

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 OCT 18 A 10:54

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
 C00159319 091900 P 271
 RANDY J GOODWIN
 A JUSTICE-PAC
 2091 E VALLEY PARKWAY STE 1C
 ESCONDIDO CA 92027
 C

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

- 12-Day Pre-Election Report for the _____
 (Type of Election)
 election on _____ in the State of _____
 30-Day Post-Election 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	7-1-00 through 9-30-00		
6. (a) Cash on Hand January 1, ²⁰⁰⁰ 19			\$ 44037.19
(b) Cash on Hand at Beginning of Reporting Period		\$ 52607.99	
(c) Total Receipts (from Line 19)		\$ 199742.43	\$ 815186.23
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 252350.42	\$ 859223.42
7. Total Disbursements (from Line 30)		\$ 202090.69	\$ 808963.69
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 50259.73	\$ 50259.73
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 2000.00	For further information contact: Federal Election Commission 969 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-584-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 1000.00	

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 GOODWIN

Signature of Treasurer

Date
 10-15-00

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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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	REPORT COVERING PERIOD	
Justice PAC	FROM 7-1-00	TO 9-30-00
	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)	11,588.50	43,663.50
ii. Unitemized	166,062.40	700,762.48
iii. Total (add i and ii) >	177,650.90	744,425.98
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a ii, b and c) >	177,650.90	744,425.98
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received	1,000.00	11,000.00
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	2,1091.53	5,9760.25
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	199,742.43	815,186.23
20. Total Federal Receipts (subtract line 18 from line 19) >	199,742.43	815,186.23
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures	202,090.69	731,963.69
c. Total Operating Expenditures (add a i, a ii, and b) >	202,090.69	731,963.69
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees		30,750.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		10,000.00
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) >		
29. Other Disbursements		36,250.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	202,090.69	808,963.69
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	202,090.69	808,963.69
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	177,650.90	744,425.98
33. Total Contribution Refunds (from line 28d)	0	0
34. Net Contributions (other than loans)(subtract line 33 from 32)	177,650.90	744,425.98
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	202,090.69	731,963.69
36. Offsets to Operating Expenditures (from line 15)	0	0
37. Net Operating Expenditures (subtract line 36 from 35) >	202,090.69	731,963.69

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 111 OF 177
FOR LINE NUMBER 17

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)

Justice PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Omega List Company 1420 Spring Hill Rd #420 McLean VA 22102		7-11-00 7-20-00 8-9-00 9-16-00	1007.69 771.50 3647.30 775.65
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): List Rental Income	Occupation	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
Same as Above		8-23-00 9-6-00 9-21-00	2678.59 6074.11 6136.69
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): List Rental	Occupation	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):	Occupation	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):	Occupation	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):	Occupation	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):	Occupation	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):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

21091.53

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 6

FOR LINE NUMBER 11

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NAME OF COMMITTEE (in Full)

Justice PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles de Ganahl 85 Wapoos Trail Chatham MA 02633		8-4-00	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 400.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George Adair 11 Vets Dr Cleveland GA 30528		9-28-00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 200.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
H. G. Bixby 16351 Rotunda Dr. #357 Dearborn MI 48120		8-14-00 8-31-00	201.00 28.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 511. 00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Shipley Dayless 4549 Brighton Rd Corona del Mar CA 92625		7-5-00 9-8-00	100.00 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 400.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stacia Beaumont 945 E Center St Wallingford CT 06492		8-2-00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 200.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
M. R. Rogers 18775 Foss Hill Rd Calistoga CA 94515		7-5-00 7-18-00 9-14-00	62.00 50.00 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Rancher	Aggregate Year-to-Date > \$ 212.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Erud K. Wood 45 Hallmark Cir Menlo Park CA 94025		8-7-00 8-29-00 8-31-00 9-18-00	25.00 91.00 50.00 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 216.00	

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 6
FOR LINE NUMBER 11

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NAME OF COMMITTEE (in Full)

Justice PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dorothy W. Almen P.O. Box 76087 Oklahoma City OK 73147		8-24-00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired	Aggregate Year-to-Date > \$ 400.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
W. R. Hogan Jr. 2408 Marika Cir Wichita Falls TX 76308		8-1-00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Geologist	Aggregate Year-to-Date > \$ 200.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alma Harrison 25 Thornton Way #314 Brunswick ME 04011		7-7-00 8-4-00 9-6-00 9-6-00	81.00 81.00 81.00 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Housewife	Aggregate Year-to-Date > \$ 293.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frances Wells 3210 Santa Maria Way #135 Santa Maria CA 93455		8-15-00 8-18-00	240.00 180.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired	Aggregate Year-to-Date > \$ 420.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Helen Soffern P.O. Box 116 Suffern NY 10901		8-4-00 4-1-00	100.00 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired	Aggregate Year-to-Date > \$ 200.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hazel Norman 3011 Sheddan Dr Columbia TN 38401		7-3-00 8-29-00 4-1-00	150.00 26.50 150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired	Aggregate Year-to-Date > \$ 680.50	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald McEvoy 242 Wilshire Ave Daly City CA 94015		8-21-00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired	Aggregate Year-to-Date > \$ 200.00	

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NAME OF COMMITTEE (in Full)

Justice PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roland Manarin 2100 Skyline Dr Elkhorn NE 68022		8-7-00	100.00
		8-31-00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Investment Advisor	Aggregate Year-to-Date > \$ 200.00	
James Gilman 3777 Addy St #39 Washougal WA 98671		7-6-00	301.00
		7-14-00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired	8-11-00	100.00
		8-20-00	306.00
			100.00
		Aggregate Year-to-Date > \$ 1526.00	
Madeline Fair 29646 NO LE HACE Dr FAIR OAKS RANCH TX 78015		7-3-00	31.00
		7-7-00	31.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired	8-1-00	30.00
		8-3-00	31.00
		Aggregate Year-to-Date > \$ 203.00	
MADELINE FAIR Continued " " " "		8-3-00	27.00
		8-31-00	26.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired	9-15-00	26.50
		Aggregate Year-to-Date > \$ 203.00	
Josephine Hagan 14817 E 29th St N Wichita KS 67228-9632		4-5-00	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired	Aggregate Year-to-Date > \$ 300.00	
Florence Smith 4814 Alcott St Dallas TX 75204		7-13-00	40.00
		7-24-00	31.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired	7-27-00	31.00
		7-27-00	20.00
		Aggregate Year-to-Date > \$ 376.00	
Florence Smith Continued		7-31-00	54.00
		8-14-00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired	Aggregate Year-to-Date > \$ 376.00	

SUBTOTAL of Receipts This Page (optional)

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NAME OF COMMITTEE (In Full)

Justice PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Walter Hiegart RR 1 Box 208 Bonham TX		8-31-00 8-11-00	53.00 158.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired	Aggregate Year-to-Date > \$ 211.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Katherine Schick 969 5th Ave New York NY 10021		7-7-00 7-25-00 8-9-00	62.00 62.00 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired	Aggregate Year-to-Date > \$ 324.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sylvia Moore P.O. Box 938 BAYARD NM 88023		7-18-00 8-3-00 8-15-00	65.00 75.00 62.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired	Aggregate Year-to-Date > \$ 202.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rhoda Roberts 28807 Baseline St E Highland CA 92346		7-11-00 9-1-00	200.00 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired	Aggregate Year-to-Date > \$ 400.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Waldemar Pagenstecher 1638 Scotter Ln Fallbrook CA 92028		9-26-00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired	Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Florence ELLIOTT 565 MYRshire Way Newport News VA 23602		8-9-00 8-9-00	200.00 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired	Aggregate Year-to-Date > \$ 300.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Doris Abbott 804 Central Ave Plainfield NJ 07060		9-8-00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired	Aggregate Year-to-Date > \$ 200.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lunsford Richardson 7 Indian Spring Rd Norwalk CT 06853	Company Dr-	7-3-00	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
		300.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Norman Sandell 307 Coldeway Dr Punta Gorda FL 33950		7-7-00 8-7-00 8-29-00 9-6-00	54.00 200.00 40.00 54.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
	Retired	348.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Klyde Allbritton 536 Cedar Brook Ln Remlap AL 35133		7-3-00 8-14-00	75.00 150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
	Retired	225.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Whitcomb 24 Trillum Ln Pittsburgh PA 15238		7-7-00 8-7-00	75.00 150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
	Business Exec	225.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Meribeth Tortum 309 E 9th St Colony KS 66015		7-10-00 7-31-00 8-11-00 9-1-00	31.00 54.00 62.00 54.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
	Retired	201.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ELLIOTT JENKINS 12705 SE RIVER RD Portland OR 97222		7-19-00 9-11-00	75.00 150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
	Retired	225.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Goode 96 Thistle Patch Hingham MA 02043		7-24-00 9-6-00	200.00 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
	Retired	300.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 6 OF 6

FOR LINE NUMBER 11

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NAME OF COMMITTEE (In Full)

Justice PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
George Brown 5201 Central Ave. ALBUQUERQUE NM 87108		7-31-00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired	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
Pete De Jong 622 E Mission Rd San Marcos CA 92069		8-7-00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert Buettell 506 Lakeside Dr Fullerton CA 92835		8-28-00 9-25-00	100.00 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Business Owner	Aggregate Year-to-Date > \$ 200.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Frank West 8545 Carmel Valley Rd Carmel CA 93923		8-30-00 9-18-00	500.00 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired	Aggregate Year-to-Date > \$ 750.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ronald Mostero 505 Chiswick Rd Palo Verde CA 9214		9-21-00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Marie Starr 265 Eleanor Woodside City CA 94062		9-21-00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired	Aggregate Year-to-Date > \$ 250.00	
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 > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

11588.50

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 4
FOR LINE NUMBER 21

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NAME OF COMMITTEE (in Full)

Justice PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
American Automated Mailing Print c/o 1420 Spring Hill Rd McLean VA 22102	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-31-00	6700.00
		8-7-00	919.34
		8-21-00	3520.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SAME AS ABOVE	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-6-00	4424.00
		9-14-00	1650.00
		9-29-00	4122.67
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
American Mini Storage c/o 2091 E Valley Pkwy Escondido CA 92027	Storage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-27-00	69.33
		8-24-00	69.33
		9-28-00	69.33
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bruce W. Eberle & Assoc. 1420 Spring Valley Rd McLean VA 22102	Creative Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-18-00	6299.86
		9-11-00	8947.66
		9-18-00	6370.00
		9-24-00	3785.51
E. 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 type="checkbox"/> Other (specify)	7-6-00	1230.00
		7-18-00	4911.00
		7-25-00	10248.80
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SAME AS ABOVE	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-7-00	4371.91
		9-29-00	365.36
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Colortree Inc of VA 2519 Brittons Rd Richmond VA	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-10-00	2250.93
		7-25-00	810.34
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cyril Scott P.O. Box 310 Lancaster OH 43130	Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-10-00	14250.00
		7-18-00	967.31
		9-29-00	1085.73
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)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 4
FOR LINE NUMBER 21

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NAME OF COMMITTEE (in Full)

Justice PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ECG Data Center 1420 Spring Hill Rd McLean VA 22102	Data Processing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	7-10-00	5686.37
		7-18-00	4004.79
		8-7-00	1737.45
		9-18-00	3924.23
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Falcon Printing 1921 Gallows Vienna VA	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-10-00	731.50
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
KBR c/o 1420 Spring Hill Rd McLean VA 22102	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-28-00	10477.00
		8-24-00	6260.00
		8-28-00	3000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
KIMCO BUSINESS RESOURCES 1601 5th St Washington DC 20001	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-10-00	3800.00
		7-25-00	3251.40
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Postmaster Washington DC 20001	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-17-00	10348.00
		7-21-00	1431.00
		8-21-00	2099.00
		9-22-00	9176.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Omega List Co. 1420 Spring Hill Rd McLean VA 22102	List Rental Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-18-00	6531.93
		8-7-00	3450.40
		9-18-00	807.75
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
St. Clares Home 2091 E Valley Pkwy #1C Escorido CA 92027	Rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-27-00	200.00
		8-29-00	200.00
		9-28-00	200.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Postmaster Washington DC 20001	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-27-00	60.00
		9-13-00	165.00
		9-21-00	165.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
RANDY GOODWIN 2091 E Valley Pkwy Escorido CA 92027	Wages + Reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-5-00	622.48
		7-14-00	250.00
		7-17-00	622.48

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 3 OF 4
FOR LINE NUMBER 21

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NAME OF COMMITTEE (In Full)

Justice PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
RANDY GOODWIN 2091 E Valley Pkwy Escondido CA 92027	Wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-25-00	622.48
		9-21-00	622.48
		9-28-00	622.48
B. Full Name, Mailing Address and ZIP Code Washington Intelligence Bureau 2227 Merilee Fairfax VA 22031	Casing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-7-00	6671.92
		8-17-00	3048.94
C. Full Name, Mailing Address and ZIP Code Integrain c/o 1420 Spring Hill Rd McLean VA 22102	Mailing Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-18-00	9120.00
D. Full Name, Mailing Address and ZIP Code American Express Box 0001 Phoenix AZ	Travel/meeting expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-10-00	1785.60
		8-29-00	69.80
E. Full Name, Mailing Address and ZIP Code Nancy Fletcher 1583 Bitterroot San Marcos CA 92069	Wages & Reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-5-00	4.50
		7-17-00	522.67
		7-27-00	390.00
F. Full Name, Mailing Address and ZIP Code SAME AS ABOVE	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-16-00	573.97
		8-16-00	17.10
		8-29-00	597.56
G. Full Name, Mailing Address and ZIP Code SAME AS ABOVE	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-29-00	4.50
		8-29-00	390.00
		9-13-00	659.90
H. Full Name, Mailing Address and ZIP Code SAME AS ABOVE	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-25-00	462.66
		9-27-00	390.00
		9-28-00	17.10
I. Full Name, Mailing Address and ZIP Code Gary Kreep 2091 E Valley Pkwy Escondido CA 92022	Wages & Reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-5-00	537.78
		7-17-00	537.77
		8-23-00	1075.54

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 4 OF 4
FOR LINE NUMBER 21

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NAME OF COMMITTEE (in Full)

Justice PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Gary Kneep 2091 E Valley Pkwy Escondido CA 92027	Wages & Reimbursement	9-18-00	537.78
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-25-00	537.78
B. Full Name, Mailing Address and ZIP Code Pacific Bell P.O. Box 989029 Sacramento CA 95798	Phones	7-27-00	52.31
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-29-00 9-28-00	38.83 43.59
C. Full Name, Mailing Address and ZIP Code James Sills 2091 E Valley Pkwy Escondido CA 92027	Wages	7-5-00	260.95
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-17-00 8-16-00	260.95 260.95
D. Full Name, Mailing Address and ZIP Code SAME AS ABOVE	Wages	8-29-00	260.95
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-13-00 9-25-00	260.95 260.95
E. Full Name, Mailing Address and ZIP Code Discover c/o 2091 E Valley Pkwy Escondido CA 92027	Meeting	7-5-00	545.03
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code Donna Smith 2091 E Valley Pkwy Escondido CA 92027	Wages	7-17-00	39.60
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-16-00 8-29-00	42.53 49.86
G. Full Name, Mailing Address and ZIP Code SAME AS ABOVE		9-25-00	42.53
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code EL DORADO BANK 17752 E 17th St Tustin CA 92780	IRS Deposits	9-15-00	141.64
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code			
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

200288.22

LOANS

Name of Committee (in full) Justice PAC			
A. Full Name, Mailing Address and ZIP Code of Loan Source National Committee for Conservative Political Action 1001 Dove St Newport Beach CA		Original Amount of Loan 3500.00	Balance Outstanding at Close of This Period 2000.00
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Cumulative Payments To Date 1500.00	
Terms: Date Incurred 8-14-92 Date Due none Interest Rate 0 % (apr) <input type="checkbox"/> 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	Balance Outstanding at Close of This Period
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Cumulative Payments To Date	
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) <input type="checkbox"/> 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: \$		
SUBTOTALS This Period This Page (optional) _____			2000.00
TOTALS This Period (last page in this line only) _____			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

LOANS

Name of Committee (in Full) Justice PAC			
A. Full Name, Mailing Address and ZIP Code of Loan Source		Original Amount of Loan	Balance Outstanding at Close of This Period
RANDY GOODWIN 2091 E Valley Pkwy Escondido CA 92027		1000.00	1000.00
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Cumulative Payments To Date	
Terms: Date Incurred 8-10-00 Date Due open Interest Rate 0 % (apr) <input type="checkbox"/> Secured		0	
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	Balance Outstanding at Close of This Period
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Cumulative Payment To Date	
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) <input type="checkbox"/> 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: \$		
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			1000.00
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 American Automated Mailing & Print 1420 Spring Hill McLean VA 22102	5042.01	24572.53	21336.01	8298.53
Nature of Debt (Purpose): Printing				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Bruce W. Eberle & Associates 1420 Spring Hill McLean VA 22102	38461.64	23903.83	25403.13	36962.34
Nature of Debt (Purpose): Creative Fees				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Catterton Printing P.O. Box 347 Waldorf MD 20604	21997.17	4787.68	21121.07	5663.78
Nature of Debt (Purpose): Printing				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Colortree, Inc. of VA. 2519 Brittons Rd. Richmond VA	7857.45	6474.58	3061.27	11290.76
Nature of Debt (Purpose): Printing				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Cyril Scott 1921 Gallows Vienna VA	16313.04	8995.17	16313.04	8995.17
Nature of Debt (Purpose): Printing				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor ECG Data Center 1420 Spring Hill Rd McLean VA 22102	22563.46	16301.31	15392.84	23471.93
Nature of Debt (Purpose): Data Processing				

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)

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 2 of 2 for
LINE NUMBER 10
(Use separate schedules
for each numbered line)

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				
Falcon Printing 1921 Gallows Vienna VA	5664.95			7052.72
Nature of Debt (Purpose):	Printing			
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Integram c/o 1420 Spring Hill Rd. McLean VA 22102	0			5014.38
Nature of Debt (Purpose):	Mailing Services			
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
KIMCO 1601 5th St Washington DC	8287.70			16418.70
Nature of Debt (Purpose):	Printing			
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Omega List Company 1420 Spring Hill Rd McLean VA 22102	13777.35			10845.99
Nature of Debt (Purpose):	List Rental			
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Washington Intelligence Bureau 2727 Merrilee Fairfax VA 22031	14576.14			15334.89
Nature of Debt (Purpose):	Caging			
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				
2) TOTALS This Period (last page in this line only)				149349.19
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)				

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 10-16-00
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
J.G. PREPARER	10-18-00 DATE PREPARED