

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

Nov 19 11 55 AM '93

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November 15, 1993


**CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Federal Election Commission
Public Records Office
999 "E" Street, N.W.
Washington, D.C. 20463

Dear Sir or Madam:

Enclosed for filing is an amended July 31 Mid Year Report covering the period January 1, 1993 through June 30, 1993 for the Golden State Political Action Committee.

Sincerely,



Philip R. Recht
Treasurer
Golden State Political
Action Committee

PRR/jc
Enclosure

Certified Mail #P 297-695-779

cc: See Attached (w/enclosures)

930338670109

Federal Election Commission

November 15, 1993

Page Two

cc: Political Reform Division
Office of the Secretary of State
P.O. Box 1467
Sacramento, California 95812-1467

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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

RECEIVED
FEDERAL ELECTION
COMMISSION

1. NAME OF COMMITTEE (in full)
Golden State Political Action Committee
ADDRESS (number and street) | Check if different than previously reported
11355 West Olympic Boulevard
CITY, STATE and ZIP CODE
Los Angeles, California 90064

2. FEC IDENTIFICATION NUMBER
C0014534
3. This committee qualified as a multicandidate committee DURING THIS Reporting Period on (date).
Nov 19 11 55 AM '93

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 <u>1/1/93</u> through <u>6/30/93</u>		
6. (a) Cash on Hand January 1, 19		\$ no change
(b) Cash on Hand at Beginning of Reporting Period	\$ no change	
(c) Total Receipts (from Line 19)	\$ no change	\$ no change
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ no change	\$ no change
7. Total Disbursements (from Line 20)	\$ no change	\$ no change
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ no change	\$
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ no change	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-376-8120
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ no change	

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

Philip R. Recht

Signature of Treasurer

Date

11/15/93

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 1/1/91)

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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)

Golden State Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Jane Harmon P.O. Box 91075 Los Angeles, California 90009-1075 #C00255141	Jane Harmon California #36 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 92 Gen Election Debt	5/13/93	500.00
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

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SUBTOTAL of Disbursements This Page (optional)	500.00
TOTAL This Period (last page this line number only)	500.00

