

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

Oct 15 4 37 PM '96

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Skadden, Arps Political Action Committee		2. FEC IDENTIFICATION NUMBER C00232629
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1440 New York Avenue, NW		
CITY, STATE and ZIP CODE Washington, D.C. 20005		
3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

4. TYPE OF REPORT

(a) April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

July 31 Mid Year Report (Non-election Year Only)

Termination Report

Monthly Report Due On:

February 20

June 20

October 20

March 20

July 20

November 20

April 20

August 20

December 20

May 20

September 20

January 31

Twelfth day report preceding _____
(Type of Election)

election on _____ in the State of _____

Thirtieth day report following the General Election on _____
in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	8/22/96 through 9/30/96		
6. (a) Cash on Hand January 1, 1996			\$ 31,290.29
(b) Cash on Hand at Beginning of Reporting Period		\$ 70,738.32	
(c) Total Receipts (from Line 19)		\$ 15,395.00	\$ 103,743.03
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 86,133.32	\$ 135,033.32
7. Total Disbursements (from Line 30)		\$ 13,800.00	\$ 62,700.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 72,333.32	\$ 72,333.32
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)		\$ 0.00	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-218-5420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)		\$ 0.00	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Lynn R. Coleman	Date 9/14/96
Signature of Treasurer <i>Lynn R. Coleman</i>	

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

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FEC FORM 3X
(revised 9/93)

**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 8/22/96	TO 9/30/96	
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year	
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			
i.	Itemized (use Schedule A)	15,395.00	103,532.50	11(a)(i)
ii.	Unitemized	0.00	0.00	11(a)(ii)
B.	Total (add i and ii) >	15,395.00	103,532.50	11(a)(iii)
b.	Political Party Committees			11(b)
c.	Other Political Committees (such as PACs)			11(c)
d.	Total Contributions (add a ii, b and c) >	15,395.00	103,532.50	11(d)
12.	Transfers From Affiliated/Other Party Committees			12
13.	All Loans Received			13
14.	Loan Repayments Received			14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	210.53	16
17.	Other Federal Receipts (Dividends, Interest, etc.)			17
18.	Transfers from Nonfederal Account for Joint Activity			18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	15,395.00	103,743.03	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	15,395.00	103,743.03	20
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
i.	Federal Share			21(a)(i)
ii.	Non-Federal Share			21(a)(ii)
b.	Other Federal Operating Expenditures	300.00	600.00	21(b)
c.	Total Operating Expenditures (add a i, a ii, and b) >	300.00	600.00	21(c)
22.	Transfers to Affiliated/Other Party Committees			22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	13,500.00	62,100.00	23
24.	Independent Expenditures (use Schedule E)			24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26.	Loan Repayments Made			26
27.	Loans Made			27
28.	Refunds of Contributions To:			
a.	Individuals/Persons Other Than Political Committees			28(a)
b.	Political Party Committees			28(b)
c.	Other Political Committees (such as PACs)			28(c)
d.	Total Contribution Refunds (add a, b and c) >			28(d)
29.	Other Disbursements			29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	13,800.00	62,700.00	30
31.	Total Federal Disbursements (subtract line 21 a i from line 30) >	13,800.00	62,700.00	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	15,395.00	103,532.50	32
33.	Total Contribution Refunds (from line 28d)	0.00	0.00	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	15,395.00	103,532.50	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	300.00	600.00	35
36.	Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37.	Net Operating Expenditures (subtract line 36 from 35) >	300.00	600.00	37

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

SCHEDULE A ITEMIZED RECEIPTS

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 or 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 Sheldon Adler 300 So. Grand Avenue Los Angeles, CA 90007-1		Name of Employer Skadden, Arps Occupation Attorney	Date (Month day, Year) 09/03/96	Amount of Each Receipt this Period 237.50
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 Jose Allen Four Embarcadero Center San Francisco, CA 94111		Name of Employer Skadden, Arps Occupation Attorney	Date (Month day, Year) 09/03/96	Amount of Each Receipt this Period 237.50
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 Thomas J. Allingham One Rodney Square Wilmington, DE 19899		Name of Employer Skadden, Arps Occupation Attorney	Date (Month day, Year) 09/03/96	Amount of Each Receipt this Period 237.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 237.50		
D. Full Name, Mailing Address and Zip Code James V. Alpi 1440 New York Avenue NW Washington, DC 20005		Name of Employer Skadden, Arps Occupation Attorney	Date (Month day, Year) 09/03/96	Amount of Each Receipt this Period 150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 300.00		
E. Full Name, Mailing Address and Zip Code Rand S. April 300 So. Grand Avenue Los Angeles, CA 90071		Name of Employer Skadden, Arps Occupation Attorney	Date (Month day, Year) 09/03/96	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 600.00		
F. Full Name, Mailing Address and Zip Code Clifford H. Aronson 919 Third Avenue New York, NY 10022		Name of Employer Skadden, Arps Occupation Attorney	Date (Month day, Year) 09/03/96	Amount of Each Receipt this Period 267.50
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 Stephen M. Axinn 919 Third Avenue New York, NY 10022		Name of Employer Skadden, Arps Occupation Attorney	Date (Month day, Year) 09/03/96	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 600.00		
SUB TOTAL of Receipts This Page (Optional)>				1,730.00
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	OF
2	10
FOR LINE NUMBER	
11 a i	

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

A. Full Name, Mailing Address and Zip Code Thomas R. Bateman One Beacon Street Boston, MA 02108	Name of Employer Skadden, Arps	Date (Month day, Year) 09/03/96	Amount of Each Receipt this Period 215.00
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 David T. Brewster One Beacon Street Boston, MA 02108	Name of Employer Skadden, Arps	Date (Month day, Year) 09/03/96	Amount of Each Receipt this Period 215.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 430.00		
C. Full Name, Mailing Address and Zip Code Jeffrey S. Christie Suntec City Tower 2,9 Temasec Singapore, SI 0718	Name of Employer Skadden, Arps	Date (Month day, Year) 09/03/96	Amount of Each Receipt this Period 150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 300.00		
D. Full Name, Mailing Address and Zip Code Jeffrey H. Cohen 300 So. Grand Avenue Los Angeles, CA 90071	Name of Employer Skadden, Arps	Date (Month day, Year) 09/03/96	Amount of Each Receipt this Period 125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
E. Full Name, Mailing Address and Zip Code Gary P. Cullen 333 West Wacker Drive Chicago, IL 60606	Name of Employer Skadden, Arps	Date (Month day, Year) 09/03/96	Amount of Each Receipt this Period 180.00
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 Susan M. Curtis 919 Third Avenue New York, NY 10022	Name of Employer Skadden, Arps	Date (Month day, Year) 09/03/96	Amount of Each Receipt this Period 300.00
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 Jeffrey H. Dasteel 300 So. Grand Avenue Los Angeles, CA 90071	Name of Employer Skadden, Arps	Date (Month day, Year) 09/03/96	Amount of Each Receipt this Period 197.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 395.00		

SUB TOTAL of Receipts This Page (Optional) **1,382.50**

TOTAL this Period (Last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

A. Full Name, Mailing Address and Zip Code James M. Douglas 919 Third Avenue New York, NY 10022	Name of Employer Skadden, Arps	Date (Month day, Year) 09/03/96	Amount of Each Receipt this Period 237.50
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 Brian W. Duwe 333 West Wacker Drive Chicago, IL 60606	Name of Employer Skadden, Arps	Date (Month day, Year) 09/03/96	Amount of Each Receipt this Period 125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
C. Full Name, Mailing Address and Zip Code Mitchell Ettinger 1440 New York Avenue, NW Washington, DC 20005	Name of Employer Skadden, Arps	Date (Month day, Year) 09/03/96	Amount of Each Receipt this Period 165.00
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 Richard S. Fortunado 919 Third Avenue New York, NY 10022	Name of Employer Skadden, Arps	Date (Month day, Year) 09/03/96	Amount of Each Receipt this Period 180.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 360.00		
E. Full Name, Mailing Address and Zip Code Hilary S. Foulkes 60308 Frankfurt am MAIN Frankfurt, GE	Name of Employer Skadden, Arps	Date (Month day, Year) 09/03/96	Amount of Each Receipt this Period 150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 300.00		
F. Full Name, Mailing Address and Zip Code James C. Freund 919 Third Avenue New York, NY 10022	Name of Employer Skadden, Arps	Date (Month day, Year) 09/03/96	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 500.00		
G. Full Name, Mailing Address and Zip Code Barry H. Garfinkel 919 Third Avenue New York, NY 10022	Name of Employer Skadden, Arps	Date (Month day, Year) 09/03/96	Amount of Each Receipt this Period 255.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 510.00		

SUB TOTAL of Receipts This Page (Optional) **1,362.50**

TOTAL this Period (Last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

A. Full Name, Mailing Address and Zip Code Jay M. Goffman 919 Third Avenue New York, NY 10022	Name of Employer Skadden, Arps	Date (Month day, Year) 09/03/96	Amount of Each Receipt this Period 140.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 280.00		
B. 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) 09/03/96	Amount of Each Receipt this Period 350.00
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 Edward E. Gonzales 919 Third Avenue New York, NY 10022	Name of Employer Skadden, Arps	Date (Month day, Year) 09/03/96	Amount of Each Receipt this Period 300.00
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 Peter E. Green 919 Third Avenue New York, NY 10022	Name of Employer Skadden, Arps	Date (Month day, Year) 09/03/96	Amount of Each Receipt this Period 267.50
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 Sally McDonald Henry 919 Third Avenue New York, NY 10022	Name of Employer Skadden, Arps	Date (Month day, Year) 09/03/96	Amount of Each Receipt this Period 197.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 395.00		
F. Full Name, Mailing Address and Zip Code Darrel J. Hieber 360 So. Grand Avenue Los Angeles, CA 90071	Name of Employer Skadden, Arps	Date (Month day, Year) 09/03/96	Amount of Each Receipt this Period 237.50
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 N. Lynn Hiestand 333 West Wacker Drive Chicago, IL 60606	Name of Employer Skadden, Arps	Date (Month day, Year) 09/03/96	Amount of Each Receipt this Period 132.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 265.00		

SUB TOTAL of Receipts This Page (Optional).....>	1,625.00
TOTAL this Period (Last page this line number only).....>	

SCHEDULE A ITEMIZED RECEIPTS

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

A. Full Name, Mailing Address and Zip Code F. Eugene Higel 919 Third Avenue New York, NY 10022	Name of Employer Skadden, Arps Occupation Attorney	Date (Month day, Year) 09/03/96	Amount of Each Receipt this Period 215.00
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 Robert C. Hinkley 52 Martin Place Sydney, New S. Wales, AU	Name of Employer Skadden, Arps Occupation Attorney	Date (Month day, Year) 09/03/96	Amount of Each Receipt this Period 165.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 330.00		
C. Full Name, Mailing Address and Zip Code James E. Ivester 333 West Wacker Drive Chicago, IL 60606	Name of Employer Skadden, Arps Occupation Attorney	Date (Month day, Year) 09/03/96	Amount of Each Receipt this Period 125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
D. Full Name, Mailing Address and Zip Code Samuel Kadet 919 Third Avenue New York, NY 10022	Name of Employer Skadden, Arps Occupation Attorney	Date (Month day, Year) 09/03/96	Amount of Each Receipt this Period 237.50
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 Richard F. Kadlick 919 Third Avenue New York, NY 10022	Name of Employer Skadden, Arps Occupation Attorney	Date (Month day, Year) 09/03/96	Amount of Each Receipt this Period 267.50
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 James A. Keyte 919 Third Avenue New York, NY 10022	Name of Employer Skadden, Arps Occupation Attorney	Date (Month day, Year) 09/03/96	Amount of Each Receipt this Period 150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 300.00		
G. Full Name, Mailing Address and Zip Code Martin Klepper 1440 New York Avenue, NW Washington, DC 10005	Name of Employer Skadden, Arps Occupation Attorney	Date (Month day, Year) 09/03/96	Amount of Each Receipt this Period 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 800.00		

SUB TOTAL of Receipts This Page (Optional) > **1,560.00**

TOTAL this Period (Last page this line number only) >

SCHEDULE A

ITEMIZED RECEIPTS

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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
Lou R. Kling 919 Third Avenue New York, NY 10022	Skadden, Arps	09/03/96	350.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Attorney	Aggregate Year-to-date > \$	700.00
Jonathan Lee Koslow 919 Third Avenue New York, NY 10022	Skadden, Arps	09/03/96	237.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Attorney	Aggregate Year-to-date > \$	475.00
Peter C. Krupp 333 West Wacker Drive Chicago, IL 60606	Skadden, Arps	09/03/96	165.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Attorney	Aggregate Year-to-date > \$	330.00
Michael A. Lawson 300 So. Grand Avenue Los Angeles, CA 90071	Skadden, Arps	09/03/96	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Attorney	Aggregate Year-to-date > \$	300.00
Jeffrey S. Lichtman 919 Third Avenue New York, NY 10022	Skadden, Arps	09/03/96	165.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Attorney	Aggregate Year-to-date > \$	330.00
Bertil PH Lundqvist 919 Third Avenue New York, NY 10022	Skadden, Arps	09/03/96	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Attorney	Aggregate Year-to-date > \$	600.00
Jeanine L. Matte 1440 New York Avenue, NW Washington, DC 20005	Skadden, Arps	09/03/96	197.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Attorney	Aggregate Year-to-date > \$	395.00

SUB TOTAL of Receipts This Page (Optional) > **1,565.00**

TOTAL this Period (Last page this line number only) >

SCHEDULE A

ITEMIZED RECEIPTS

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

A. Full Name, Mailing Address and Zip Code Martha E. McGarry 919 Third Avenue New York, NY 10022	Name of Employer Skadden, Arps	Date (Month day, Year) 09/03/96	Amount of Each Receipt this Period 237.50
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 Allan G. Mutchnik 300 So. Grand Avenue Los Angeles, CA 90071	Name of Employer Skadden, Arps	Date (Month day, Year) 09/03/96	Amount of Each Receipt this Period 125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
C. Full Name, Mailing Address and Zip Code Marcia R. Nirenstein 1440 New York Avenue, NW Washington, DC 20005	Name of Employer Skadden, Arps	Date (Month day, Year) 09/03/96	Amount of Each Receipt this Period 140.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 280.00		
D. Full Name, Mailing Address and Zip Code Jonathan F. Pedersen 89 Queensway Central Hong Kong, HK	Name of Employer Skadden, Arps	Date (Month day, Year) 09/03/96	Amount of Each Receipt this Period 180.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 360.00		
E. Full Name, Mailing Address and Zip Code Ann H. Pollock 333 West Wacker Drive Chicago, IL 60606	Name of Employer Skadden, Arps	Date (Month day, Year) 09/03/96	Amount of Each Receipt this Period 215.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 430.00		
F. Full Name, Mailing Address and Zip Code Harriet S. Posner 300 So. Grand Avenue Los Angeles, CA 90071	Name of Employer Skadden, Arps	Date (Month day, Year) 09/03/96	Amount of Each Receipt this Period 180.00
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 Alesia Ranney-Marinel 919 Third Avenue New York, NY 10022	Name of Employer Skadden, Arps	Date (Month day, Year) 09/03/96	Amount of Each Receipt this Period 215.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 430.00		

SUB TOTAL of Receipts This Page (Optional)..... **1,292.50**

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 John D. Rayis 300 So. Grand Avenue Los Angeles, CA 90071	Name of Employer Skadden, Arps	Date (Month day, Year) 09/03/96	Amount of Each Receipt this Period 237.50
	Occupation Attorney		

Receipt For: Primary General
 Other (Specify)

Aggregate Year-to-date > \$ **475.00**

B. Full Name, Mailing Address and Zip Code Timothy G. Reynolds 919 Third Avenue New York, NY 10022	Name of Employer Skadden, Arps	Date (Month day, Year) 09/03/96	Amount of Each Receipt this Period 197.50
	Occupation Attorney		

Receipt For: Primary General
 Other (Specify)

Aggregate Year-to-date > \$ **395.00**

C. Full Name, Mailing Address and Zip Code Neil L. Rock 919 Third Avenue New York, NY 10022	Name of Employer Skadden, Arps	Date (Month day, Year) 09/03/96	Amount of Each Receipt this Period 125.00
	Occupation Attorney		

Receipt For: Primary General
 Other (Specify)

Aggregate Year-to-date > \$ **250.00**

D. Full Name, Mailing Address and Zip Code Andrew L. Sandler 1440 New York Avenue, NW Washington, DC 20005	Name of Employer Skadden, Arps	Date (Month day, Year) 09/03/96	Amount of Each Receipt this Period 150.00
	Occupation Attorney		

Receipt For: Primary General
 Other (Specify)

Aggregate Year-to-date > \$ **300.00**

E. Full Name, Mailing Address and Zip Code J. Michael Schell 919 Third Avenue New York, NY 10022	Name of Employer Skadden, Arps	Date (Month day, Year) 09/03/96	Amount of Each Receipt this Period 500.00
	Occupation Attorney		

Receipt For: Primary General
 Other (Specify)

Aggregate Year-to-date > \$ **500.00**

F. Full Name, Mailing Address and Zip Code Isaac Shapiro 919 Third Avenue New York, NY 10022	Name of Employer Skadden, Arps	Date (Month day, Year) 09/03/96	Amount of Each Receipt this Period 237.50
	Occupation Attorney		

Receipt For: Primary General
 Other (Specify)

Aggregate Year-to-date > \$ **475.00**

G. Full Name, Mailing Address and Zip Code Peter Shushauer 300 So. Grand Avenue Los Angeles, CA 90071	Name of Employer Skadden, Arps	Date (Month day, Year) 09/03/96	Amount of Each Receipt this Period 180.00
	Occupation Attorney		

Receipt For: Primary General
 Other (Specify)

Aggregate Year-to-date > \$ **360.00**

SUB TOTAL of Receipts This Page (Optional).....> **1,627.50**

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 10
FOR LINE NUMBER 11 a i

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 or 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 Mark C. Smith 919 Third Avenue New York, NY 10022	Name of Employer Skadden, Arps	Date (Month day, Year) 09/03/96	Amount of Each Receipt this Period 237.50
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 Neal R. Stoll 919 Third Avenue New York, NY 10022	Name of Employer Skadden, Arps	Date (Month day, Year) 09/03/96	Amount of Each Receipt this Period 267.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 535.00		
C. Full Name, Mailing Address and Zip Code Irene A. Sullivan 919 Third Avenue New York, NY 10022	Name of Employer Skadden, Arps	Date (Month day, Year) 09/03/96	Amount of Each Receipt this Period 300.00
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 Susan J. Sutherland 919 Third Avenue New York, NY 10022	Name of Employer Skadden, Arps	Date (Month day, Year) 09/03/96	Amount of Each Receipt this Period 125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
E. Full Name, Mailing Address and Zip Code William J. Sweet 1440 New York Avenue, NW Washington, DC 20005	Name of Employer Skadden, Arps	Date (Month day, Year) 09/03/96	Amount of Each Receipt this Period 267.50
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 Lyndon C. Taylor 1600 Smith Street, Ste. 4460 Houston, TX 77002	Name of Employer Skadden, Arps	Date (Month day, Year) 09/03/96	Amount of Each Receipt this Period 180.00
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 Sally A. Thurston 919 Third Avenue New York, NY 10022	Name of Employer Skadden, Arps	Date (Month day, Year) 09/03/96	Amount of Each Receipt this Period 165.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 330.00		

SUB TOTAL of Receipts This Page (Optional).....> **1,542.50**

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 10
FOR LINE NUMBER 11 a i

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 Marc B. Tucker One Rodney Square Wilmington, DE 19899	Name of Employer Skadden, Arps	Date (Month day, Year) 09/03/96	Amount of Each Receipt this Period 180.00
	Occupation Attorney	Aggregate Year-to-date > \$ 360.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
B. Full Name, Mailing Address and Zip Code Jeffrey Boyd Valle 300 So. Grand Avenue Los Angeles, CA 90071	Name of Employer Skadden, Arps	Date (Month day, Year) 09/03/96	Amount of Each Receipt this Period 215.00
	Occupation Attorney	Aggregate Year-to-date > \$ 430.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
C. Full Name, Mailing Address and Zip Code Raymond W. Vickers 30/F Peregrine Tower, Lippo Ce Central Hong Kong, HK	Name of Employer Skadden, Arps	Date (Month day, Year) 09/03/96	Amount of Each Receipt this Period 267.50
	Occupation Attorney	Aggregate Year-to-date > \$ 535.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
D. 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) 09/03/96	Amount of Each Receipt this Period 350.00
	Occupation Attorney	Aggregate Year-to-date > \$ 700.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
E. 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) 09/03/96	Amount of Each Receipt this Period 180.00
	Occupation Attorney	Aggregate Year-to-date > \$ 360.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
F. Full Name, Mailing Address and Zip Code Seth M. Schwartz 919 Third Avenue New York, NY 10022	Name of Employer Skadden, Arps	Date (Month day, Year) 09/03/96	Amount of Each Receipt this Period 215.00
	Occupation Attorney	Aggregate Year-to-date > \$ 430.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
G. Full Name, Mailing Address and Zip Code David Fox 919 Third Avenue New York, NY 10022	Name of Employer Skadden, Arps	Date (Month day, Year) 09/03/96	Amount of Each Receipt this Period 300.00
	Occupation Attorney	Aggregate Year-to-date > \$ 600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			

SUB TOTAL of Receipts This Page (Optional) **1,707.50**

TOTAL this Period (Last page this line number only) **15,395.00**

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Skadden, Arps 1440 New York Avenue, N.W. Washington, DC 20005	Administrative Expenses Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/17/96	300.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period

SUB TOTAL of Disbursements this page (Optional).....>	300.00
TOTAL this Period (Last page this line number only).....>	300.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	1	3
FOR LINE NUMBER		23

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) Shadico Arpa Political Action Committee			
A. Full Name, Mailing Address and Zip Code Ken Bentsen, Jr. for Congress 5615 Morningside, #301 Houston, TX 77005	Purpose of Disbursement Ken Bentsen, U.S. HOUSE 25th TX Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	Date (Month day, Year) 09/04/96	Amount of Each Disb. this Period 500.00
B. Full Name, Mailing Address and Zip Code Biley for Congress PO Box 17095 Richmond, VA 23226	Purpose of Disbursement Thomas J. Biley, U.S. HOUSE 7th VA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	Date (Month day, Year) 09/04/96	Amount of Each Disb. this Period 1,000.00
C. Full Name, Mailing Address and Zip Code Boucher for Congress P.O. Box 2474 Washington, DC 20013	Purpose of Disbursement Rick Boucher, U.S. HOUSE 9th VA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	Date (Month day, Year) 09/04/96	Amount of Each Disb. this Period 500.00
D. Full Name, Mailing Address and Zip Code Brady for Congress P.O. Box 8277 The Woodlands, TX 77387	Purpose of Disbursement Kevin Brady, U.S. HOUSE 8th TX Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	Date (Month day, Year) 09/18/96	Amount of Each Disb. this Period 500.00
E. Full Name, Mailing Address and Zip Code Citizens for Cochran PO Box 22761 Jackson, MS 39225	Purpose of Disbursement Thad Cochran, U.S. HOUSE MS Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	Date (Month day, Year) 09/04/96	Amount of Each Disb. this Period 1,000.00
F. Full Name, Mailing Address and Zip Code Crane for Congress Committee PO Box 8534 Rolling Meadows, IL 60008	Purpose of Disbursement Philip M. Crane, U.S. HOUSE 8th IL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	Date (Month day, Year) 09/18/96	Amount of Each Disb. this Period 1,000.00
G. Full Name, Mailing Address and Zip Code Danny K. Davis for Congress Campaign 201 N. Wells Street Suite 704 Chicago, IL 60606	Purpose of Disbursement Danny K. Davis, U.S. HOUSE 7th IL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	Date (Month day, Year) 09/18/96	Amount of Each Disb. this Period 500.00
H. Full Name, Mailing Address and Zip Code Friends of Phil Gramm PO Box 565087 Dallas, TX 75356	Purpose of Disbursement Phil Gramm, U.S. SENATE TX Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	Date (Month day, Year) 09/18/96	Amount of Each Disb. this Period 1,000.00
I. Full Name, Mailing Address and Zip Code Citizens for Harkin PO Box 811 Des Moines, IA 50304	Purpose of Disbursement Tom Harkin, U.S. SENATE IA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	Date (Month day, Year) 09/04/96	Amount of Each Disb. this Period 1,000.00
SUB TOTAL of Disbursements this page (Optional).....>			7,000.00
TOTAL this Period (Last page this line number only).....>			

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address or 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 Lazio for Congress 70 Bayway Avenue Brightwaters, NY 11718</p>	<p>Purpose of Disbursement Rick A. Lazio, U.S. HOUSE 2nd NY Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996</p>	<p>Date (Month day, Year) 09/18/96</p>	<p>Amount of Each Disb. this Period 500.00</p>
<p>B. Full Name, Mailing Address and Zip Code Levin and Levin 236 Massachusetts Ave. NE, Ste. 202 Washington, DC 20002</p>	<p>Purpose of Disbursement Sander M. Levin, U.S. HOUSE 12th MI Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996</p>	<p>Date (Month day, Year) 09/26/96</p>	<p>Amount of Each Disb. this Period 500.00</p>
<p>C. Full Name, Mailing Address and Zip Code Levin and Levin 236 Massachusetts Ave., NE, Ste. 202 Washington, DC 20002</p>	<p>Purpose of Disbursement Carl Levin, U.S. SENATE MI Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996</p>	<p>Date (Month day, Year) 09/26/96</p>	<p>Amount of Each Disb. this Period 500.00</p>
<p>D. Full Name, Mailing Address and Zip Code Friends of Bob Livingston Box 6329 New Orleans, LA 70174</p>	<p>Purpose of Disbursement Bob Livingston, U.S. HOUSE LA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996</p>	<p>Date (Month day, Year) 09/04/96</p>	<p>Amount of Each Disb. this Period 1,000.00</p>
<p>E. Full Name, Mailing Address and Zip Code Don McCorkell for US Senate 3107 E. Seminole Tulsa, OK 74110</p>	<p>Purpose of Disbursement Don McCorkell, U.S. SENATE OK Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996</p>	<p>Date (Month day, Year) 08/22/96</p>	<p>Amount of Each Disb. this Period 1,000.00</p>
<p>F. Full Name, Mailing Address and Zip Code Pallone for Congress P.O. Box 3176 Long Branch, NJ 07740</p>	<p>Purpose of Disbursement Frank Pallone, U.S. HOUSE 6th NJ Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996</p>	<p>Date (Month day, Year) 09/04/96</p>	<p>Amount of Each Disb. this Period 500.00</p>
<p>G. Full Name, Mailing Address and Zip Code Rangel for Congress Committee 850 Seventh Avenue New York, NY 10019</p>	<p>Purpose of Disbursement Charles B. Rangel, U.S. HOUSE 15th NY Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996</p>	<p>Date (Month day, Year) 09/26/96</p>	<p>Amount of Each Disb. this Period 1,000.00</p>
<p>H. Full Name, Mailing Address and Zip Code New Mexicans for Bill Richardson PO Box 518 Santa Fe, NM 87504</p>	<p>Purpose of Disbursement Bill Richardson, U.S. HOUSE 3rd NM Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996</p>	<p>Date (Month day, Year) 09/04/96</p>	<p>Amount of Each Disb. this Period 500.00</p>
<p>I. Full Name, Mailing Address and Zip Code Stenholm for Congress Committee PO Box 1032 Stamford, TX 79553</p>	<p>Purpose of Disbursement Charles W. Stenholm, U.S. HOUSE 17th TX Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996</p>	<p>Date (Month day, Year) 09/04/96</p>	<p>Amount of Each Disb. this Period 500.00</p>

SUB TOTAL of Disbursements this page (Optional)> **6,000.00**

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 3 OF 3

FOR LINE NUMBER 23

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 Arpe Political Action Committee

<p>A. Full Name, Mailing Address and Zip Code Jim Turner for Congress Committee 603 East Gollad Crockett, TX 75835</p>	<p>Purpose of Disbursement James W. Turner, TX</p> <p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996</p>	<p>Date (Month day, Year) 09/09/96</p>	<p>Amount of Each Disb. this Period 500.00</p>
<p>B. Full Name, Mailing Address and Zip Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Disb. this Period</p>
<p>C. Full Name, Mailing Address and Zip Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Disb. this Period</p>
<p>D. Full Name, Mailing Address and Zip Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Disb. this Period</p>
<p>E. Full Name, Mailing Address and Zip Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Disb. this Period</p>
<p>F. Full Name, Mailing Address and Zip Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Disb. this Period</p>
<p>G. Full Name, Mailing Address and Zip Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Disb. this Period</p>
<p>H. Full Name, Mailing Address and Zip Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Disb. this Period</p>
<p>I. Full Name, Mailing Address and Zip Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Disb. this Period</p>

<p>SUB TOTAL of Disbursements this page (Optional).....></p>	<p>500.00</p>
<p>TOTAL this Period (Last page this line number only).....></p>	<p>13,500.00</p>

SCHEDULE A

**ITEMIZED RECEIPTS
(EXEMPT LEGAL SERVICES)**

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 Beth Horstkamp 1440 New York Avenue, NW Washington, D.C. 20005	Name of Employer Skadden, Arps, Slate, Meagher & Flom	Date (month, day, year) 9/30/96	Amount of Each Receipt this Period 1,020.00 MEMO
	Occupation Reports Analyst Aggregate Year-to-Date > \$ 2,100.00 MEMO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
B. Full Name, Mailing Address and ZIP Code Kenneth A. Gross 1440 New York Avenue, NW Washington, D.C. 20005	Name of Employer Skadden, Arps, Slate, Meagher & Flom	Date (month, day, year) 9/30/96	Amount of Each Receipt this Period 350.00 MEMO
	Occupation Partner Aggregate Year-to-Date > \$ 525.00 MEMO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Aggregate Year-to-Date > \$	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Aggregate Year-to-Date > \$	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Aggregate Year-to-Date > \$	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Aggregate Year-to-Date > \$	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Aggregate Year-to-Date > \$	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	1,370.00 MEMO

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="checked" type="checkbox"/> Hand Delivered	DATE OF RECEIPT 10-15-96
<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
PREPARED <i>TG</i>	DATE PREPARED 10-16-96