

LEBOEUF, LAMB, GREENE & MACRAE

A PARTNERSHIP OF PROFESSIONAL CORPORATIONS

OCT 27 10 14 1994

125 WEST 55TH STREET  
NEW YORK, NY 10019 5389

TELEPHONE (212) 424-8000

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WRITER'S DIRECT DIAL

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—  
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LONDON  
MOSCOW

October 24, 1994

CERTIFIED MAIL

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

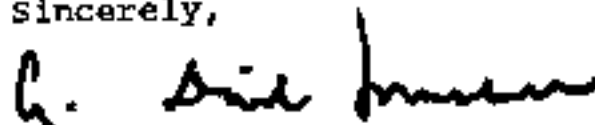
Re: LeBoeuf, Lamb, Greene & MacRae  
Political Action Committee  
FEC Form 3X

Gentlemen:

Enclosed please find our completed Form 3X for the period  
October 1, 1994 through October 19, 1994.

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

Sincerely,



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

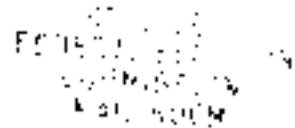
ADM:bv

Enclosures

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# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)



Oct 27 1 18 PM '94

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)  
LeBoeuf, Lamb, Greene & MacRae  
Political Action Committee

ADDRESS (number and street)  Check if different than previously reported  
125 West 55th Street

CITY, STATE and ZIP CODE  
New York, New York 10019-5389

2. FEC IDENTIFICATION NUMBER  
C00217885

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	10/1/94 through 10/19/94		
6. (a) Cash on Hand January 1, 1994			\$ 4,526
(b) Cash on Hand at Beginning of Reporting Period		\$ 2,164	
(c) Total Receipts (from Line 18)		\$ 10,965	\$ 41,365
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 13,129	\$ 45,891
7. Total Disbursements (from Line 30)		\$ 9,500	\$ 42,262
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 3,629	\$ 3,629
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ -0-	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$ -0-	

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

Type or Print Name of Treasurer  
A. David Marshall

Signature of Treasurer  
*A. David Marshall*

Date  
10/24/94

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

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FEC FORM 3X

(revised 8/93)

FEC-101

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
LeBoeuf, Lamb, Greene & MacRae Political Action Committee	FROM	10/1/94 TO:	10/19/94
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)	10,965	41,365	11(a)(i)
ii. Unitemized	-0-	-0-	11(a)(ii)
iii. Total (add i and ii) >	10,965	41,365	11(a)(iii)
b. Political Party Committees	-0-	-0-	11(b)
c. Other Political Committees (such as PACs)	-0-	-0-	11(c)
d. Total Contributions (add a iii, b and c) >	10,965	41,365	11(d)
12. Transfers From Affiliated/Other Party Committees	-0-	-0-	12
13. All Loans Received	-0-	-0-	13
14. Loan Repayments Received	-0-	-0-	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-	-0-	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	-0-	16
17. Other Federal Receipts (Dividends, Interest, etc.)	-0-	-0-	17
18. Transfers from Nonfederal Account for Joint Activity	-0-	-0-	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	10,965	41,365	19
20. Total Federal Receipts (subtract line 18 from line 19) >	10,965	41,365	20
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	N/A	N/A	21(a)(i)
ii. Non-Federal Share	N/A	N/A	21(a)(ii)
b. Other Federal Operating Expenditures	N/A	N/A	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	N/A	N/A	21(c)
22. Transfers to Affiliated/Other Party Committees	-0-	-0-	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	-0-	15,712	23
24. Independent Expenditures (use Schedule E)	-0-	-0-	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	-0-	-0-	25
26. Loan Repayments Made	-0-	-0-	26
27. Loans Made	-0-	-0-	27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	-0-	-0-	28(a)
b. Political Party Committees	-0-	-0-	28(b)
c. Other Political Committees (such as PACs)	-0-	-0-	28(c)
d. Total Contribution Refunds (add a, b and c) >	-0-	-0-	28(d)
29. Other Disbursements	9,500	26,550	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	9,500	42,262	30
31. Total Federal Disbursements (subtract line 21 a i from line 30) >	9,500	42,262	31
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)	10,965	41,365	32
33. Total Contribution Refunds (from line 28d)	-0-	-0-	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	10,965	41,365	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	-0-	-0-	35
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-	36
37. Net Operating Expenditures (subtract line 36 from 35) >	-0-	-0-	37

SCHEDULE A

ITEMIZED RECEIPTS

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

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

NAME OF COMMITTEE (in Full)

LeBoeuf, Lamb, Greene & MacRae Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Miriam Santiago 125 West 55th Street New York, New York 10019  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Exempt legal acct. svcs	LeBoeuf, Lamb, Greene & MacRae  Occupation Staff Accountant Aggregate Year-to-Date > \$ 2,677.50	10/1/94 10/19/94	\$142.50 (Memo Only)
B. 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
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

9 4 0 3 8 3 0 7 1

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 4 OF 10  
FOR LINE NUMBER 20

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**NAME OF COMMITTEE (in Full)**

LoBoeuf, Lamb, Greene & MacRae Political Action Committee

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<p><b>A. Full Name, Mailing Address and ZIP Code</b> Cameron F. MacRae 125 West 55th Street New York, New York 10019-5389</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer LoBoeuf, Lamb, Greene &amp; MacRae</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date &gt; \$ 840</p>	<p>Date (month, day, year) 10/6/94</p>	<p>Amount of Each Receipt this Period \$ 840</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> Samuel M. Sugden 125 West 55th Street New York, New York 10019-5389</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer LoBoeuf, Lamb, Greene &amp; MacRae</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date &gt; \$ 2,740</p>	<p>Date (month, day, year) 10/6/94</p>	<p>Amount of Each Receipt this Period 1,890</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> Donald J. Greene 125 West 55th Street New York, New York 10019-5389</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer LoBoeuf, Lamb, Greene &amp; MacRae</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date &gt; \$ 3,895</p>	<p>Date (month, day, year) 10/14/94</p>	<p>Amount of Each Receipt this Period 2,030</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> Charles W. Havens 1875 Connecticut Avenue Washington, D.C. 20009</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer LoBoeuf, Lamb, Greene &amp; MacRae</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date &gt; \$ 1,320</p>	<p>Date (month, day, year) 10/14/94</p>	<p>Amount of Each Receipt this Period 715</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> Cecelia Kompler 125 West 55th Street New York, New York 10019-5389</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer LoBoeuf, Lamb, Greene &amp; MacRae</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date &gt; \$ 1,320</p>	<p>Date (month, day, year) 10/14/94</p>	<p>Amount of Each Receipt this Period 715</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> Michael Lesch 125 West 55th Street New York, New York 10019-5389</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer LoBoeuf, Lamb, Greene &amp; MacRae</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date &gt; \$ 450</p>	<p>Date (month, day, year) 10/14/94</p>	<p>Amount of Each Receipt this Period 450</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> Alan M. Berman 125 West 55th Street New York, New York 10019-5389</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer LoBoeuf, Lamb, Greene &amp; MacRae</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date &gt; \$ 1,395</p>	<p>Date (month, day, year) 10/17/94</p>	<p>Amount of Each Receipt this Period 755</p>

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

\$7,395

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 10  
FOR LINE NUMBER 20

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**NAME OF COMMITTEE (In Full)**

LeBoeuf, Lamb, Greene & MacRae Political Action Committee

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A. Full Name, Mailing Address and ZIP Code Taylor R. Briggs 125 West 55th Street New York, New York 10019-5389	Name of Employer LeBoeuf, Lamb, Greene & MacRae  Occupation Attorney	Date (month, day, year) 10/17/94	Amount of Each Receipt this Period \$ 840
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,685	
B. Full Name, Mailing Address and ZIP Code Frank Cummings 1875 Connecticut Avenue Washington, D.C. 20009	Name of Employer LeBoeuf, Lamb, Greene & MacRae  Occupation Attorney	Date (month, day, year) 10/17/94	Amount of Each Receipt this Period 640
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,095	
C. Full Name, Mailing Address and ZIP Code Charles Landgraf 1875 Connecticut Avenue Washington, D.C. 20009	Name of Employer LeBoeuf, Lamb, Greene & MacRae  Occupation Attorney	Date (month, day, year) 10/17/94	Amount of Each Receipt this Period 300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 520	
D. Full Name, Mailing Address and ZIP Code Austin P. Olney 1875 Connecticut Avenue Washington, D.C. 20009	Name of Employer LeBoeuf, Lamb, Greene & MacRae  Occupation Attorney	Date (month, day, year) 10/17/94	Amount of Each Receipt this Period 330
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 930	
E. Full Name, Mailing Address and ZIP Code Joseph A. Taro 125 West 55th Street New York, New York 10019-5389	Name of Employer LeBoeuf, Lamb, Greene & MacRae  Occupation Attorney	Date (month, day, year) 10/17/94	Amount of Each Receipt this Period 410
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 730	
F. Full Name, Mailing Address and ZIP Code Robert Koen 125 West 55th Street New York, New York 10019-5389	Name of Employer LeBoeuf, Lamb, Greene & MacRae  Occupation Attorney	Date (month, day, year) 10/17/94	Amount of Each Receipt this Period 250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500	
G. Full Name, Mailing Address and ZIP Code Contributions under \$200	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 800
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	\$3,570
<b>TOTAL</b> This Period (last page this line number only) .....	10,965

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 6 OF 10  
FOR LINE NUMBER 29

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

**NAME OF COMMITTEE (In Full)**

LeBoeuf, Lamb, Greene & MacRae Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Monroe County Democratic Committee 65 W. Broad Street Rochester, N.Y. 11034	Fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/4/94	\$1,500
Friends of Mark Singel Committee 207 State Street Harrisburg, Pa. 17101	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/7/94	2,500
Friends of Pataki/McCoughey '94 355 Lexington Avenue New York, New York 10014	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/17/94	5,000
Tom Ridge Committee Byrne Manor, Pennsylvania 19010	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/17/94	500
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) ..... \$9,500

**TOTAL** This Period (last page this line number only) ..... 9,500





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

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

Name of Committee (in Full) LeBoeuf, Lamb, Greene & MacRae Political Action Committee	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor  NOT APPLICABLE				
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				
2) TOTALS This Period (last page in this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

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ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (In Full)  
LeBoeuf, Lamb, Greene & MacRae  
Political Action Committee

C00217885

Full Name, Mailing Address & ZIP Code of Each Payee	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
NOT APPLICABLE				
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose

24031083903

(a) SUBTOTAL of Itemized Independent Expenditures	\$	\$
(b) SUBTOTAL of Unitemized Independent Expenditures	\$	\$
(c) TOTAL Independent Expenditures	\$	\$

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 did not involve the financing of campaign materials, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
My Commission expires: \_\_\_\_\_

NOTARY PUBLIC

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

**ITEMIZED COORDINATED EXPENDITURES MADE BY  
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENTS(S)  
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE  
(2 U.S.C. §441e(d))**

(To be used only by Political Committees in the General Election)

Name of Political Committee (in Full)				
LeRoeuf, Lamb, Greene & MacRae Political Action Committee				
Has your Committee been designated to make coordinated expenditures by a political party committee? <span style="float:right">YES NO</span>				
If YES, name the designating committee:				
Full Name, Mailing Address and ZIP Code of Subordinate Committee				
NOT APPLICABLE				
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
Aggregate General Election Expenditure for this Candidate—\$				
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
Aggregate General Election Expenditure for this Candidate—\$				
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
Aggregate General Election Expenditure for this Candidate—\$				
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
Aggregate General Election Expenditure for this Candidate—\$				
<b>SUBTOTAL</b> of Expenditures This Page (optional) .....				
<b>TOTAL</b> This Period (last page this line number only) .....				

2400383904

**Federal Election Commission  
 ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

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