

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)  
**California Pro Life Council, Inc.  
Political Action Committee**

ADDRESS (number and street)  Check if different than previously reported  
**2306 J Street, Suite 200**

CITY, STATE and ZIP CODE  
**Sacramento CA 95816**

2. FEC IDENTIFICATION NUMBER  
**C00228122**

3.  This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

Dec 23 11 22 AM '94

## 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 General (Type of Election)  
election on Nov 8, 94 in the State of CA

Thirtieth day report following the General Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is this Report an Amendment?     YES     NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10/1/94</u> through <u>10/19/94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ 6,087.44
(b) Cash on Hand at Beginning of Reporting Period	\$ 3,698.54	
(c) Total Receipts (from Line 19)	\$ 1,200.00	\$ 11,081.40
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 4,898.54	\$ 17,168.84
7. Total Disbursements (from Line 30)	\$ 712.78	\$ 10,983.08
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 4,185.76	\$ 4,185.76
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 969 E Street, NW Washington, DC 20463 Toll Free 800-424-9590 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  
**Mark Joseph Bourgeois**

Signature of Treasurer  
*Mark Joseph Bourgeois*

Date  
**12/23/94**

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

(revised 1/1/91)

NAME OF COMMITTEE <i>California Pro-Life Council, Inc. PAC</i>		REPORT COVERING PERIOD FROM <i>10/1/94</i> TO: <i>10/19/94</i>	
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)		<i>0</i>	<i>1,200</i>
ii. Unitemized		<i>1,200</i>	<i>9,837.92</i>
iii. Total (add i and ii) >		<i>1,200</i>	<i>11,037.92</i>
b. Political Party Committees		<i>0</i>	<i>0</i>
c. Other Political Committees (such as PACs)		<i>0</i>	<i>0</i>
d. Total Contributions (add a, b, c and d) >		<i>1,200</i>	<i>11,037.92</i>
12. Transfers From Affiliated/Other Party Committees		<i>0</i>	<i>0</i>
13. All Loans Received		<i>0</i>	<i>0</i>
14. Loan Repayments Received		<i>0</i>	<i>0</i>
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		<i>0</i>	<i>0</i>
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		<i>0</i>	<i>0</i>
17. Other Federal Receipts (Dividends, Interest, etc.)		<i>0</i>	<i>43.48</i>
18. Transfers from Nonfederal Account for Joint Activity		<i>0</i>	<i>0</i>
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		<i>1,200</i>	<i>11,081.40</i>
20. Total Federal Receipts (subtract line 18 from line 19) >		<i>1,200</i>	<i>11,081.40</i>
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share		<i>0</i>	<i>0</i>
ii. Non-Federal Share		<i>0</i>	<i>0</i>
b. Other Federal Operating Expenditures		<i>87.78</i>	<i>260.48</i>
c. Total Operating Expenditures (add a i, a ii, and b) >		<i>87.78</i>	<i>260.48</i>
22. Transfers to Affiliated/Other Party Committees		<i>0</i>	<i>0</i>
23. Contributions to Federal Candidates/Committees and Other Political Committees		<i>325</i>	<i>10,860</i>
24. Independent Expenditures (use Schedule E)		<i>300</i>	<i>1,838.65</i>
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		<i>0</i>	<i>0</i>
26. Loan Repayments Made		<i>0</i>	<i>0</i>
27. Loans Made		<i>0</i>	<i>0</i>
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees		<i>0</i>	<i>0</i>
b. Political Party Committees		<i>0</i>	<i>0</i>
c. Other Political Committees (such as PACs)		<i>0</i>	<i>0</i>
d. Total Contribution Refunds (add a, b and c) >		<i>0</i>	<i>0</i>
29. Other Disbursements		<i>0</i>	<i>23.95</i>
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		<i>712.78</i>	<i>12,983.08</i>
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		<i>712.78</i>	<i>12,983.08</i>
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)		<i>1,200</i>	<i>11,037.92</i>
33. Total Contribution Refunds (from line 28d)		<i>0</i>	<i>0</i>
34. Net Contributions (other than loans)(subtract line 33 from 32)		<i>1,200</i>	<i>11,037.92</i>
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		<i>87.78</i>	<i>260.48</i>
36. Offsets to Operating Expenditures (from line 15)		<i>0</i>	<i>0</i>
37. Net Operating Expenditures (subtract line 36 from 35) >		<i>87.78</i>	<i>260.48</i>

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**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 5  
FOR LINE NUMBER 216

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)  
*California ProLife Council, Inc. Political Action Committee*

9403934506

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>U S Postmaster 3775 Industrial Blvd West Sacramento CA</i>	<i>Postage year to date 237.78</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/7/94</i>	<i>87.78</i>
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

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

*87.78*

TOTAL This Period (last page this line number only) .....

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 4 OF 5  
FOR LINE NUMBER 23

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

**NAME OF COMMITTEE (In Full)**

*California Pro Life Council, Inc. Political Action Committee*

94037543701

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>LaFever For Congress PO Box 1348 Dixon CA 95620 CD # 3 CA</i>	<i>Direct Contribution</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/18/94</i>	<i>\$200</i>
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Richard Pombo for Congress 2825 N Maple Rd Tracy CA 95376 CD # 11 CA</i>	<i>Direct Contribution</i> <i>year to date 250</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/18/94</i>	<i>125</i>
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

**SUBTOTAL** of Disbursements This Page (optional) .....

*325*

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

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (in Full)

California Pro-life Council, Inc. Political Action Committee

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

Southern Cross  
PO Box 81869  
San Diego CA 92138

Newspaper

10/19/94

300

Several federal candidates

Support  Oppose

Support  Oppose

Support  Oppose

Support  Oppose

Support  Oppose

Support  Oppose

(a) SUBTOTAL of Itemized Independent Expenditures

\$ 300

(b) SUBTOTAL of Unitemized Independent Expenditures

\$ 300

(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 dissemination, 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 21<sup>st</sup> day of Dec. 19 94

My Commission expires: 3-7-97

*Richard W. Levy*  
NOTARY PUBLIC

*Mark Joseph Bangler*  
Signature

Date 12/21/94



94037043000

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.

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

12-27-94

No Postmark

Postmark Illegible

Received from the House Office of Records  
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public  
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

*Jes.*  
PREPARER

12-29-94  
DATE PREPARED

2 4 6 3 7 2 4 5 1 3 7