

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

A LIMITED LIABILITY PARTNERSHIP INCLUDING PROFESSIONAL CORPORATIONS

NEW YORK
WASHINGTON
ALBANY
BOSTON
DENVER
HARRISBURG
HARTFORD
JACKSONVILLE

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

TELEPHONE: 212 424 8000

FACSIMILE: 212 424 8000

WRITER'S DIRECT DIAL

LOS ANGELES
NEWARK
PITTSBURGH
SALT LAKE CITY
SAN FRANCISCO

BRUSSELS
LONDON
MOSCOW

November 30, 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 20, 1994 through November 28, 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:by

Enclosures

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REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

Dec 5 1 52 PM '94

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

5. Covering Period <u>10/20/94</u> through <u>11/28/94</u>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ 4,526.00
(b) Cash on Hand at Beginning of Reporting Period	\$ 3,629.00	
(c) Total Receipts (from Line 19)	\$ 19,855.00	\$ 61,220.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 23,484.00	\$ 65,746.00
7. Total Disbursements (from Line 30)	\$ 7,325.88	\$ 49,587.88
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 16,158.12	\$ 16,158.12
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 300 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 11/30/94

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

FEC FORM 3X

(revised 8/93)

FBI/ANI 01

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

(revised 1/1/91)

NAME OF COMMITTEE **LeBoeuf, Lamb, Greene & MacRae
Political Action Committee**

REPORT COVERING PERIOD
FROM **10/20/94** TO: **11/28/94**

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. Named (use Schedule A)	19,855.00	61,220.00	*11(a)
ii. Unnamed	-0-	-0-	11(a)(i)
iii. Total (add i and ii) >	19,855.00	61,220.00	11(a)(ii)
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) >	19,855.00	61,220.00	11(d)
12. Transfers From Affiliated/Other Party Committees	-0-	-0-	12
13. AF 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) >	19,855.00	61,220.00	19
20. Total Federal Receipts (subtract line 18 from line 19) >	19,855.00	61,220.00	20

II. Disbursements

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	2,575.88	18,287.88	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	4,750.00	31,300.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	7,325.88	49,587.88	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	7,325.88	49,587.88	31

III. Net Contributions/Operating Expenditures

32. Total Contributions (other than loans)(from line 11a)	19,855.00	61,220.00	32
33. Total Contribution Refunds (from line 28d)	-0-	-0-	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	19,855.00	61,220.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	-0-	-0-	35
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-	36
37. Net Operating Expenditures (subtract line 36 from 35) >	-0-	-0-	37

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 15
FOR LINE NUMBER

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)

LeRoeuf, Lamb, Greene & MacRae Political Action Committee

9403945373

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, N.Y. 10019	LeBoeuf, Lamb, Greene & MacRae	10/20/94 - 11/28/94	\$427.50 (Memo only)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Exempt legal or acctg.	Occupation: Staff Accountant Aggregate Year-to-Date: \$ 3,105.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date: \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date: \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date: \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date: \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date: \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date: \$		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 4 OF 15
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 David P. Bicks 125 West 55th Street New York, N.Y. 10019-5389	Name of Employer LeBoeuf, Lamb, Greene & MacRae Occupation Attorney	Date (month, day, year) 10/27/94	Amount of Each Receipt this Period \$ 580
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,100	
B. Full Name, Mailing Address and ZIP Code Richard R. Berman 125 West 55th Street New York, New York 10019-5389	Name of Employer LeBoeuf, Lamb, Greene & MacRae Occupation Attorney	Date (month, day, year) 10/27/94	Amount of Each Receipt this Period 205
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 470	
C. Full Name, Mailing Address and ZIP Code Thomas E. Burke 125 West 55th Street New York, N.Y. 10019-5389	Name of Employer LeBoeuf, Lamb, Greene & MacRae Occupation Attorney	Date (month, day, year) 11/7/94	Amount of Each Receipt this Period 455
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 870	
D. Full Name, Mailing Address and ZIP Code Davis R. Robinson 1875 Connecticut Avenue Washington, D.C. 20009	Name of Employer LeBoeuf, Lamb, Greene & MacRae Occupation Attorney	Date (month, day, year) 11/2/94	Amount of Each Receipt this Period 205
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 205	
E. Full Name, Mailing Address and ZIP Code George Abramowitz 1875 Connecticut Avenue Washington, D.C. 20009	Name of Employer LeBoeuf, Lamb, Greene & MacRae Occupation Attorney	Date (month, day, year) 11/5/94	Amount of Each Receipt this Period 625
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 625	
F. Full Name, Mailing Address and ZIP Code Laurence Acker 1875 Connecticut Avenue Washington, D.C. 20009	Name of Employer LeBoeuf, Lamb, Greene & MacRae Occupation Attorney	Date (month, day, year) 11/5/94	Amount of Each Receipt this Period 310
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 550	
G. Full Name, Mailing Address and ZIP Code Howard Aibel 125 West 55th Street New York, N.Y. 10019-5389	Name of Employer LeBoeuf, Lamb, Greene & MacRae Occupation Attorney	Date (month, day, year) 11/5/94	Amount of Each Receipt this Period 280
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 280	

SUBTOTAL of Receipts This Page (optional)

\$2,660

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 15
FOR LINE NUMBER 20

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NAME OF COMMITTEE (in Full)

LeBoeuf, Lamb, Greene & MacRae Political Action Committee

240594533734

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wesley Caldwell One Riverfront Plaza Newark, N.J. 07102	LeBoeuf, Lamb, Greene & MacRae	11/5/94	\$ 285
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$ 545		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Cole One Embarcadero Center San Francisco, Calif. 94111	LeBoeuf, Lamb, Greene & MacRae	11/5/94	240
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$ 535		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Cotton 725 South Figueroa Street Los Angeles, Calif. 90017	LeBoeuf, Lamb, Greene & MacRae	11/5/94	300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$ 595		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen Davis 125 West 55th Street New York, New York 10019-5389	LeBoeuf, Lamb, Greene & MacRae	11/5/94	330
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$ 580		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peter Demmerle 125 West 55th Street New York, New York 10019-5389	LeBoeuf, Lamb, Greene & MacRae	11/5/94	285
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$ 525		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carl Eklund 633 Seventeenth Street Denver, Colorado 80202	LeBoeuf, Lamb, Greene & MacRae	11/5/94	300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$ 300		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elias Farrah 260 Franklin Street Boston, Massachusetts 02110	LeBoeuf, Lamb, Greene & MacRae	11/5/94	255
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) \$1,995

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 20

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NAME OF COMMITTEE (In Full)
LeBoeuf, Lamb, Greene & MacRae Political Action Committee

94009453700

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gary Goodman 125 West 55th Street New York, New York 10019-5389	LeBoeuf, Lamb, Greene & MacRae	11/5/94	\$ 310
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$ 810		
Eric Haas 125 West 55th Street New York, New York 10019-5389	LeBoeuf, Lamb, Greene & MacRae	11/5/94	205
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$ 205		
John Huhs 125 West 55th Street New York, New York 10019-5389	LeBoeuf, Lamb, Greene & MacRae	11/5/94	410
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$ 410		
Peter Ivanick 125 West 55th Street New York, New York 10019-5389	LeBoeuf, Lamb, Greene & MacRae	11/5/94	225
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$ 225		
James Johnson 125 West 55th Street New York, New York 10019-5389	LeBoeuf, Lamb, Greene & MacRae	11/5/94	750
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$ 1,440		
John Kinzey 125 West 55th Street New York, New York 10019-5389	LeBoeuf, Lamb, Greene & MacRae	11/5/94	410
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$ 745		
Jane Koher 125 West 55th Street New York, New York 10019-5389	LeBoeuf, Lamb, Greene & MacRae	11/5/94	410
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$ 825		

SUBTOTAL of Receipts This Page (optional) \$2,720

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 7 OF 15
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 Robert Koen 125 West 55th Street New York, New York	Name of Employer LeBoeuf, Lamb, Greene & MacRae Occupation Attorney	Date (month, day, year) 11/5/94	Amount of Each Receipt this Period \$ 325
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$ 575	
B. Full Name, Mailing Address and ZIP Code Frederick Lacey One Riverfront Plaza Newark, New Jersey 07102	Name of Employer LeBoeuf, Lamb, Greene & MacRae Occupation Attorney	Date (month, day, year) 11/5/94	Amount of Each Receipt this Period 1,095
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 James Lapenn 125 West 55th Street New York, New York 10019-5389	Name of Employer LeBoeuf, Lamb, Greene & MacRae Occupation Attorney	Date (month, day, year) 11/5/94	Amount of Each Receipt this Period 310
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$ 560	
D. Full Name, Mailing Address and ZIP Code Thomas Mark 125 West 55th Street New York, New York 10019-5389	Name of Employer LeBoeuf, Lamb, Greene & MacRae Occupation Attorney	Date (month, day, year) 11/5/94	Amount of Each Receipt this Period 240
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$ 240	
E. Full Name, Mailing Address and ZIP Code Jay Martin 99 Washington Avenue Albany, New York 12210	Name of Employer LeBoeuf, Lamb, Greene & MacRae Occupation Attorney	Date (month, day, year) 11/5/94	Amount of Each Receipt this Period 255
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$ 255	
F. Full Name, Mailing Address and ZIP Code Bruce Miller 125 West 55th Street New York, New York 10019-5389	Name of Employer LeBoeuf, Lamb, Greene & MacRae Occupation Attorney	Date (month, day, year) 11/5/94	Amount of Each Receipt this Period 255
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$ 460	
G. Full Name, Mailing Address and ZIP Code Brian O'Neill 1875 Connecticut Avenue Washington, D.C. 20009	Name of Employer LeBoeuf, Lamb, Greene & MacRae Occupation Attorney	Date (month, day, year) 11/5/94	Amount of Each Receipt this Period 325
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$ 325	

SUBTOTAL of Receipts This Page (optional) \$2,805

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 8 OF 15
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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Poe 1875 Connecticut Avenue Washington, D.C. 20009	LeBoeuf, Lamb, Greene & MacRae	11/5/94	\$ 615
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$ 615		
William G. Primps 125 West 55th Street New York, New York 10019-5389	LeBoeuf, Lamb, Greene & MacRae	11/5/94	615
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$ 865		
Constantine Rollf 125 West 55th Street New York, New York 10019-5389	LeBoeuf, Lamb, Greene & MacRae	11/5/94	205
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$ 205		
Edward Reilly 125 West 55th Street New York, New York 10019-5389	LeBoeuf, Lamb, Greene & MacRae	11/5/94	240
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$ 240		
John Rudy 125 West 55th Street New York, New York 10019-5389	LeBoeuf, Lamb, Greene & MacRae	11/5/94	325
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$ 325		
Thomas Ruggiero 125 West 55th Street New York, New York 10019-5389	LeBoeuf, Lamb, Greene & MacRae	11/5/94	255
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$ 255		
Vernon Vig 125 West 55th Street New York, New York 10019-5389	LeBoeuf, Lamb, Greene & MacRae	11/5/94	345
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$ 655		

SUBTOTAL of Receipts This Page (optional) \$2,600

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 15
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	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Lisalee Wells 725 South Figueroa Street Los Angeles, California 90017	LeBoeuf, Lamb, Greene & MacRae Occupation: Attorney	11/5/94	\$ 510
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 510		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas West 99 Washington Avenue Albany, New York 12210	LeBoeuf, Lamb, Greene & MacRae Occupation: Attorney	11/5/94	205
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 205		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Woods One Embarcadero Center San Francisco, California 94111	LeBoeuf, Lamb, Greene & MacRae Occupation: Attorney	11/5/94	640
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 640		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Shirley Curfman 125 West 55th Street New York, New York 10019-5389	LeBoeuf, Lamb, Greene & MacRae Occupation: Attorney	11/50/94	205
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 205		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cameron F. MacRae 125 West 55th Street New York, New York 10019-5389	LeBoeuf, Lamb, Greene & MacRae Occupation: Attorney	11/10/94	970
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,810		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Contributions Under \$200	LeBoeuf, Lamb, Greene & MacRae Occupation:		4,545
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)	\$7,075
TOTAL This Period (last page this line number only)	19,855

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 10 OF 15
FOR LINE NUMBER 23

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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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mike DeWine for U.S. Senate 8 East Broad Street Columbus, Ohio 43215	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/94	\$ 500
B. Full Name, Mailing Address and ZIP Code Earl Pomeroy for Congress POB 746 Bismarck, N.D. 58502	Fundraiser Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/2/94	500
C. Full Name, Mailing Address and ZIP Code Earl Pomeroy for congress POB 746 Bismarck, N.D. 58502	Fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/2/94	250
D. Full Name, Mailing Address and ZIP Code Lawsons Gourmet Provisions POB 27716 Washington, D.C. 20038	Catering for Earl Pomeroy for Congress Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/2/94	325.88 contribution included
E. Full Name, Mailing Address and ZIP Code Bill Bradley for U.S. Senate '96 POB 1996 Woodbridge, N.J. 07095	Fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/4/94	500
F. Full Name, Mailing Address and ZIP Code The Lautenberg Committee 506 Senate Hart Office Bldg. Washington, D.C. 20051-3002	Fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/4/94	500
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) \$2,575.88

TOTAL This Period (last page this line number only) 2,575.88

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE **11** OF **15**
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

94039453730

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Mark Singer POB 11624 Harrisburg, Pa. 17108	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/94	\$ 500
B. Full Name, Mailing Address and ZIP Code Theodore for Governor One Insignia Financial Plaza Greenville, S.C. 29602	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/94	1,000
C. Full Name, Mailing Address and ZIP Code McCall for Comptroller '94 99 Wall Street New York, New York 10005	Re-election Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/2/94	2,000
D. Full Name, Mailing Address and ZIP Code Burstein '94 432 Park Avenue South New York, New York 10016	Fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/10/94	250
E. Full Name, Mailing Address and ZIP Code New York Republican State Committee 315 State Street Albany, New York 12210	Fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/10/94	1,000
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)

\$4,750

TOTAL This Period (last page this line number only)

4,750

SCHEDULE C
(Revised 3/80)

LOANS

Page 12 of 15 for
LINE NUMBER
Use separate schedules
for each numbered line.

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

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
NOT APPLICABLE			

Election: Primary General Other (specify):
 Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) 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: Primary General Other (specify):
 Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) 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 This Page (optional)	
TOTALS This Period (last page in this line only)	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

94039453791

SCHEDULE D

(Revised 3/80)

**DEBTS AND OBLIGATIONS
Excluding Loans**

Page 13 of 15 for
LINE NUMBER _____
(Use separate schedules
for each numbered line)

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 Payer

Purpose of Expenditure

Date (month, day, year)

Amount

Name of Federal Candidate supported or opposed by the expenditure & office sought

NOT APPLICABLE

Support Oppose

Support Oppose

Support Oppose

Support Oppose

Support Oppose

Support Oppose

(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 do not involve the financing of dissemination, distribution, or republication in whole or in part of any campaign materials created 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

94037453793

SCHEDULE F

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

Page 5 of 15 for
LINE NUMBER

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

Name of Political Committee (in Full) LeBoeuf, Lamb, Greene & MacRae Political Action Committee				
Has your Committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 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—\$				
SUBTOTAL of Expenditures This Page (optional)				
TOTAL This Period (last page this line number only)				

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**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 11/30/94
<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
E.P.	12/5/94
PREPARER	DATE PREPARED

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