

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
ADMINISTRATIVE DIVISION
APR 19 11 58 AM '94

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Justice PAC		2. FEC IDENTIFICATION NUMBER C00159319
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 2091 E Valley Parkway, #1C		
CITY, STATE and ZIP CODE Escondido CA 92027		
3. <input type="checkbox"/> 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	1/1/94 through 3/31/94		
6. (b) Cash on Hand January 1, 1994			\$ 1548.48
(b) Cash on Hand at Beginning of Reporting Period		\$ 1548.48	
(c) Total Receipts (from Line 19)		\$ 43919.59	\$ 43919.59
(d) Subtotal (add Lines 6(b) and 5(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 45468.07	\$ 45468.07
7. Total Disbursements (from Line 30)		\$ 44288.20	\$ 44288.20
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 1179.87	\$ 1179.87
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 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)		\$ 39764.85	

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	Date 4/15/94
Signature of Treasurer <i>Randy Goodwin</i>	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

94038941231

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

(revised 1/1/91)

34038941252

NAME OF COMMITTEE Justice PAC		REPORT COVERING PERIOD FROM 1/1/94 TO 3/31/94	
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)	1900.00	1900.00	11(a)(i)
ii. Unitemized	37658.70	37658.70	11(a)(ii)
iii. Total (add i and ii)	39558.70	39558.70	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)	39558.70	39558.70	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.)	2000.00	2000.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	2360.89	2360.89	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)	43919.59	43919.59	19
20. Total Federal Receipts (subtract line 14 from line 19)	43919.59	43919.59	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	44088.20	44088.20	21(b)
c. Total Operating Expenditures (add a i, a ii, and b)	44088.20	44088.20	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees			23
24. Independent Expenditures (use Schedule E)			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	200.00	200.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	44288.20	44288.20	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30)	44288.20	44288.20	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	39558.70	39558.70	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	39558.70	39558.70	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b)	44088.20	44088.20	35
36. Offsets to Operating Expenditures (from line 15)	2000.00	2000.00	36
37. Net Operating Expenditures (subtract line 36 from 35)	42088.20	42088.20	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11 A (1)

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

94038941253

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mrs. Barbara Christian Frog's Jump 8601 Axton Lane/Goshen KY 40026	information requested	1/19/94	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): oper exp	Occupation		Aggregate Year-to-Date > \$ 200
B. Full Name, Mailing Address and ZIP Code Mrs. Mildred Reeves 9806 W Raintree Dr Columbus TN 47201	information requested	2/18/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): oper exp	Occupation		Aggregate Year-to-Date > \$ 250.00
C. Full Name, Mailing Address and ZIP Code Mr. H. G. Bixby 16351 Rotunda Dr #357 Dearborn MI 48120	Retired	1/10/94 3/10/94	150.00 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): oper exp	Occupation		Aggregate Year-to-Date > \$ 250.00
D. Full Name, Mailing Address and ZIP Code Miss Rhea Miller 4695 Colonial Dr Saginaw MI	Retired Teacher	1/17/94	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): oper exp	Occupation		Aggregate Year-to-Date > \$ 200.00
E. Full Name, Mailing Address and ZIP Code Mr. & Mrs. Byron Saxe 246 S. Orchard Dr Burbank CA 91508	Retired	1/11/94	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): oper exp	Occupation		Aggregate Year-to-Date > \$ 200.00
F. Full Name, Mailing Address and ZIP Code Ms. Alma Meisnest 1630 43rd Ave. E #817 Seattle WA 98112	information requested	1/7/94 2/22/94 3/18/94	200.00 300.00 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): oper exp	Occupation		Aggregate Year-to-Date > \$ 800.00
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)

1900.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Justice PAC

34 J 3 8 9 4 | 2 5 4

A. Full Name, Mailing Address and ZIP Code Omega List Co 8245 Boone Bl #700 Vienna VA 22182 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): List Rental	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 2/7/94 3/3/94 3/30/94	Amount of Each Receipt this Period 852.42 1386.63 121.84
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)
 TOTAL This Period (last page this line number only) 2360.89

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER 21

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NAME OF COMMITTEE (in Full)

Justice PAC

9 4 0 3 8 9 4 1 2 5 5

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ACS 1807 Michael Faraday Ct. Reston VA 22090	Data Processing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/27/94	555.12
B. Full Name, Mailing Address and ZIP Code Catterton Printing P.O. Box 347 Waldorf MD	Purpose of Disbursement Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/30/94	Amount of Each Disbursement This Period 1407.70
C. Full Name, Mailing Address and ZIP Code Eberle & Associates 8245 Boone Bl #700 Vienna VA 22182	Purpose of Disbursement Creative Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/25/94 2/3/94 2/18/94	Amount of Each Disbursement This Period 1600.98 526.14 2025.92
D. Full Name, Mailing Address and ZIP Code Eberle & Associates continued	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 2/24/94 2/24/94	Amount of Each Disbursement This Period 2821.07 2261.07
E. Full Name, Mailing Address and ZIP Code George Mason Bank Fairfax, VA 22030	Purpose of Disbursement Banking Fees 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 367.35
F. Full Name, Mailing Address and ZIP Code Irma Gleason 2091 E Valley Pkwy #1C Escondido CA 92027	Purpose of Disbursement contract services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 1/31/94	Amount of Each Disbursement This Period 213.75
G. Full Name, Mailing Address and ZIP Code J J Mailing 41 Commerce Ave. Hollywood MD 20636	Purpose of Disbursement Mailing Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 1/6/94 1/13/94 1/24/94	Amount of Each Disbursement This Period 2500.00 1500.00 3000.00
H. Full Name, Mailing Address and ZIP Code J J Mailing continued	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 1/27/94 2/24/94 3/8/94	Amount of Each Disbursement This Period 200.00 4000.00 2988.88
I. Full Name, Mailing Address and ZIP Code KBR Inc. c/o Eberle & Assoc 8245 Boone Bl #700 Vienna VA 22182	Purpose of Disbursement Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 1/27/94 2/18/94 3/25/94	Amount of Each Disbursement This Period 1760.00 1750.00 1900.00

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 21

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NAME OF COMMITTEE (In Full)

Justice PAC

24038741236

A. 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 NW Washington D.C. 20001	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/18/94	2045.53
B. Full Name, Mailing Address and ZIP Code Omega List Co. 8245 Boone Bl #700 Vienna VA 22182	Purpose of Disbursement List Rental Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/24/94 3/25/94	1151.28 1127.14
C. Full Name, Mailing Address and ZIP Code Reed Envelope 6310-G Gravel Alexandria VA 22310	Purpose of Disbursement Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/27/94 2/18/94 3/30/94	74.98 874.50 35.48
D. Full Name, Mailing Address and ZIP Code Washington Intelligence Bureau 2727 Merrilee Fairfax VA 22031	Purpose of Disbursement Caging Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/27/94 2/18/94 3/30/94	458.28 447.21 487.22
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)

41790.66

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

Justice PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/7/94	Amount of Each Disbursement This Period 200.00
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)

200.00

3 4 0 3 8 7 4 1 2 5 7

SCHEDULE C
(Revised 3/80)

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 #200 Newport Beach, CA 92660		Original Amount of Loan 3500.00	Cumulative Payment To Date 1500.00
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Date Incurred 8/14/92 Date Due none Interest Rate 10.25% (apr)	Balance Outstanding at Close of This Period 2000.00
Terms: _____ 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
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Date Incurred _____ Date Due _____ Interest Rate, _____ % (apr)	Balance Outstanding at Close of This Period
Terms: _____ 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)			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.			

3 4 3 3 9 4 1 2 5 3

SCHEDULE D

(Revised 3/80)

DEBTS AND OBLIGATIONS

Excluding Loans

Page 1 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 ACS 1807 Michael Faraday Ct Reston VA 22090	555.12	500.00	555.12	500.00
Nature of Debt (Purpose): Data Processing				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Catterton Printing P.O. Box 347 Waldorf MD 20604	-0-	3394.20	1407.70	1986.50
Nature of Debt (Purpose): Printing				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Eberle & Associates 8245 Boone Blvd #700 Vienna VA 22182	13367.26	7658.74	9235.18	11790.82
Nature of Debt (Purpose): Creative Fees				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Eberle & Associates Data Center 8245 Boone Blvd #700 Vienna VA 22182	13688.61	1789.64	3739.94	11738.31
Nature of Debt (Purpose): Data Processing				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor J J Mailing 41 Commerce Ave. Hollywood MD 20636	200.00	15513.51	14150.00	1563.51
Nature of Debt (Purpose): Mailing Services				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor KTMCO Business Resources 1601 5th St NW Washington D.C. 20001	887.06	2355.50	2045.53	1197.03
Nature of Debt (Purpose): Printing				
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)				

24038941259

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

74038941260

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 Omega List Co. 8245 Boone Bl #700 Vienna VA 22182	2765.07	1890.59	2278.42	2377.24
Nature of Debt (Purpose): List Rental				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Reed Envelope Co 6310-G Gravel Ave. Alexandria VA 22310	949.48	2230.48	984.96	2195.00
Nature of Debt (Purpose): Printing				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor TJ Graphics 5 Corwen Court Perry Hall, MD 21128	-0-	5169.58	-0-	5169.58
Nature of Debt (Purpose): Printing				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Washington Intelligence Bureau 2727 Merrilee Fairfax VA 22031	915.49	1734.08	1402.71	1246.86
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
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)				39764.85
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)				39764.85

Federal Election Commission
ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

4-15-94

No Postmark

Postmark Illegible

Received from the House Office of Records
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

S.E.H.

PREPARED

4-19-94

DATE PREPARED

74038741261