York, NY 10022</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 475.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>475.00</p> <p>(\$0.00 Biweekly)</p>

SUBTOTAL of Receipts This Page (optional)

3,255.00

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 **27** OF **36**

FOR LINE NUMBER **11 21**

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

<p>A. Full Name, Mailing Address and ZIP Code Katherine M. Bristol 919 Third Avenue New York, NY 10022</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 835.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>535.00</p> <p>(\$0.00 Biweekly)</p>
<p>B. Full Name, Mailing Address and ZIP Code David E. Springer 333 West Wacker Drive Chicago, IL 60606</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 280.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>280.00</p> <p>(\$0.00 Biweekly)</p>
<p>C. Full Name, Mailing Address and ZIP Code Christopher L. Baker 919 Third Avenue New York, NY 10022</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 475.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>475.00</p> <p>(\$0.00 Biweekly)</p>
<p>D. Full Name, Mailing Address and ZIP Code Randall J. Rademaker 333 West Wacker Drive Chicago, IL 60606</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 535.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>535.00</p> <p>(\$0.00 Weekly)</p>
<p>E. Full Name, Mailing Address and ZIP Code Kenneth A. Gross 1440 New York Avenue, NW Washington, DC 20005</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 430.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>430.00</p> <p>(\$0.00 Biweekly)</p>
<p>F. Full Name, Mailing Address and ZIP Code Ann H. Pollock 333 West Wacker Drive Chicago, IL 60606</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 535.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>535.00</p> <p>(\$0.00 Biweekly)</p>
<p>G. Full Name, Mailing Address and ZIP Code Mitchell J. Solomon 919 Third Avenue New York, NY 10022</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 535.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>535.00</p> <p>(\$0.00 Weekly)</p>

SUBTOTAL of Receipts This Page (optional) **3,325.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **28** OF **35**

FOR LINE NUMBER **11 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
Andra Le Duc 333 West Wacker Drive Chicago, IL 60606 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Skadden, Arps Occupation: Attorney	Payroll Deduction Aggregate Year-to-Date > 6 535.00	(\$0.00 535.00 Biweekly)
Ronald J. Weiss 919 Third Ave. New York, NY 10022 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Skadden, Arps Occupation: Attorney	Payroll Deduction Aggregate Year-to-Date > 5 300.00	(\$0.00 300.00 Weekly)
Daniel A. Devito 919 Third Avenue New York, NY 10022 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Skadden, Arps Occupation: Attorney	Payroll Deduction Aggregate Year-to-Date > 6 360.00	(\$0.00 360.00 Weekly)
Antoinette Cook Bush 1440 New York Avenue, NW Washington, DC 20005 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Skadden, Arps Occupation: Attorney	Payroll Deduction Aggregate Year-to-Date > 5 1,000.00	(\$0.00 1,000.00 Biweekly)
Rainer K. Wachter 919 Third Avenue New York, NY 10022 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Skadden, Arps Occupation: Attorney	Payroll Deduction Aggregate Year-to-Date > 5 330.00	(\$0.00 330.00 Weekly)
Timothy A. Nelsen 333 West Wacker Drive Chicago, IL 60606 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Skadden, Arps Occupation: Attorney	Payroll Deduction Aggregate Year-to-Date > 5 475.00	(\$0.00 475.00 Biweekly)
John W. Osborn 919 Third Avenue New York, NY 10022 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Skadden, Arps Occupation: Attorney	Payroll Deduction Aggregate Year-to-Date > 5 535.00	(\$0.00 535.00 Weekly)

SUBTOTAL of Receipts This Page (optional) **3,535.00**

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 **29** OF **35**
FOR LINE NUMBER **11 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 Vaughn C. Williams 919 Third Avenue New York, NY 10022	Name of Employer Skadden, Arps	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation Attorney	Payroll Deduction	430.00 (\$0.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date $\$$ 430.00		Biweekly)
B. Full Name, Mailing Address and ZIP Code Erica A. Ward 1440 New York Avenue, NW Washington, DC 20005	Name of Employer Skadden, Arps	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation Attorney	Payroll Deduction	350.00 (\$0.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date $\$$ 350.00		Biweekly)
C. Full Name, Mailing Address and ZIP Code Marian P. Wexler 333 West Wacker Drive Chicago, IL 60606	Name of Employer Skadden, Arps	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation Attorney	Payroll Deduction	475.00 (\$0.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date $\$$ 475.00		Biweekly)
D. Full Name, Mailing Address and ZIP Code Raoul D. Kennedy Four Embarcadero Center San Francisco, CA 94111	Name of Employer Skadden, Arps	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation Attorney	Payroll Deduction	475.00 (\$0.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date $\$$ 475.00		Weekly)
E. Full Name, Mailing Address and ZIP Code Darrel J. Hieber 800 So. Grand Avenue Los Angeles, CA 90071	Name of Employer Skadden, Arps	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation Attorney	Payroll Deduction	475.00 (\$0.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date $\$$ 475.00		Biweekly)
F. Full Name, Mailing Address and ZIP Code Henry L. Huser Avenue Louise 523 Box 30 1050 Brussels, BE	Name of Employer Skadden, Arps	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation Attorney	Payroll Deduction	300.00 (\$0.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date $\$$ 300.00		Weekly)
G. Full Name, Mailing Address and ZIP Code David S. Kuriz 333 West Wacker Drive Chicago, IL 60606	Name of Employer Skadden, Arps	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation Attorney	Payroll Deduction	475.00 (\$0.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date $\$$ 475.00		Weekly)

SUBTOTAL of Receipts This Page (optional)

2,980.00

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 **30** OF **35**

FOR LINE NUMBER **11 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

<p>A. Full Name, Mailing Address and ZIP Code James V. Alpi 1440 New York Avenue NW Washington, DC 20005</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 395.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>395.00 (\$0.00 Biweekly)</p>
<p>B. Full Name, Mailing Address and ZIP Code Edmund C. Duffy 919 Third Avenue New York, NY 10022</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 535.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>535.00 (\$0.00 Biweekly)</p>
<p>C. Full Name, Mailing Address and ZIP Code Susan M. Curtis 919 Third Avenue New York, NY 10022</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 600.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>600.00 (\$0.00 Biweekly)</p>
<p>D. Full Name, Mailing Address and ZIP Code Seth E. Jacobson 333 West Wacker Drive Chicago, IL 60606</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 330.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>330.00 (\$0.00 Weekly)</p>
<p>E. Full Name, Mailing Address and ZIP Code Mark C. Smith 919 Third Avenue New York, NY 10022</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 535.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>535.00 (\$0.00 Biweekly)</p>
<p>F. Full Name, Mailing Address and ZIP Code Thomas J. Allingham One Rodney Square Wilmington, DE 19898</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 535.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>535.00 (\$0.00 Biweekly)</p>
<p>G. Full Name, Mailing Address and ZIP Code Michael V. Glisser 30/F Peregrine Tower 89 Queensway Central, HK</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 535.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>535.00 (\$0.00 Biweekly)</p>

SUBTOTAL of Receipts This Page (optional) 3,465.00

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

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 Shepard Goldfein 919 Third Avenue New York, NY 10022	Name of Employer Skadden, Arps	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Attorney	Payroll Deduction	800.00 (\$0.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 600.00		
B. Full Name, Mailing Address and ZIP Code Phillip H. Harris 919 Third Avenue New York, NY 10022	Name of Employer Skadden, Arps	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Attorney	Payroll Deduction	475.00 (\$0.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 475.00		
C. Full Name, Mailing Address and ZIP Code Fred B. White 919 Third Avenue New York, NY 10022	Name of Employer Skadden, Arps	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Attorney	Payroll Deduction	800.00 (\$0.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 800.00		
D. Full Name, Mailing Address and ZIP Code William C. Palster 919 Third Avenue New York, NY 10022	Name of Employer Skadden, Arps	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Attorney	Payroll Deduction	475.00 (\$0.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 475.00		
E. Full Name, Mailing Address and ZIP Code George A. Zimmaman 919 Third Avenue New York, NY 10022	Name of Employer Skadden, Arps	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Attorney	Payroll Deduction	535.00 (\$0.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 535.00		
F. Full Name, Mailing Address and ZIP Code Robert E. Zimet 919 Third Avenue New York, NY 10022	Name of Employer Skadden, Arps	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Attorney	Payroll Deduction	700.00 (\$0.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 700.00		
G. Full Name, Mailing Address and ZIP Code John S. Moot 1440 New York Avenue Washington, DC 20005	Name of Employer Skadden, Arps	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Attorney	Payroll Deduction	250.00 (\$0.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		

SUBTOTAL of Receipts This Page (optional) **3,835.00**

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

Any information copied from such Reports and Statements may not be 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 Nicholas P. Saggese 300 South Grand Avenue Los Angeles, CA 90071	Name of Employer Skadden, Arps Occupation Attorney	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 700.00 (\$0.00) Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 700.00		
B. Full Name, Mailing Address and ZIP Code Wayne W. Whalen 333 West Wacker Drive Chicago, IL 60605	Name of Employer Skadden, Arps Occupation Attorney	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 800.00 (\$0.00) Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 800.00		
C. Full Name, Mailing Address and ZIP Code James E. Ivester 333 West Wacker Drive Chicago, IL 60605	Name of Employer Skadden, Arps Occupation Attorney	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 360.00 (\$0.00) Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 360.00		
D. Full Name, Mailing Address and ZIP Code Harriet S. Posner 300 So. Grand Avenue Los Angeles, CA 90071	Name of Employer Skadden, Arps Occupation Attorney	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 475.00 (\$0.00) Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 475.00		
E. Full Name, Mailing Address and ZIP Code John A. Donovan 300 South Grand Avenue Los Angeles, CA 90071	Name of Employer Skadden, Arps Occupation Attorney	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 900.00 (\$0.00) Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 900.00		
F. Full Name, Mailing Address and ZIP Code Albert H. Turkus 1440 New York Avenue, NW Washington, DC 20005	Name of Employer Skadden, Arps Occupation Attorney	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 535.00 (\$0.00) Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 535.00		
G. Full Name, Mailing Address and ZIP Code Jay Samuel Berke 919 Third Avenue New York, NY 10022	Name of Employer Skadden, Arps Occupation Attorney	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 250.00 (\$0.00) Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 250.00		

SUBTOTAL of Receipts This Page (optional) 3,920.00
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 **33** OF **35**

FOR LINE NUMBER **1181**

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
Richard S. Fortunado 919 Third Avenue New York, NY 10022	Skadden, Arps Attorney	Payroll Deduction	475.00 (\$0.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$ 475.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Regina O'Lehan 919 Third Avenue New York, NY 10022	Skadden, Arps Attorney	Payroll Deduction	300.00 (\$0.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$ 300.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth Berlin 1440 New York Avenue, NW Washington, DC 20005	Skadden, Arps Attorney	Payroll Deduction	475.00 (\$0.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$ 475.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Douglas E. Nordlinger 919 Third Avenue New York, NY 10022	Skadden, Arps Attorney	Payroll Deduction	535.00 (\$0.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$ 535.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeanine L. Matte 1440 New York Avenue, NW Washington, DC 20005	Skadden, Arps Attorney	Payroll Deduction	475.00 (\$0.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$ 475.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph H. Flom 919 Third Avenue New York, NY 10022	Skadden, Arps Attorney	Payroll Deduction	1,100.00 (\$0.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$ 1,100.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas A. Decapo One Beacon St. Boston, MA 02108	Skadden, Arps Attorney	Payroll Deduction	360.00 (\$0.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$ 360.00	

SUBTOTAL of Receipts This Page (optional) **3,720.00**

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 **34** OF **35**
FOR LINE NUMBER **11 a 1**

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

<p>A. Full Name, Mailing Address and ZIP Code Rodd M. Schreiber 333 West Wacker Drive Chicago, IL 60606</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 330.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt This Period</p> <p>330.00</p> <p>(\$0.00 Weekly)</p>
<p>B. Full Name, Mailing Address and ZIP Code Susan Getzendanner 333 West Hacker Drive Chicago, IL 60606</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 535.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt This Period</p> <p>535.00</p> <p>(\$0.00 Weekly)</p>
<p>C. Full Name, Mailing Address and ZIP Code Sally A. Thurston 919 Third Avenue New York, NY 10022</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 430.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt This Period</p> <p>430.00</p> <p>(\$0.00 Biweekly)</p>
<p>D. Full Name, Mailing Address and ZIP Code Clifford R. Grose 1440 New York Avenue, NW Washington, DC 20005</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 330.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt This Period</p> <p>330.00</p> <p>(\$0.00 Biweekly)</p>
<p>E. Full Name, Mailing Address and ZIP Code Rodman Ward One Rodney Square Wilmington, DE 19899</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 475.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt This Period</p> <p>475.00</p> <p>(\$0.00 Biweekly)</p>
<p>F. Full Name, Mailing Address and ZIP Code Gregory Guang Miao 80/F Peregrine Tower Lippo Centre 89 Queensway, HK</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 430.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt This Period</p> <p>430.00</p> <p>(\$0.00 Weekly)</p>
<p>G. Full Name, Mailing Address and ZIP Code Bruce M. Buck One Canada Square, Canary Wharf London, EG</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Skadden, Arps</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 600.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt This Period</p> <p>600.00</p> <p>(\$0.00 Biweekly)</p>

SUBTOTAL of Receipts This Page (optional) **3,130.00**

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 **35** OF **35**

FOR LINE NUMBER **11 a 1**

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 Kenneth J. Blalkin 919 Third Avenue New York, NY 10022	Name of Employer Skadden, Arps	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 1,200.00 (\$0.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date \$ 1,200.00	
B. Full Name, Mailing Address and ZIP Code N. Lynn Hiestand 333 West Wacker Drive Chicago, IL 60606	Name of Employer Skadden, Arps	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 420.00 (\$0.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date \$ 420.00	
C. Full Name, Mailing Address and ZIP Code John L. Gardiner 919 Third Avenue New York, NY 10022	Name of Employer Skadden, Arps	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 395.00 (\$0.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date \$ 395.00	
D. Full Name, Mailing Address and ZIP Code Charles M. Fox 919 Third Avenue New York, NY 10022	Name of Employer Skadden, Arps	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 475.00 (\$0.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date \$ 475.00	
E. Full Name, Mailing Address and ZIP Code Thomas A. Hale 333 West Wacker Drive Chicago, IL 60606	Name of Employer Skadden, Arps	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 475.00 (\$0.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date \$ 475.00	
F. Full Name, Mailing Address and ZIP Code Clifford M. Naeve 1440 New York Avenue, NW Washington, DC 20005	Name of Employer Skadden, Arps	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 600.00 (\$0.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date \$ 600.00	
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) **3,565.00**

TOTAL This Period (last page this line number only) **128,981.00**

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)
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
Deborah Charney 1440 New York Avenue, NW Washington, DC 20005	Skadden, Arps	12/31/99	900.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Political Reports Analyst	Aggregate Year-to-Date > \$ 0.00	(Memo Entry)
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Brian D. Flynn 1440 New York Avenue, NW Washington, DC 20005	Skadden, Arps	12/31/99	525.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Legislative Consultant	Aggregate Year-to-Date > \$ 0.00	(Memo Entry)
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
K.P. Hong 1440 New York Avenue, NW Washington, DC 20005	Skadden, Arps	12/31/99	640.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 0.00	(Memo Entry)
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 B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of this 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 Administrative Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/13/88	Amount of Each Disbursement This Period 200.00
B. Full Name, Mailing Address and ZIP Code Skadden, Arps 1440 New York Avenue, N.W. Washington, DC 20005	Purpose of Disbursement Administrative Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/19/88	Amount of Each Disbursement This Period 200.00
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)	400.00
TOTAL This Period (last page this line number only)	400.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
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 Disbursement This Period
Friends of Kent Conrad 420 C Street, NE Washington, DC 20002	Kent Conrad, U.S. SENATE ND Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/28/99	500.00
B. Full Name, Mailing Address and ZIP Code Fund for a Responsible Future P.O. Box 529 Washington, DC 20044	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	07/28/99	500.00
C. Full Name, Mailing Address and ZIP Code Democratic Leader's Victory Fund 2000 P.O. Box 15849 Washington, DC 20003	Purpose of Disbursement Richard A. Gephardt, U.S. HOUSE 3rd MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/28/99	1,000.00
D. Full Name, Mailing Address and ZIP Code Friends of Dick Durbin P.O. Box 1949 Springfield, IL 62705-1949	Purpose of Disbursement Richard J. Durbin, U.S. HOUSE 20th IL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/13/99	1,000.00
E. Full Name, Mailing Address and ZIP Code Santorum 2000 P.O. Box 10495 Pittsburgh, PA 15234	Purpose of Disbursement Rick Santorum, U.S. SENATE PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/29/99	1,500.00
F. Full Name, Mailing Address and ZIP Code Houghton for Congress PO Box 1107 Corning, NY 14830	Purpose of Disbursement Ama Houghton, U.S. HOUSE 31st NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/29/99	1,000.00
G. Full Name, Mailing Address and ZIP Code Friends of Kent Conrad 420 C Street, NE Washington, DC 20002	Purpose of Disbursement Kent Conrad, U.S. SENATE ND Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/19/99	1,000.00
H. Full Name, Mailing Address and ZIP Code Friends of Connie Morella 7101 Wisconsin Ave., Suite 102 Washington, DC 20814	Purpose of Disbursement Constance A. Morella, U.S. HOUSE 8th MD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/19/99	1,000.00
I. Full Name, Mailing Address and ZIP Code Defend America P.O. Box 2626 Tuscaloosa, AL 35403	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	10/19/99	1,000.00

SUBTOTAL of Disbursements This Page (optional)

8,500.00

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 2 OF 2
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 Disbursement This Period
Gene Green Congressional Campaign P.O. Box 16128 Houston, TX 77222	Gene Green, U.S. HOUSE 29th TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/28/99	500.00
B. Full Name, Mailing Address and ZIP Code Pallone for Congress P.O. Box 3176 Long Branch, NJ 07740	Frank Pallone, U.S. HOUSE 6th NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	12/08/98	1,000.00
C. Full Name, Mailing Address and ZIP Code National Leadership PAC 1215 Seventeenth Street, NW Suite 307 Washington, DC 20035	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	12/08/99	1,000.00
D. Full Name, Mailing Address and ZIP Code Robb for Senate 124 C Street, NE Washington, DC 20002	Charles S. Robb, U.S. SENATE VA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	12/13/99	2,000.00
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

GUBTOTAL of Disbursements This Page (optional)

4,500.00

TOTAL This Period (last page this line number only)

13,000.00

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 4-15-00
<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>SK1</i> PREPARER	4-15-00 DATE PREPARED