

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)
 C08159319 121094 p 252
 RANDY J GOODWIN
 JUSTICE-PAC
 2891 E VALLEY PARKWAY STE 1C
 ESCONDIDO CA 92027

FEB 5 12 53 PM '95

2. FEC IDENTIFICATION NUMBER

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	11/29/94 through 12/31/94		
6. (a) Cash on Hand January 1, 1994			\$ 1548.48
(b) Cash on Hand at Beginning of Reporting Period		\$ 7362.44	
(c) Total Receipts (from Line 19)		\$ 11212.66	\$ 287629.01
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 18575.10	\$ 289177.49
7. Total Disbursements (from Line 30)		\$ 13230.48	\$ 283832.87
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 5344.62	\$ 5344.62
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 2000.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 49401.29	

For further information contact:
 Federal Election Commission
 999 E Street, NW
 Washington, DC 20463
 Toll Free 800-424-9630
 Local 202-219-3420

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

Randy J. Goodwin

Signature of Treasurer

Randy Goodwin

Date

1-30-95

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)

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

(revised 1/1/91)

NAME OF COMMITTEE Justice PAC		REPORT COVERING PERIOD FROM 11/29/94 TO 12/31/94	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	519.00	15018.56	11(a)(i)
ii. Unitemized	10029.94	257036.32	11(a)(ii)
iii. Total (add i and ii) >	10548.94	272054.88	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) >	10548.94	272054.88	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		2480.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	663.72	13094.13	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	11212.66	287629.01	19
20. Total Federal Receipts (subtract line 18 from line 19) >	11212.66	287629.01	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures	13230.48	276732.67	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	13230.48	276732.67	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees		4100.00	23
24. Independent Expenditures (use Schedule E)		2197.20	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) >			28(d)
29. Other Disbursements		803.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	13230.48	283832.87	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	13230.48	283832.87	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) from line 11d)	10548.94	272054.88	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	10548.94	272054.84	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	13230.48	276732.67	35
36. Offsets to Operating Expenditures (from line 15)		2480.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	13230.48	274252.67	37

95039644010

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)

Justice PAC

95039644011

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Stanley L. Brown 139 Medford Leas Medford, NJ 08055		12/12/94	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): oper exp	Occupation: Medical Doctor Aggregate Year-to-Date > \$ 200.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Margaret J. Fischer 11 5th Ave New York, NY 10003	info requested	12/7/94	37.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): oper exp	Occupation: Aggregate Year-to-Date > \$ 261.88		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Russell E. Newman Mt Vernon Square Clio, MI 48420	info requested	12/8/94	15.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): oper exp	Occupation: Aggregate Year-to-Date > \$ 255.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Alyne K. Bugbee 207 E Mulberry Ave San Antonio TX 78212	info requested	12/7/94	37.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): oper exp	Occupation: Aggregate Year-to-Date > \$ 280.94		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Evalyn O. Flory 10901 179th Ave NE #G1314 Redmond WA 98052	info requested	12/5/94	35.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): oper exp	Occupation: Aggregate Year-to-Date > \$ 253.94		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Wilma Fulk 2775 Rathbone Rd Lincoln NE 68502	info requested	12/9/94	65.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): oper exp	Occupation: Aggregate Year-to-Date > \$ 215.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Irene Brooks 1139 Eddie Ave Lansing MI 48917	info requested	11/30/94	10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): oper exp	Occupation: Aggregate Year-to-Date > \$ 323.64		

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 2 OF 2

FOR LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)

Justice PAC

95039644012

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Urith I. Baker 2550 N Dodge Blvd #108B Tucson AZ 85716	info requested	11/30/94	20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): oper exp	Occupation	Aggregate Year-to-Date > \$ 210.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gerald Hollenbeck 4275 Owego Rd Owego NY 13827	info requested	12/27/94	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): oper exp	Occupation	Aggregate Year-to-Date > \$ 219.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frances H. Wheeler 39 Vine St Malrose MA 02176	info requested	12/15/94	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): oper exp	Occupation	Aggregate Year-to-Date > \$ 220.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Allen Latham Jr. 143 Whitcomb Ave Boston MA 02130	info requested	12/23/94	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): oper exp	Occupation	Aggregate Year-to-Date > \$ 223.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Douglas L. Wilson 1075 Bellevue Way NE Bellevue WA 98004	info requested	12/9/94	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): oper exp	Occupation	Aggregate Year-to-Date > \$ 237.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary E. Martin 10 Salem St Newburyport MA 01950	info requested	12/8/94	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): oper exp	Occupation	Aggregate Year-to-Date > \$ 228.88	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Demaris B. Matteo 139 Evergreen Place Teaneck NJ 07666	info requested	12/1/94	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

519.00

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
Justice PAC

95039644013

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Omega List Co 1420 Spring Hill Rd #490 McLean VA 22102		12/9/94	617.92
	Occupation	12/30/94	45.80
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): List Rental	Aggregate Year-to-Date > \$		
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):	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
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
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
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
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)

TOTAL This Period (last page this line number only) 663.72

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21

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NAME OF COMMITTEE (in Full)
Justice PAC

95032645014

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Catterton Printing P.O. Box 347 Waldorf MD 20604	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) oper exp	12/19/94	706.20
Colortree of Virginia 2519 Brittons Rd Richmond VA	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) oper exp	12/12/94 12/19/94	2735.10 2632.50
Gary G. Kreep 2091 E Valley Parkway, #1c Escondido CA 92027	Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) oper exp	11/29/94	247.50
J. J. Mailing 41 Commerce Hollywood MD 20636	Mailing Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) oper exp	12/5/94	186.66
James Lacy 30100 Town Center Dr #0-269 Laguna Niguel CA 92677	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) oper exp	11/29/94	250.00
KBR, Inc., C/O Eberle & Assoc. 1420 Spring Hill Rd #490 McLean VA 22102	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) oper exp	12/5/94 12/12/94 12/19/94	1775.00 800.00 500.00
New York Times P.O. Box 85055 Louisville KY 40285	subscription Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) oper exp	12/28/94	105.06
Reed Envelope Co. 6310-G Gravel Alexandria VA 22310	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) oper exp	12/5/94	1134.05
Washington Intelligence Bureau 2727 Merrilee Fairfax VA 22031	Caging Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) oper exp	12/29/94	1832.12

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

12904.19

SCHEDULE C
 (Revised 3/80)

LOANS

Name of Committee (in Full)
Justice PAC

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
Nat. Comm. for Conservative Pol. Action 1001 Dove St #200 Newport Beach CA 92660	3500.00	1500.00	2000.00

Election: Primary General Other (specify):
 Terms: Date Incurred 8/14/92 Date Due none Interest Rate none % (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: \$

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SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	2000.00

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

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Justice PAC				
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor Colortree of Virginia 2519 Brittons Rd Richmond VA 23230	5367.60	470.00	5367.60	470.00
Nature of Debt (Purpose): Printing				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor Catterton Printing P.O. Box 347 Waldorf MD	5531.20	1276.30	706.20	6101.30
Nature of Debt (Purpose): Printing				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor Eberle & Associates 1420 Spring Hill Rd #490 McLean VA 22102	19296.12	461.60	-0-	19757.72
Nature of Debt (Purpose): creative fees				
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor Eberle Data Center 1420 Spring Hill Rd #490 McLean VA 22102	9888.74	1242.55	-0-	11131.29
Nature of Debt (Purpose): Data Processing				
E. Full Name, Mailing Address and Zip Code of Debtor or Creditor Falcon Printing 1921 Gallows Vienna VA 22182	434.72	-0-	-0-	434.72
Nature of Debt (Purpose): Printing				
F. Full Name, Mailing Address and Zip Code of Debtor or Creditor J. J. Mailing 41 Commerce Hollywood MD	2767.86	-0-	186.66	2581.20
Nature of Debt (Purpose): Mailing Services				
1) SUBTOTALS This Period This Page (optional)				
2) TOTAL This Period (last page 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)				

9
0
4
3
9
0
3
0
5
9

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Justice PAC				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor KIMCO Business Resources 1601 5th St Washington DC 20001	-0-	499.28	-0-	499.28
Nature of Debt (Purpose): Printing				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Omega List Co. 1420 Spring Hill Rd #490 McLean VA 22102	5029.81	-0-	-0-	5029.81
Nature of Debt (Purpose): List Rental				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Reed Envelope Co. 6310-G Gravel Alexandria VA 22310	1134.05	-0-	1134.05	-0-
Nature of Debt (Purpose): Printing				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Sisk Mailing Service 7 Chesapeake Bay Bus. Park Stevensville MD 21666	329.02	-0-	-0-	329.02
Nature of Debt (Purpose): Mailing Services				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Washington Intelligence Bureau 2727 Merrilee Fairfax VA 22031	3035.95	1863.12	1832.12	3066.95
Nature of Debt (Purpose): Caging				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				

95039644017

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)	49401.29

