

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
4412 ROOM

DEC 20 9 20 AM '96

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)  
**CALIFORNIA PROLIFE COUNCIL INC PAC**

ADDRESS (number and street)  Check if different than previously reported  
**2306 J ST STE 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)

## 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  
11/05 in the State of CALIF.

(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10/1/96</u> through <u>11/25</u>		
6. (a) Cash on Hand January 1, 19 <u>96</u>		\$ 5037.49
(b) Cash on Hand at Beginning of Reporting Period	\$ 10,746.53	
(c) Total Receipts (from Line 19)	\$ 44,250.43	\$ 53,344.03
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 54,996.96	\$ 58,371.52
7. Total Disbursements (from Line 30)	\$ 12,256.87	\$ 15,631.43
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 42,740.09	\$ 42,740.09
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

**JAMES MATHWIG**

Signature of Treasurer

*James R Mathwig*

Date

**12/17/96**

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 9/93)

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/81)

NAME OF COMMITTEE

**CALIFORNIA PROLIFE COUNCIL, INC PAC**

REPORT COVERING PERIOD

FROM

TO:

### 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)	34,300.00	34,300.00	11(a)(i)
ii. Unitemized	9,919.00	18,803.08	11(a)(ii)
iii. Total (add i and ii) >	44,219.00	53,103.08	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) >	44,219.00	53,103.08	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.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.) <b>INTEREST</b>	31.43	240.95	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	44,250.43	53,344.03	19
20. Total Federal Receipts (subtract line 18 from line 19) >	44,250.43	53,344.03	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			21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >			21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	6,134.00	8,724.00	23
24. Independent Expenditures (use Schedule E)	6,072.97	6,659.07	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. Individual/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 <b>BANK CHARGES</b>	60.00	248.36	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	12,256.87	15,631.43	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	12,256.87	15,631.43	31

### III. Net Contributions/Operating Expenditures

32. Total Contributions (other than loans)(from line 11d)	44,219.00	53,103.08	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	44,219.00	53,103.08	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) >			37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3  
FOR LINE NUMBER 11A1

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, PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MIKE GERAWAN 6201 S. ENGLEHART REEDLEY, CA 93654	SELF Occupation: FRUIT GROWER	10/16/96	5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JILL GERAWAN 6201 S. ENGLEHART REEDLEY, CA 93654	HOUSEWIFE	10/16/96	5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5,000.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LORE GERAWAN 6201 S. ENGLEHART REEDLEY, CA 93654	BLUE SKIES SCREENED PRINT Occupation: OWNER	10/17/96	5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5,000.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAN GERAWAN PO BOX 1249 REEDLEY, CA 93654	SELF Occupation: FRUIT GROWER	10/17/96	5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5,000.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GUS REYES 7509 N. 1ST #203 FRESNO, CA 93720	INFORMATION REQUESTED	10/17/96	5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5,000.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MIKE CALLAGHAN 1149 W. BARSTOW FRESNO, CA 93711	SELF Occupation: CONSTRUCTION	10/17/96	5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5,000.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NANCY RE DALLE 1064 ARNOLD DR PASADENA CA 91103	PAUL, HASTINGS, JANOSKI & WALKER Occupation: PARTNER	10/22	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

31,000.00

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 3  
FOR LINE NUMBER 1121

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NAME OF COMMITTEE (in Full)

CALIFORNIA PRO LIFE COUNCIL, INC PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KATHLEEN L. MC CARTHY 10449 BAINBRIDGE AVE LOS ANGELES CA 90024	HOUSEWIFE	10/21/96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
TIMOTHY A. LAWS 13725 MOONSHADOW PL CULVER HILLS CA 91709	INFORMATION REQUESTED	10/22/96	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MR ROBERT T. BAYNES 867 FLOYD AVE CULVER VISTAS CA 91910	HOUSEWIFE	11/1/96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" 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
RICHARD F STENGER 4974 E. CLINTON WAY #300 FRESNO, CA 93727	SELF DEVELOPER	10/17/96	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" 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
DARLENE BRAZIL 751 S. 3RD ST KELMAN CA 93630	HOUSEWIFE	10/21/96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" 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
SUSAN HORNOR 11833 W. CALIFORNIA AVE FRESNO, CA 93706	HOUSEWIFE	10/20/96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" 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
JOSEPH L. CASTANOS 2657 W. LAKE VARNNESS CIR. FRESNO, CA 93711	RETIRED	10/21/96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

3,000.00

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 3 OF 3  
FOR LINE NUMBER 1101

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. PAC

A. Full Name, Mailing Address and ZIP Code MICHAEL KELLEY 122 N. ROSE ST ANAHEIM, CA 92805	Name of Employer INFORMATION REQUESTED  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year) 10/24/96	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) .....	300.00
TOTAL This Period (last page this line number only) .....	34,300.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 3  
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

CALIFORNIA PRO LIFE COUNCIL, INC PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
LEFEBRE FOR CONGRESS PO BOX 1308 DIXON, CA 95620	RADIO DIST 5 (0254FD) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/5/96	125.00
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) .....

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 2  
FOR LINE NUMBER 33

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NAME OF COMMITTEE (In Full)

CALIFORNIA PRO LIFE COUNCIL, INC. PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NATIONAL RIGHT TO LIFE 419 7TH ST NW, STE 500 WASHINGTON DC 20004	CONTRIBUTION TO OTHER PAC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/25/96	5,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
LOUISIANA PRO LIFE VOTERS PAC 4518 LAKE LOUISE AVE METairie, LA 70006	CONTRIBUTION TO OTHER PAC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/25/96	999.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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

5,999.00

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

6124.00

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (in Full)					
CALIFORNIA PROLIFE COUNCIL INC PAC		C00228122			
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	
DALTON MEDIA STUDIOS 1430 ECHO FRESNO, CA 93704	MEDIA ADS	10/25/96	30,500.00	CAL DOOLEY CD 20	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
<del>DAVID SOLOMAN</del>	<del>RETIRED</del>	<del>10/25/96</del>	<del>2,000.00</del>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
BRAEBENDER COX PO BOX 42366 PITTSBURG, PA 15203	PRODUCTION SERVICES FOR "DINNER PARTY" FAZIO VERSION	10/21/96	50000	VIC FAZIO CD 3	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
BRAEBENDER COX PO BOX 42366 PITTSBURG, PA 15203	PRODUCTION SERVICES FOR DINNER PARTY "DOOLEY" VERSION	10/21/96	150000	CAL DOOLEY CD 20	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
EU. SERVICES PO BOX 75241 BALTIMORE MD 21275-0242	PRINTING	11/25/96	3,500	BOB DOLL PRESIDENT	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU SERVICES PO BOX 75241 BALTIMORE MD 21275-0242	PRINTING	11/25/96	455-	FRANK BIGGS CD 1	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
a) SUBTOTAL of Itemized Independent Expenditures			35,435.50		
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 dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Signature: James R. Mathewicz

Date: 12/17/96

Subscribed and sworn to before me this 17th day of December, 1996

My Commission expires: 5-13-2000





ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (in Full)		C00228122		
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
EU SERVICES PO BOX 75241 BALTIMORE MD 21275-0242	PRINTING, SLATE	11/25/96	475.00	TIM LEFEBER CD 3 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU SERVICES PO BOX 75241 BALTIMORE MD 21275-0242	PRINTING, SLATE	11/25/96	400.00	BILL BAKER CD 10 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU SERVICES PO BOX 75241 BALTIMORE MD 21275-0242	PRINTING, SLATE	11/25/96	370.00	TRICE HARVEY CD 30 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU SERVICES PO BOX 75241 BALTIMORE MD 21275-0242	PRINTING, SLATE	11/25/96	400.00	ANDREA SEASTRAND CD 22 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU SERVICES PO BOX 75241 BALTIMORE MD 21275-0242	PRINTING, SLATE	11/25/96	370.00	JIM ROGAN CD 27 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU SERVICES PO BOX 75241 BALTIMORE MD 21275-0242	PRINTING, SLATE	11/25/96	435.00	LINDA WILDE CD 42 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
(a) SUBTOTAL of Itemized Independent Expenditures			2,450.00	
(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 dissemination, distribution, or publication in whole or in part of any campaign materials prepared by the candidate, the campaign committee, or their agent.

James R. Matthews 12/17/96  
Signature Date

Subscribed and sworn to before me this 17th day of December, 1996

My Commission expires: 5-13-2000 Marge Melancon  
NOTARY PUBLIC



ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (In Full)				
CALIFORNIA PROLIFE COUNCIL INC PAC		C00228122		
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
EU SERVICES PO BOX 75241 BALTIMORE MD 21275-0242	PRINTING, SLATE	11/25/96	370.00	BOB DORNAN CD 46 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
EU SERVICES PO BOX 75241 BALTIMORE, MD 21275-0242	PRINTING, SLATE	11/25/96	245.00	JIM BAIZE CD 50 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
HEAVENLY PRESS 1566 W. SAN BERNARDINO RD COVINA CA 91722	SLATE PRINTING	10/18/96	<del>4.37</del> 36.75	BOB DOLE/ JACK KEPP PRES. / N P <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
HEAVENLY PRESS 1566 W. SAN BERNARDINO RD COVINA CA 91722	SLATE PRINTING	10/18/96	4.37	JAMES ROGAN CD 37 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
HEAVENLY PRESS 1566 W. SAN BERNARDINO RD COVINA CA 91722	SLATE PRINTING	10/18/96	4.37	DAVID DREIER CD 38 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
HEAVENLY PRESS 1566 W. SAN BERNARDINO RD COVINA CA 91722	SLATE PRINTING	10/18/96	4.37	PAUL STEPANER CD 29 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
(a) SUBTOTAL of Itemized Independent Expenditures			664.86	
(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 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 17th day of December, 1996

My Commission expires:

5-13-2000

Marge Melancon  
NOTARY PUBLIC

James R. Matthews 12/17/96  
Date



ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

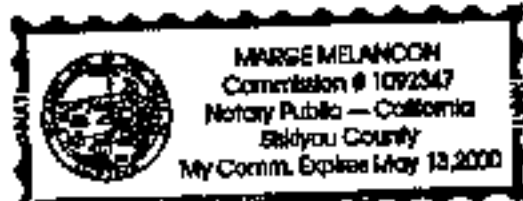
Name of Committee (In Full)		C00228122		
Full Name, Mailing Address & ZIP Code of Each Payee	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
HEAVENLY PRESS 1566 W. SAN BERNARDINO RD COVINA CA 91722	SLATE PRINTING	10/18/96	4.37	JOHN FLORES CD 31 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
HEAVENLY PRESS 1566 W. SAN BERNARDINO RD COVINA CA 91722	SLATE PRINTING	10/18/96	4.37	LARRY ARBITO CD 32 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
HEAVENLY PRESS 1566 W. SAN BERNARDINO RD COVINA CA 91722	SLATE PRINTING	10/18/96	<del>4.37</del> 14.71	JOHN P LEONARD CD 33 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
HEAVENLY PRESS 1566 W. SAN BERNARDINO RD COVINA CA 91722	SLATE PRINTING	10/18/96	4.37	DAVID NUDEZ CD 34 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
HEAVENLY PRESS 1566 W. SAN BERNARDINO RD COVINA CA 91722	SLATE PRINTING	10/18/96	4.37	ERIC CARLSON CD 35 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
HEAVENLY PRESS 1566 W. SAN BERNARDINO RD COVINA CA 91722	SLATE PRINTING	10/18/96	14.70	MICHAEL VOETSE CD 37 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
(a) SUBTOTAL of itemized independent expenditures .....			\$ 46.89	
(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 dissemination, distribution, or republication in whole or in part of any campaign material prepared by the candidate, his campaign committee, or their agent.

Subscribed and sworn to before me this 17th day of December, 1996

My Commission expires: 5-13-2000 Marge Melancon  
NOTARY PUBLIC

James R. Anthony 12/17/96  
Signature Date



ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (In Full)					
CALIFORNIA PRO LIFE COUNCIL, INC PAC		C00278122			
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	
HEAVENLY PRESS 1566 W. SAN BERNARDINO RD COVINA CA 91733	SLATE PRINTING	10/18/96	10.33	DANA ROMRASACHNEE CD 45	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
HEAVENLY PRESS 1566 W. SAN BERNARDINO RD COVINA CA 91733	SLATE PRINTING	10/18/96	21.92	DUNCAN HUNTER CD 52	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
HEAVENLY PRESS 1566 W. SAN BERNARDINO RD COVINA CA 91733	SLATE PRINTING	10/18/96	14.70	ED ROUBE CD 39	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
HEAVENLY PRESS 1566 W. SAN BERNARDINO RD COVINA CA 91733	SLATE PRINTING	10/18/96	4.37	JAY KIM CD 41	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
DAVID SOLOMAN, PRINTER PO BOX 1443 SACRAMENTO CA 95812	SLATE PRINTING	10/17/96	669.56	BOB DOE PRES.	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
DAVID SOLOMAN, PRINTER PO BOX 1443 SACRAMENTO CA 95812	SLATE PRINTING	10/17/96	669.56	JACK KEMP V.P	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
(a) SUBTOTAL of Itemized Independent Expenditures			\$ 1290.44		
(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 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 17<sup>th</sup> day of December, 19 96

My Commission expires: 5-13-2000 Marge Melancon  
NOTARY PUBLIC

Signature: [Handwritten Signature] Date: 12/17/96



ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (in Full)		C 00228122		
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
DAVID SOLOMON, PRINTER PO BOX 1443 SACRAMENTO CA 95812	SLATE PRINTING	10/17/96	121.74	WALLY HERGEN CD 2 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
DAVID SOLOMON, PRINTER PO BOX 1443 SACRAMENTO, CA 95812	SLATE PRINTING	10/17/96	60.87	TIM LEFEVER CD 3 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
DAVID SOLOMON, PRINTER PO BOX 1443 SACRAMENTO, CA 95812	SLATE PRINTING	10/17/96	60.87	John DOOLITTLE CD 4 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
DAVID SOLOMON PRINTER PO BOX 1443 SACRAMENTO, CA 95812	SLATE PRINTING	10/17/96	60.87	BOB DINSMORE CD 5 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
DAVID SOLOMON, PRINTER PO BOX 1443 SACRAMENTO, CA 95812	SLATE PRINTING	10/17/96	121.74	RICHARD POUSSO CD 11 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
DAVID SOLOMON, PRINTER PO BOX 1443 SACRAMENTO, CA 95812	SLATE PRINTING	10/17/96	60.87	NORMAN REECE CD 7 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
(a) SUBTOTAL of Itemized Independent Expenditures			486.96	
(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, 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 17th day of December, 1996

My Commission expires: 5-13-2000 Marge Melancon  
NOTARY PUBLIC

James R. Mathewig 12/17/96  
Signature Date



ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (in Full)		C 0 0 2 2 8 1 2 2		
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
DAVID SOLOMON, PRINTER PO BOX 1443 SACRAMENTO CA 95812	SLATE PRINTING	10/17/96	60.87	DEBORAH WRIGHT CD 9 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
DAVID SOLOMON, PRINTER PO BOX 1443 SACRAMENTO, CA 95812	SLATE PRINTING	10/17/96	60.87	BILL BAKER CD 10 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
DAVID SOLOMON, PRINTER PO BOX 1443 SACRAMENTO, CA 95812	SLATE PRINTING	10/17/96	21.74	JAMES FAY CD 13 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
DAVID SOLOMON, PRINTER PO BOX 1443 SACRAMENTO, CA 95812	SLATE PRINTING	10/17/96	60.87	CHUCK WOSLAW CD 16 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
DAVID SOLOMON, PRINTER PO BOX 1443 SACRAMENTO, CA 95812	SLATE PRINTING	10/17/96	60.87	ANDREW SEASTRAND CD 33 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
DAVID SOLOMON, PRINTER PO BOX 1443 SACRAMENTO, CA 95812	SLATE PRINTING	10/17/96	121.74	ELTON GALLEGLY CD 33 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
(a) SUBTOTAL of Itemized Independent Expenditures			466.96	
(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 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 17<sup>th</sup> day of

December, 1996

My Commission expires:

5-13-2000

Marge Melancon  
NOTARY PUBLIC

James R. Matthews 12/17/96  
Signature Date



ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (In Full)		C 00228122		
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
DAVID SOLOMON, PRINTER PO BOX 1443 SACRAMENTO CA 95812	SLATE PRINTING	10/17/96	60.87	JAMES ROGAN CD 37 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
DAVID SOLOMON, PRINTER PO BOX 1443 SACRAMENTO, CA 95812	SLATE PRINTING	10/17/96	60.87	ED ROYCE CD 39 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
DAVID SOLOMON, PRINTER PO BOX 1443 SACRAMENTO, CA 95812	SLATE PRINTING	10/17/96	60.87	JAY KIM CD 41 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
DAVID SOLOMON, PRINTER PO BOX 1443 SACRAMENTO, CA 95812	SLATE PRINTING	10/17/96	60.87	DANA RONRA BACHER CD 45 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
DAVID SOLOMON, PRINTER PO BOX 1443 SACRAMENTO, CA 95812	SLATE PRINTING	10/17/96	60.87	ROBERT DOLNAN CD 46 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
DAVID SOLOMON, PRINTER PO BOX 1443 SACRAMENTO, CA 95812	SLATE PRINTING	10/17/96	60.87	CHRISTOPHER COX CD 47 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
(a) SUBTOTAL of Unitemized Independent Expenditures			365.122	
(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 dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

*James R. Mathew*  
Signature

12/17/96  
Date

Subscribed and sworn to before me this 17<sup>th</sup> day of December, 1996

My Commission expires: 5-13-96 *Marge Melancon*  
NOTARY PUBLIC



ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (In Full)		C 0027812		
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
DAVID SOLOMON, PRINTER PO BOX 1443 SACRAMENTO, CA 95812	SLATE PRINTING	10/17/96	60.87	RON PACORD CD 48 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
DAVID SOLOMON, PRINTER PO BOX 1443 SACRAMENTO, CA 95812	SLATE PRINTING	10/17/96	60.87	PAUL STEPANEK CD 39 <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
(a) SUBTOTAL of Itemized Independent Expenditures			\$ 6072.07	
(b) SUBTOTAL of Unitemized Independent Expenditures			\$ 59.80	
(c) TOTAL Independent Expenditures			\$ 6072.87	

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, the campaign committee, or their agent.

Subscribed and sworn to before me this 17<sup>th</sup> day of December, 19 96

My Commission expires: 5-13-2000 Marge Melander  
NOTARY PUBLIC

James R. Melander 12/17/96  
Signature Date





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.

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DATE OF RECEIPT

12-20-96

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DATE OF RECEIPT

Received from the Senate Office of Public  
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

*SLY*  
PREPARER

12-20-96  
DATE PREPARED