

LEBOEUF, LAMB, LEIBY & MACRAE

A PARTNERSHIP INCLUDING PROFESSIONAL CORPORATIONS

FEB 11 11 15 AM '93

EASTERN U.S.A.  
NEW YORK, NY  
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BOSTON, MA  
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NEWARK, NJ

125 WEST 55TH STREET  
NEW YORK, NY 10019-4513

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TELEX 422419 TONI 1801363

EUROPEAN COMMUNITY, BRUSSELS, BELGIUM AND LONDON, ENGLAND

RUSSIAN FEDERATION MOSCOW

DIRECT DIAL

WESTERN U.S.A.:  
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SOUTHERN U.S.A.:  
JACKSONVILLE, FL  
RALEIGH, NC

February 9, 1993

CERTIFIED MAIL

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

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

Gentlemen:

Enclosed please find our completed Form 3X for the period  
January 1, 1993 through January 31, 1993.

Please acknowledge the receipt of the above-referenced  
document by signing and dating the enclosed copy of this letter  
and returning it to us in the envelope provided.

Sincerely,



A. David Marshall  
Treasurer  
LeBoeuf, Lamb, Leiby & MacRae  
Political Action Committee

ADM:bv

Enclosures

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

FEB 11 11 15 AM '93

USE FEC MAILING LABEL OR TYPE OR PRINT

1 NAME OF COMMITTEE (in full)
Lisbon, Lamb, Leiby & MacRae
Political Action Committee
ADDRESS: Number and street: Check if different than previously reported
125 West 55 Street
CITY, STATE and ZIP CODE
New York, New York 10019

2 FEC IDENTIFICATION NUMBER
C00217885
3 This committee qualified as a multicandidate committee during this Reporting Period on (date)

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
March 20
April 20
May 20
June 20
July 20
August 20
September 20
October 20
November 20
December 20
January 31
Twelfth day report preceding
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

Table with columns: SUMMARY, COLUMN A This Period, COLUMN B Calendar Year-to-Date. Rows include: Covering Period 1/1/93 through 1/31/93; (a) Cash on Hand January 1 1993 \$ 3,401; (b) Cash on Hand at Beginning of Reporting Period \$ 3,401; (c) Total Receipts from Line 19 \$ 16,315; (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) \$ 19,716; 7 Total Disbursements from Line 30 \$ 6,250; 8 Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(b)) \$ 13,466; 9 Debts and Obligations Owed TO the Committee \$ -0-; 10 Debts and Obligations Owed BY the Committee \$ -0-

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

Type or Print Name of Treasurer
A. David Marshall
Signature of Treasurer

Date
2/9/93

0 1 2 3 4 5 6 7 8 9

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

(Revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD	
LEBOEUF, LAMB, Leiby & MacRae Political Action Committee		FROM 1/1/93	TO 1/31/93
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11	Contributions (other than loans) From:		
a	Individual Persons Other Than Political Committees:		
i	Itemized (use Schedule A)	16,315	16,315
ii	Unitemized	-0-	-0-
iii	Total (add i and ii) >	16,315	16,315
b	Political Party Committees	-0-	-0-
c	Other Political Committees (such as PACs)	-0-	-0-
d	Total Contributions (add a, b and c) >	16,315	16,315
12	Transfers From Affiliated/Other Party Committees	-0-	-0-
13	All Loans Received	-0-	-0-
14	Loan Repayments Received	-0-	-0-
15	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-	-0-
16	Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	-0-
17	Other Federal Receipts (Dividends, Interest, etc.)	-0-	-0-
18	Transfers from Nonfederal Account for Joint Activity	-0-	-0-
19	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	16,315	16,315
20	Total Federal Receipts (subtract line 16 from line 19) >	16,315	16,315
<b>II. Disbursements</b>			
21	Operating Expenditures:		
a	Shared Federal/Non-Federal Activity (from Schedule H4):		
i	Federal Share	N/A	N/A
ii	Non-Federal Share	N/A	N/A
b	Other Federal Operating Expenditures	N/A	N/A
c	Total Operating Expenditures (Add a, i, ii, and b) >	N/A	N/A
22	Transfers to Affiliated/Other Party Committees	-0-	-0-
23	Contributions to Federal Candidates/Committees and Other Political Committees	1,250	1,250
24	Independent Expenditures (use Schedule E)	-0-	-0-
25	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	-0-	-0-
26	Loan Repayments Made	-0-	-0-
27	Loans Made	-0-	-0-
28	Refunds of Contributions To:		
a	Individuals/Persons Other Than Political Committees	-0-	-0-
b	Political Party Committees	-0-	-0-
c	Other Political Committees (such as PACs)	-0-	-0-
d	Total Contribution Refunds (Add a, b and c) >	-0-	-0-
29	Other Disbursements	5,000	5,000
30	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d and 29) >	6,250	6,250
31	Total Federal Disbursements (subtract line 21 a, i from line 30) >	6,250	6,250
<b>III. Net Contributions Operating Expenditures</b>			
32	Total Contributions (other than loans) from line 11d	16,315	16,315
33	Total Contribution Refunds from line 28d	-0-	-0-
34	Net Contributions (other than loans) (subtract line 33 from 32)	16,315	16,315
35	Total Federal Operating Expenditures (add 21c, 22, 23, 24, 25, 26, 27, 28d and 29) >	-0-	-0-
36	Offsets to Operating Expenditures from line 15	-0-	-0-
37	Net Operating Expenditures (subtract line 36 from 35) >	-0-	-0-

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

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

NAME OF COMMITTEE (in Full)

LeBoeuf, Lamb, Leiby & MacRae Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Miriam Santiago 125 West 55 Street New York, New York 10019	LeBoeuf, Lamb, Leiby & MacRae	1/1/93 - 1/31/93	\$265 (Memo Entry)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Exempt legal acct.	Occupation: staff accountant	Aggregate Year-to-Date > \$ 265	
B. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL (Carry to This Page, Line 12)

TOTAL This Page (Carry to page 13, line number 000)

5 3 8 x 8 J 3 5 2

**SCHEDULE A**

**ITEMIZED RECEIPTS**

See instructions on the back of this form for each category of the Detailed Summary Page

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FOR LINE NUMBER  
20

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NAME OF COMMITTEE (in Full)

LaBoeuf, Lamb, Leiby & MacRae Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alvin M. Berman 125 West 55 Street New York, New York 10019	LaBoeuf, Lamb, Leiby & MacRae	1/19/93	\$ 685
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 685	
Gary Goodman 125 West 55 Street New York, New York 10019	LaBoeuf, Lamb, Leiby & MacRae	1/19/93	270
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 270	
James F. Johnson 125 West 55 Street New York, New York 10019	LaBoeuf, Lamb, Leiby & MacRae	1/19/93	685
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 685	
John S. Kinzey 125 West 55 Street New York, New York 10019	LaBoeuf, Lamb, Leiby & MacRae	1/19/93	375
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 375	
L. Charles Landgraf 1875 Connecticut Avenue Washington, D.C. 20009	LaBoeuf, Lamb, Leiby & MacRae	1/19/93	300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 300	
James A. Lapenn 125 West 55 Street New York, New York 10019	LaBoeuf, Lamb, Leiby & MacRae	1/19/93	270
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 270	
James Nolan 1875 Connecticut Avenue Washington, D.C. 20009	LaBoeuf, Lamb, Leiby & MacRae	1/19/93	375
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 375	

SUBTOTAL of Receipts This Page (optional)

\$2,960

TOTAL: This Period (Total page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedules for each category of the Detailed Summary Page

5 13  
FORM LINE NUMBER  
20

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NAME OF COMMITTEE (in Full)

LeBoeuf, Lamb, Leiby & MacRae Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas W. Ruggiero 125 West 55 Street New York, New York 10019 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	LeBoeuf, Lamb, Leiby & MacRae Occupation: Attorney Aggregate Year-to-Date > \$ 215	1/19/93	\$ 215
Robert Thompson 125 West 55 Street New York, New York 10019 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	LeBoeuf, Lamb, Leiby & MacRae Occupation: Attorney Aggregate Year-to-Date > \$ 200	1/19/93	200
James R. Woods One Embarcadero Center San Francisco, Calif. 94111 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	LeBoeuf, Lamb, Leiby & MacRae Occupation: Attorney Aggregate Year-to-Date > \$ 685	1/19/93	685
Lawrence Acker 1875 Connecticut Avenue Washington, D.C. 20009 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	LeBoeuf, Lamb, Leiby & MacRae Occupation: Attorney Aggregate Year-to-Date > \$ 230	1/22/93	230
David P. Bicks 125 West 55 Street New York, New York 10019 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	LeBoeuf, Lamb, Leiby & MacRae Occupation: Attorney Aggregate Year-to-Date > \$ 590	1/22/93	590
Richard M. Berman 125 West 55 Street New York, New York 10019 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	LeBoeuf, Lamb, Leiby & MacRae Occupation: Attorney Aggregate Year-to-Date > \$ 345	1/22/93	345
Taylor R. Briggs 125 West 55 Street New York, New York 10019 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	LeBoeuf, Lamb, Leiby & MacRae Occupation: Attorney Aggregate Year-to-Date > \$ 815	1/22/93	815

**NET TOTAL of Receipts This Page (optional)**

\$7,080

**TOTAL This Page (do not place this line number on it)**

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedules for each category of the Detailed Summary Page

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FOR LINE NUMBER  
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NAME OF COMMITTEE (in Full)

**LaBoeuf, Lamb, Leiby & MacRae Political Action Committee**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Thomas E. Burke 125 West 55 Street New York, New York 10019 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	LeBoeuf, Lamb, Leiby & MacRae	1/22/93	\$ 460
	Occupation: Attorney	Aggregate Year-to-Date > \$ 460	
James K. Cameron One Embarcadero Center San Francisco, Calif. 94111 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	LeBoeuf, Lamb, Leiby & MacRae	1/22/93	225
	Occupation: Attorney	Aggregate Year-to-Date > \$ 225	
Cecelia Kempler 125 West 55 Street New York, New York 10019 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	LeBoeuf, Lamb, Leiby & MacRae	1/22/93	680
	Occupation: Attorney	Aggregate Year-to-Date > \$ 680	
Jane Kober 125 West 55 Street New York, New York 10019 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	LeBoeuf, Lamb, Leiby & MacRae	1/22/93	460
	Occupation: Attorney	Aggregate Year-to-Date > \$ 460	
Grant Lewis 125 West 55 Street New York, New York 10019 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	LeBoeuf, Lamb, Leiby & MacRae	1/22/93	685
	Occupation: Attorney	Aggregate Year-to-Date > \$ 685	
Wesley Caldwell One Gateway Center Newark, New Jersey 07102 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	LeBoeuf, Lamb, Leiby & MacRae	1/30/93	200
	Occupation: Attorney	Aggregate Year-to-Date > \$ 200	
Charles Platt 125 West 55 Street New York, New York 10019 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	LeBoeuf, Lamb, Leiby & MacRae	1/30/93	350
	Occupation: Attorney	Aggregate Year-to-Date > \$ 350	

3 3 3 3 3 3 3 5

SUBTOTAL of Receipts This Page (optional) :

\$ 5,000

TOTAL This Period (Net) page this line number (if 0):

**SCHEDULE A**

**ITEMIZED RECEIPTS**

and attach amount to  
for each category of the  
Detailed Summary Page

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FOR LINE NUMBER  
20

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NAME OF COMMITTEE (in Full)

**LeBoeuf, Lamb, Leiby & MacRae Political Action Committee**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Koen 125 West 55 Street New York, New York 10019	LeBoeuf, Lamb, Leiby & MacRae	1/30/93	\$ 245
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		
	Aggregate Year-to-Date > \$	245	
<b>B. Full Name, Mailing Address and ZIP Code</b>	<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
Frederick Lacey One Gateway Center Newark, New Jersey 07102	LeBoeuf, Lamb, Leiby & MacRae	1/30/93	980
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		
	Aggregate Year-to-Date > \$	980	
<b>C. Full Name, Mailing Address and ZIP Code</b>	<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
William G. Primps 125 West 55 Street New York, New York 10019	LeBoeuf, Lamb, Leiby & MacRae	1/30/93	270
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		
	Aggregate Year-to-Date > \$	270	
<b>D. Full Name, Mailing Address and ZIP Code</b>	<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
David Bantleon 1875 Connecticut Avenue Washington, D.C. 20009	LeBoeuf, Lamb, Leiby & MacRae	1/30/93	270
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		
	Aggregate Year-to-Date > \$	270	
<b>E. Full Name, Mailing Address and ZIP Code</b>	<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
Frank Cummings 1875 Connecticut Avenue Washington, D.C. 20009	LeBoeuf, Lamb, Leiby & MacRae	1/30/93	415
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		
	Aggregate Year-to-Date > \$	415	
<b>F. Full Name, Mailing Address and ZIP Code</b>	<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
Carl D. Habelman 725 South Figueroa Street Los Angeles, California 90017	LeBoeuf, Lamb, Leiby & MacRae	1/30/93	380
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		
	Aggregate Year-to-Date > \$	380	
<b>G. Full Name, Mailing Address and ZIP Code</b>	<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
Ralph R. Mabey 136 South Main Street Salt Lake City, Utah 84101	LeBoeuf, Lamb, Leiby & MacRae	1/30/93	460
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		
	Aggregate Year-to-Date > \$	460	

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

\$ 1,070

**TOTAL** This Period (fill page this line number only)

3 3 8 2 3 0 1 5 5



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

FORM **B** OF **13**  
FOR LINE NUMBER **20**

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NAME OF COMMITTEE (in Full)

LeBoeuf, Lamb, Leiby & MacRae Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Brian O'Neill 1875 Connecticut Avenue Washington, D.C. 20009 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	LeBoeuf, Lamb, Leiby & MacRae Occupation Attorney Aggregate Year-to-Date > \$ 240	1/30/93	\$ 240
Contributions under \$200 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period 3,955
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

\$4,195

TOTAL This Period (do not sign the line number off)

\$16,315

13033 = 30357

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (in Full)

**LeBoeuf, Lamb, Leiby & MacRae Political Action Committee**

A. Full Name, Mailing Address and ZIP Code Committee for Senator Bob Packwood 259 Senate Russell Bldg. Washington, D.C. 20510-3702	Purpose of Disbursement <b>Re-Election</b> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 1/14/93	Amount of Each Disbursement This Period \$1,000
B. Full Name, Mailing Address and ZIP Code Committee for Senator Holling 125 Senate Russell Office Washington, D.C. 20510-4002	Purpose of Disbursement <b>Contribution</b> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 1/14/93	Amount of Each Disbursement This Period 250
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

1 3 3 9 9 9 1 9 9 8

<p>SUBTOTAL Disbursements This Period and</p>	\$1,250
<p>TOTAL Disbursements This Period and</p>	

**SCHEDULE B****ITEMIZED DISBURSEMENTS**
 Use separate schedules  
 for each category of the  
 Detailed Summary Page

 Page OF  
 10 13  
 FOR LINE NUMBER  
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (in Full)**  
 LeBoeuf, Lamb, Leiby & MacRae Political Action Committee

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Giuliani for New York 355 Lexington Avenue New York, New York 10017	Fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/26/93	\$5,000
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

<b>SUBTOTAL</b> of Disbursements This Page (see line 10)	\$5,000
<b>TOTAL</b> This Period (see page 10 and line number on page 11)	

SCHEDULE C  
(Revised 3/80)

LOANS

LINE NUMBER \_\_\_\_\_  
Use separate schedules  
for each numbered line

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Name of Committee (in Full) <b>LeBoeuf, Lamb, Leiby &amp; MacRae Political Action Committee</b>			
A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<b>NOT APPLICABLE</b>			
Election <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms Date Incurred _____ Date Due _____ Interest Rate _____ % (aprx) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding		
	\$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding		
	\$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding		
	\$		
B. Full Name, Mailing Address and ZIP Code of Loan Source			
Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period	
Election <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms Date Incurred _____ Date Due _____ Interest Rate _____ % (aprx) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding		
	\$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding		
	\$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding		
	\$		
SUBTOTALS This Period: Page Addition: _____			
TOTALS This Period (fill in only if this line only): _____			
Carry outstanding balance only to LINE 3, (Schedule D), for this loan. If no Schedule D, carry forward to appropriate line of Summary.			

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

**DEBTS AND OBLIGATIONS**  
Excluding Loans

LINE NUMBER  
(Use separate schedule  
for each numbered line)

Name of Debtor (in Full) <b>LeBoeuf, Lamb, Leiby &amp; MacRae Political Action Committee</b>	Outstanding Balance Beginning This Period	Amount Paid This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor  <b>NOT APPLICABLE</b>				
Nature of Debt (Purpose)				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose)				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose)				
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose)				
E. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose)				
F. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose)				
1. SUBTOTALS This Period This Page (Include 1)				
2. TOTAL This Period (Last Page This Page Only)				
3. TOTAL OUTSTANDING LOANS from Schedule D (Last Page Only)				
4. ADD 2) and 3) and carry forward to appropriate line of Summary Page (Last Page Only)				

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ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (in Full) <b>Lehoucq, Lamb, Leiby &amp; MacRae Political Action Committee</b>				ID No. <b>C00237885</b>
Full Name, Mailing Address & ZIP Code of Each Payer	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
<b>NOT APPLICABLE</b>				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
<b>(a) SUBTOTAL of Itemized Independent Expenditures</b>			\$ _____	
<b>(b) SUBTOTAL of Unitemized Independent Expenditures</b>			\$ _____	
<b>(c) TOTAL Independent Expenditures</b>			\$ _____	

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Under penalty of perjury, I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert, with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures do not involve the name of or dissemination of information regarding the name and full name of any candidate or matter prepared by the candidate or campaign committee of that agent.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.  
My Commission expires: \_\_\_\_\_  
NOTARY PUBLIC

Signature \_\_\_\_\_ Date \_\_\_\_\_

**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 type="checkbox"/> Hand Delivered	DATE OF RECEIPT
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 2-9-93
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Legible	
<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 DATE OF RECEIPT

*S.L.O.*  
PREPARED

2-11-93  
DATE PREPARED

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