

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

CA PRO LIFE COUNCIL INC PAC

ADDRESS (number and street)

2306 J STREET SUITE 200

Check if different than previously reported. (ACC)

SACRAMENTO

CA

95816

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00228122

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report(Q1)

July 15 Quarterly Report(Q2)

October 15 Quarterly Report(Q3)

January 31 Quarterly Report(YE)

July 31 Mid-Year Report(Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

(d) 30-Day Post-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

11

02

2004

in the State of

CA

5. Covering Period

10

01

2004

through

11

22

2004

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

Lawrence Lehr

Signature of Treasurer

Electronically Filed by Lawrence Lehr

Date

12

02

2004

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

Office Use Only

FEC FORM 3X
(Rev. 02/2003)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
CA PRO LIFE COUNCIL INC PAC

Report Covering the Period: From: ^M10 ^D01 ^Y2004 To: ^M11 ^D22 ^Y2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2004 ^M ^D		1726.32
(b) Cash on Hand at Beginning of Reporting Period	1425.70	
(c) Total Receipts (from Line 19)	3846.08	5048.57
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	5271.78	6774.89
7. Total Disbursements (from Line 31)	4009.48	5512.59
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1262.30	1262.30
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

CA PRO LIFE COUNCIL INC PAC

Report Covering the Period: From: ^M10 ^D01 ^Y2004 To: ^M11 ^D22 ^Y2004

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	0.00	
(ii) Unitemized	1100.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	1100.00	1100.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	1100.00	1100.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	2748.08	3948.57
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b))	2748.08	3948.57
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	3846.08	5048.57
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1100.00	1100.00

DETAILED SUMMARY PAGE

of Disbursements

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	300.62
(ii) Non-Federal Share.....	2690.50	3892.99
(b) Other Federal Operating Expenditures.....	16.00	16.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2706.50	4209.61
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E).....	1302.98	1302.98
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C. 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election ActMty (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	4009.48	5512.59
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	1318.98	1619.60

DETAILED SUMMARY PAGE
of Disbursements

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	1100.00	1100.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1100.00	1100.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	16.00	316.62
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	16.00	316.62

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full)
CA PRO LIFE COUNCIL INC PAC

FEC IDENTIFICATION NUMBER
C C00228122

Check if 24-hour notice 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

Cove Printing

Date

M M / D D / Y Y Y Y
11 / 09 / 2004

Mailing Address
534 5th Street

Amount

534.95

City State Zip Code
Orange Cove CA 93646

Transaction ID: SE24.4111

Purpose of Expenditure Category/ Type
Slate Mailer

Office Sought: House State: _____
Senate District: _____
Presidential

Name of Federal Candidate supported or Opposed by expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 2283.18

Disbursement For: Primary General 2004
Other (specify): _____

Full Name (Last, First, Middle, Initial) of Payee
GEORGE W BUSH

Date

M M / D D / Y Y Y Y
10 / 21 / 2004

Mailing Address
1600 PENNSYLVANIA AVENUE NW
1010 COLORADO

Amount

322.79

City State Zip Code
WASHINGTON DC 20500

Transaction ID: SE24.4130

Purpose of Expenditure Category/ Type

Office Sought: House State: _____
Senate District: _____
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
GEORGE W BUSH

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 322.79

Disbursement For: Primary General 2004
Other (specify): _____

[MEMO ITEM]

(a) SUBTOTAL of Itemized Independent Expenditures	534.95
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date M M / J J / Y Y Y Y

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full)
CA PRO LIFE COUNCIL INC PAC

FEC IDENTIFICATION NUMBER
C C00228122

Check if 24-hour notice 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee
Misc Candidates Under Threshold

Date
M / N / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 4

Mailing Address

Amount
200.86

City State Zip Code

Transaction ID: SE24.4131

Purpose of Expenditure
Mailing Costs Category/ Type

Office Sought: House State: _____
Senate District: _____
Presidential

Name of Federal Candidate supported or Opposed by expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 729.00

Disbursement For: Primary General 2004
Other (specify): _____
[MEMO ITEM]

Full Name (Last, First, Middle, Initial) of Payee
RICHARD POMBO

Date
M / N / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 4

Mailing Address
32931 SOUTH TRACY BLVD

Amount
255.93

City State Zip Code
TRACY CA 95377

Transaction ID: SE24.4133

Purpose of Expenditure
Mailing Category/ Type

Office Sought: House State: _____
Senate District: _____
Presidential

Name of Federal Candidate supported or Opposed by expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 984.93

Disbursement For: Primary General 2004
Other (specify): _____
[MEMO ITEM]

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>	
Signature _____	Date M / N / D D / Y Y Y Y

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full)
CA PRO LIFE COUNCIL INC PAC

FEC IDENTIFICATION NUMBER
C C00228122

Check if 24-hour notice 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee
CHARLES F. PRINGLE SR.

Date
M / N / D / Y / Y / Y
10 / 21 / 2004

Mailing Address
961 CRITCHETT AVE

Amount
255.93

City State Zip Code
TRACY CA 95304

Transaction ID: SE24.4137
Office Sought: House State: _____
Senate District: _____
Presidential

Purpose of Expenditure Category/Type
Mailing

Name of Federal Candidate supported or Opposed by expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 1240.86

Disbursement For: Primary General 2004
Other (specify): _____
[MEMO ITEM]

Full Name (Last, First, Middle, Initial) of Payee
ROY ASHBURN

Date
M / N / D / Y / Y / Y
10 / 21 / 2004

Mailing Address
5001 California Ave. #107

Amount
267.48

City State Zip Code
Bakersfield CA 93309

Transaction ID: SE24.4138
Office Sought: House State: _____
Senate District: _____
Presidential

Purpose of Expenditure Category/Type
Mailing

Name of Federal Candidate supported or Opposed by expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 1508.34

Disbursement For: Primary General 2004
Other (specify): _____
[MEMO ITEM]

(a) SUBTOTAL of Itemized Independent Expenditures	0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00	
(c) TOTAL Independent Expenditures		
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>		
<p>_____ Signature</p>	<p>_____ Date</p>	<p>M / N / D / Y / Y / Y</p>

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)
CA PRO LIFE COUNCIL INC PAC

FEC IDENTIFICATION NUMBER
C C00228122

Check if 24-hour notice 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee
Office Max

Date
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 4

Mailing Address
4733 Quail Lakes Drive

Amount
38.78

City State Zip Code
Stockton CA 95207

Transaction ID: SE24.4120
Office Sought: House State: _____
Senate District: _____
Presidential

Purpose of Expenditure Category/Type
Mailing Labels

Name of Federal Candidate supported or Opposed by expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 1748.23

Disbursement For: Primary General 2004
Other (specify): _____

Full Name (Last, First, Middle, Initial) of Payee
Tokay Print & Graphics

Date
M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 4

Mailing Address
1744 Ackerman Drive

Amount
279.25

City State Zip Code
Lodi CA 95241

Transaction ID: SE24.4126
Office Sought: House State: _____
Senate District: _____
Presidential

Purpose of Expenditure Category/Type
Printing

Name of Federal Candidate supported or Opposed by expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 528.14

Disbursement For: Primary General 2004
Other (specify): _____

(a) SUBTOTAL of Itemized Independent Expenditures	318.03
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	
<p><small>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</small></p>	
Signature _____	Date M M / D D / Y Y Y Y

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) CA PRO LIFE COUNCIL INC PAC			FEC IDENTIFICATION NUMBER C C00228122		
Check if <input type="checkbox"/> 24-hour notice	<input type="checkbox"/> 48-hour notice		Date M / N / D / Y / Y / Y 10 / 26 / 2004		
Full Name (Last, First, Middle, Initial) of Payee Tokay Print & Graphics			Amount 201.11		
Mailing Address 1744 Ackerman Drive			Transaction ID: SE24.4122		
City Lodi	State CA	Zip Code 95241	Office Sought: House State: _____ Senate District: _____ Presidential		
Purpose of Expenditure Printing		Category/ Type	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Name of Federal Candidate supported or Opposed by expenditure:			Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought		1709.45			

Full Name (Last, First, Middle, Initial) of Payee United States Postal Service			Date M / N / D / Y / Y / Y 10 / 21 / 2004		
Mailing Address			Amount 248.89		
Transaction ID: SE24.4124					
City	State	Zip Code	Office Sought: House State: _____ Senate District: _____ Presidential		
Purpose of Expenditure Postage		Category/ Type	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Name of Federal Candidate supported or Opposed by expenditure:			Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought		248.89			

(a) SUBTOTAL of Itemized Independent Expenditures	450.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	1302.98
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature	Date M / N / D / Y / Y / Y

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

NAME OF COMMITTEE (In Full)

CA PRO LIFE COUNCIL INC PAC

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation :

- I. **FUNDRAISING** activities are allocated using the 'funds received method' where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on benefit derived by federal candidates from the activity.

<p>ACTIVITY OR EVENT IDENTIFIER 2004 General Mailer (10/21/2004)</p> <hr/> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input checked="" type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL % 58.00 %</p>	<p>NON-FEDERAL % 42.00 %</p> <p>Transaction ID: H2.4115</p>
<p>ACTIVITY OR EVENT IDENTIFIER 2004 General Mailer SJ Co (10/21/2004)</p> <hr/> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input checked="" type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL % 25.00 %</p>	<p>NON-FEDERAL % 75.00 %</p> <p>Transaction ID: H2.4117</p>

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NON-FEDERAL ACCOUNTS FOR
 SHARED FEDERAL / NON-FEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
 CA PRO LIFE COUNCIL INC PAC

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
CA PRO LIFE COUNCIL INC PAC	11 / 01 / 2004	2303.36

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative _____		0.00	Transaction ID: H3.4119
ii) Generic Voter Drive _____			Transaction ID:
iii) Exempt Activities			Transaction ID:
iv) Direct Fundraising (List Activity or Event Identifier)			Transaction ID:
a) _____			Transaction ID:
b) _____			Transaction ID:
c) Total Amount Transferred for Direct Fundraising			
v) Candidate Support (List of Activity or Event Identifier)			
a) 2004 General Mailer _____	2303.36		Transaction ID: H3.4119.0
SJ Co (10/21/2004)			
b) _____			Transaction ID:
c) Total Amount Transferred For Direct Candidate Support		2303.36	

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	
TOTAL This Period (Generic Voter Drive)	
TOTAL This Period (Direct Fundraising Amount)	
TOTAL This Period (Direct Candidate Support)	
TOTAL This Period (Exempt Activities)	
TOTAL This Period (Total Amount Transferred)	

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NON-FEDERAL ACCOUNTS FOR
 SHARED FEDERAL / NON-FEDERAL ACTIVITY**

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 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)
 CA PRO LIFE COUNCIL INC PAC

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
CA PRO LIFE COUNCIL INC PAC	11 / 12 / 2004	442.72

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative _____		0.00
	Transaction ID: H3.4113	
ii) Generic Voter Drive _____		
	Transaction ID:	
iii) Exempt Activities		
	Transaction ID:	
iv) Direct Fundraising (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising		
v) Candidate Support (List of Activity or Event Identifier)		
a) 2004 General Mailer _____	442.72	Transaction ID: H3.4113.0
(10/27/2004)		
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support		442.72

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	0.00
TOTAL This Period (Generic Voter Drive)	0.00
TOTAL This Period (Direct Fundraising Amount)	0.00
TOTAL This Period (Direct Candidate Support)	2748.08
TOTAL This Period (Exempt Activities)	0.00
TOTAL This Period (Total Amount Transferred)	2748.08

DISBURSEMENT SCHEDULE H4 (FEC Form 3X)
JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE

NAME OF COMMITTEE (In Full)
 CA PRO LIFE COUNCIL INC PAC

A. Full Name (Last, First, Middle Initial) Cove Printing			Type of Allocated Activity: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input checked="" type="checkbox"/> Direct Candidate Support Event Year-To-Date <p style="text-align: right;">922.34</p>		
Mailing Address 534 5th Street					
City	State	Zip Code			
Orange Cove	CA	93646			
Purpose of Disbursement: 2004 General Mailer(10/21/2004)			Category/ Type	Date MM / DD / YYYY 11 / 09 / 2004	
Activity or Event Identifier: State Mailer (Sch. E)(Federal Memo)			Transaction ID: H4.4111		
FEDERAL SHARE		+	NON-FEDERAL SHARE		= TOTAL AMOUNT
534.95			387.39		922.34

B. Full Name (Last, First, Middle Initial) GEORGE W BUSH			Type of Allocated Activity: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input checked="" type="checkbox"/> Direct Candidate Support Event Year-To-Date <p style="text-align: right;">0.00</p>		
Mailing Address 1600 PENNSYLVANIA AVENUE WASHINGTON DC					
City	State	Zip Code			
WASHINGTON	DC	20500			
Purpose of Disbursement: 2004 General Mailer(10/21/2004)			Category/ Type	Date MM / DD / YYYY 10 / 21 / 2004	
Activity or Event Identifier: State Mailer (Sch. E)(Federal Memo)			Transaction ID: H4.4130		
FEDERAL SHARE		+	NON-FEDERAL SHARE		= TOTAL AMOUNT
322.79			0.00		322.79

C. Full Name (Last, First, Middle Initial) Misc Candidates Under Threshold			Type of Allocated Activity: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input checked="" type="checkbox"/> Direct Candidate Support Event Year-To-Date <p style="text-align: right;">0.00</p>		
Mailing Address					
City	State	Zip Code			
Purpose of Disbursement: 2004 General Mailer(10/21/2004)			Category/ Type	Date MM / DD / YYYY 10 / 21 / 2004	
Activity or Event Identifier: Mailing Costs (Sch. E)(Federal Memo)			Transaction ID: H4.4131		
FEDERAL SHARE		+	NON-FEDERAL SHARE		= TOTAL AMOUNT
200.88			0.00		200.88

SUBTOTAL of Joint Federal and Non-Federal Activity This Page					
FEDERAL SHARE		+	NON-FEDERAL SHARE		= TOTAL AMOUNT
0.00			387.39		387.39
TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and non-Federal share to 21(a)(ii))					
FEDERAL SHARE				TOTAL AMOUNT	
		NON-FEDERAL SHARE			
TOTAL This Period for the Non-Federal Share (used for line 31 of the detailed summary page)					

DISBURSEMENT SCHEDULE H4 (FEC Form 3X)
JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE

NAME OF COMMITTEE (In Full)
 CA PRO LIFE COUNCIL INC PAC

A. Full Name (Last, First, Middle Initial) RICHARD POMBO			Type of Allocated Activity: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input checked="" type="checkbox"/> Direct Candidate Support Event Year-To-Date 0.00	
Mailing Address 32931 SOUTH TRACY BLVD				
City	State	Zip Code		
TRACY	CA	95377		
Purpose of Disbursement: 2004 General Mailer SJ Co(10/21/2004)			Category/ Type	
Activity or Event Identifier: Mailing (SCHEDULE H4) Memo			Date	10 / 21 / 2004
			Transaction ID: H4.4133	
FEDERAL SHARE		+	NON-FEDERAL SHARE	
255.93			0.00	
			=	TOTAL AMOUNT
			255.93	

B. Full Name (Last, First, Middle Initial) CHARLES F. PRINGLE SR.			Type of Allocated Activity: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input checked="" type="checkbox"/> Direct Candidate Support Event Year-To-Date 0.00	
Mailing Address 661 CRITCHETT AVE				
City	State	Zip Code		
TRACY	CA	95304		
Purpose of Disbursement: 2004 General Mailer SJ Co(10/21/2004)			Category/ Type	
Activity or Event Identifier: Mailing (SCHEDULE H4) Memo			Date	10 / 21 / 2004
			Transaction ID: H4.4137	
FEDERAL SHARE		+	NON-FEDERAL SHARE	
255.93			0.00	
			=	TOTAL AMOUNT
			255.93	

C. Full Name (Last, First, Middle Initial) ROY ASHBURN			Type of Allocated Activity: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input checked="" type="checkbox"/> Direct Candidate Support Event Year-To-Date 0.00	
Mailing Address 5001 California Ave. #107				
City	State	Zip Code		
Bakersfield	CA	93309		
Purpose of Disbursement: 2004 General Mailer SJ Co(10/21/2004)			Category/ Type	
Activity or Event Identifier: Mailing (SCHEDULE H4) Memo			Date	10 / 21 / 2004
			Transaction ID: H4.4139	
FEDERAL SHARE		+	NON-FEDERAL SHARE	
267.48			0.00	
			=	TOTAL AMOUNT
			267.48	

SUBTOTAL of Joint Federal and Non-Federal Activity This Page				
FEDERAL SHARE		+	NON-FEDERAL SHARE	
0.00			0.00	
			=	TOTAL AMOUNT
			0.00	
TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and non-Federal share to 21(a)(ii))				
FEDERAL SHARE		TOTAL AMOUNT		
		NON-FEDERAL SHARE		
TOTAL This Period for the Non-Federal Share (used for line 31 of the detailed summary page)				

DISBURSEMENT SCHEDULE H4 (FEC Form 3X)
JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE

NAME OF COMMITTEE (In Full)
 CA PRO LIFE COUNCIL INC PAC

A. Full Name (Last, First, Middle Initial) Tokay Print & Graphics			Type of Allocated Activity: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input checked="" type="checkbox"/> Direct Candidate Support Event Year-To-Date <p style="text-align: right;">2112.56</p>		
Mailing Address 1744 Ackerman Drive					
City	State	Zip Code			
Lodi	CA	95241			
Purpose of Disbursement: 2004 General Mailer SJ Co(10/21/2004)		Category/ Type	Date MM / DD / CCYY 10 / 21 / 2004		
Activity or Event Identifier: Printing (Sch. E)(Federal Memo)			Transaction ID: H4.4120		
FEDERAL SHARE		+	NON-FEDERAL SHARE		= TOTAL AMOUNT
278.25			837.75		1117.00

B. Full Name (Last, First, Middle Initial) United States Postal Service			Type of Allocated Activity: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input checked="" type="checkbox"/> Direct Candidate Support Event Year-To-Date <p style="text-align: right;">995.56</p>		
Mailing Address					
City	State	Zip Code			
Purpose of Disbursement: 2004 General Mailer SJ Co(10/21/2004)		Category/ Type	Date MM / DD / CCYY 10 / 21 / 2004		
Activity or Event Identifier: Postage (Sch. E)(Federal Memo)			Transaction ID: H4.4124		
FEDERAL SHARE		+	NON-FEDERAL SHARE		= TOTAL AMOUNT
248.89			746.67		995.56

C. Full Name (Last, First, Middle Initial) Tokay Print & Graphics			Type of Allocated Activity: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input checked="" type="checkbox"/> Direct Candidate Support Event Year-To-Date <p style="text-align: right;">2916.00</p>		
Mailing Address 1744 Ackerman Drive					
City	State	Zip Code			
Lodi	CA	95241			
Purpose of Disbursement: 2004 General Mailer SJ Co(10/21/2004)		Category/ Type	Date MM / DD / CCYY 10 / 26 / 2004		
Activity or Event Identifier: Printing (Sch. E)(Federal Memo)			Transaction ID: H4.4122		
FEDERAL SHARE		+	NON-FEDERAL SHARE		= TOTAL AMOUNT
201.11			602.33		803.44

SUBTOTAL of Joint Federal and Non-Federal Activity This Page					
FEDERAL SHARE		+	NON-FEDERAL SHARE		= TOTAL AMOUNT
0.00			2186.75		2186.75
TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and non-Federal share to 21(a)(ii))					
FEDERAL SHARE					TOTAL AMOUNT
		NON-FEDERAL SHARE			
TOTAL This Period for the Non-Federal Share (used for line 31 of the detailed summary page)					

**DISBURSEMENT SCHEDULE H4 (FEC Form 3X)
JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE**

NAME OF COMMITTEE (In Full)
CA PRO LIFE COUNCIL INC PAC

A. Full Name (Last, First, Middle Initial) Office Max		Type of Allocated Activity: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input checked="" type="checkbox"/> Direct Candidate Support Event Year-To-Date 3071.14	
Mailing Address 4733 Quail Lakes Drive			
City Stockton	State CA	Zip Code 95207	
Purpose of Disbursement: 2004 General Mailer SJ Co(10/21/2004)		Category/ Type	Date 10 / 29 / 2004
Activity or Event Identifier: Mailing Labels (Sch. E) [Federal Memo]		Transaction ID: H4.4120	

FEDERAL SHARE	+	NON-FEDERAL SHARE	=	TOTAL AMOUNT
38.78		116.36		155.14

SUBTOTAL of Joint Federal and Non-Federal Activity This Page				
FEDERAL SHARE	+	NON-FEDERAL SHARE	=	TOTAL AMOUNT
0.00		116.36		116.36
TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and non-Federal share to 21(a)(ii))				
FEDERAL SHARE				TOTAL AMOUNT
0.00				2660.50
TOTAL This Period for the Non-Federal Share (used for line 31 of the detailed summary page)		2660.50		