

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) <i>California ProLife Council, Inc. Political Action Committee</i>	2. FEC IDENTIFICATION NUMBER <i>C00228122</i>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <i>2306 J Street, Suite 200</i>	3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE <i>Sacramento CA 95816</i>	

Jan 3 11 52 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:

- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |

Twelfth day report preceding _____
(Type of Election)
election on _____ in the State of _____

Thirtieth day report following the General Election on
11/2/94 in the State of *CA*

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <i>10/20/94</i> through <i>11/28/94</i>		
6. (a) Cash on Hand January 1, 19 <i>94</i>		<i>\$ 6087.44</i>
(b) Cash on Hand at Beginning of Reporting Period	<i>\$ 4185.76</i>	
(c) Total Receipts (from Line 19)	<i>\$ 1196.34</i>	<i>\$ 12277.79</i>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<i>\$ 5382.10</i>	<i>\$ 18365.18</i>
7. Total Disbursements (from Line 30)	<i>\$ 766</i>	<i>\$ 13749.08</i>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<i>\$ 4616.10</i>	<i>\$ 4616.10</i>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<i>\$ 0</i>	For further information contact: Federal Election Commission 550 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)	<i>\$ 0</i>	

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 <i>Mark Joseph Bourgeois</i>	Date
Signature of Treasurer <i>Mark Joseph Bourgeois</i>	<i>12/29/94</i>

NOTE: Submission of false, anonymous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

95037050007

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

[revised 3/1/91]

NAME OF COMMITTEE <i>California Pro-life Council, Inc. Political Action Committee</i>		REPORT COVERING PERIOD FROM <i>10/20/94</i> TO: <i>11/28/94</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>1200</i>
ii. Unitemized		<i>986.67</i>	<i>10824.59</i>
iii. Total	(add i and ii) >	<i>986.67</i>	<i>12024.59</i>
b. Political Party Committees		<i>0</i>	<i>0</i>
c. Other Political Committees (such as PACs)		<i>200</i>	<i>200</i>
d. Total Contributions	(add a ii, b and c) >	<i>1186.67</i>	<i>12224.59</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>9.67</i>	<i>53.15</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>1196.34</i>	<i>12277.74</i>
20. Total Federal Receipts	(subtract line 18 from line 19) >	<i>1196.34</i>	<i>12277.74</i>
II. Disbursements			
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>10</i>	<i>270.48</i>
c. Total Operating Expenditures	(add a i, a ii, and b) >	<i>10</i>	<i>270.48</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>500</i>	<i>11360</i>
24. Independent Expenditures (use Schedule E)		<i>256</i>	<i>2074.65</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. Individuals/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>766</i>	<i>13749.08</i>
31. Total Federal Disbursements	(subtract line 21 a ii from line 30) >	<i>766</i>	<i>13749.08</i>
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		<i>1186.67</i>	<i>12224.59</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>1186.67</i>	<i>12224.59</i>
35. Total Federal Operating Expenditures	(add 21 a i and 21 b) >	<i>10</i>	<i>270.48</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>10</i>	<i>270.48</i>

950395000

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **3** OF **5**
FOR LINE NUMBER **11.c.**

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

A. Full Name, Mailing Address and ZIP Code <i>LeFever For Congress PO BOX 1348 Dixon CA 95620</i>	Name of Employer <i>CD # 3 CA ED # C00384080</i>	Date (month, day, year) <i>11/1/94</i>	Amount of Each Receipt this Period <i>200</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date <i>> \$ 200</i>	
B. 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):	Occupation	Aggregate Year-to-Date <i>> \$</i>	
C. 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):	Occupation	Aggregate Year-to-Date <i>> \$</i>	
D. 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):	Occupation	Aggregate Year-to-Date <i>> \$</i>	
E. 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):	Occupation	Aggregate Year-to-Date <i>> \$</i>	
F. 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):	Occupation	Aggregate Year-to-Date <i>> \$</i>	
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):	Occupation	Aggregate Year-to-Date <i>> \$</i>	

95039-5000

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

200

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 ProLife Council, Inc. Political Action Committee

9503250010

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement <i>Direct Contribution CD & M CA year to date 760</i>	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Doolittle For Congress 11954 Prospect Hill Dr Gold River CA 95620</i>	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>11/1/94</i>	<i>500</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)

TOTAL This Period (last page this line number only)

500

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

95037050011

Name of Committee (in Full) <i>California ProLife Council, Inc. Political Action Committee</i>				
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
<i>KFZA - AM Radio 5705 Marconi Ave Carmichael CA 95608</i>	<i>Radio</i>	<i>11/4/94</i>	<i>256</i>	<i>John Doolittle CD # 4 CA</i> <input checked="" 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
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
(a) SUBTOTAL of Itemized Independent Expenditures			<i>\$ 256</i>	
(b) SUBTOTAL of Unitemized Independent Expenditures			<i>\$</i>	
(c) TOTAL Independent Expenditures			<i>\$ 256</i>	

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.

Mark Bourgeois 12/29/94
Signature Date

Subscribed and sworn to before me this 29th day of December, 1994

My Commission expires: Mar 12, 1996 *Sted S Raza*



**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
12-29-94

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

JMN
PREPARER

1-3-95
DATE PREPARED

9 5 0 3 7 2 5 0 7 1 2