

Committee Report

For Office Use Only (Do Not Write on This Report)

USE PRECISE MEASUREMENTS. TYPE ON PRINT.

1. NAME OF COMMITTEE (Do Not Print) Political Action Committee, Inc.

ADDRESS (number and street)  Street if different than ordinarily reported  
926 J Street, Suite 1100

CITY, STATE and ZIP CODE  
Sacramento, CA 95814

2. FEC IDENTIFICATION NUMBER: C00218122

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

4. TYPE OF REPORT

- 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:
- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 30      | <input type="checkbox"/> October 30  |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20      | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31  |
- Twelfth day report preceding \_\_\_\_\_ (Type of Election) election on \_\_\_\_\_ in the State of \_\_\_\_\_
- Thirtieth day report following the General Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>04-01-94</u> through <u>06/30/94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ 6,087.44
(b) Cash on Hand at Beginning of Reporting Period	\$ 954.21	
(c) Total Receipts (from Line 1B)	\$ 9,199.97	\$ 9,211.74
(d) Subtotal (add Lines 6(b) and (c) for Column A and Lines 6(a) and (c) for Column B)	\$ 10,154.18	\$ 15,299.18
7. Total Disbursements (from Line 3D)	\$ 1,968.65	\$ 7,113.65
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 8,185.53	\$ 8,185.53
9. Debts and Obligations Owed TO the Committee (Report all on Schedule C and/or Schedule D)	\$ -0-	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Report all on Schedule C and/or Schedule D)	\$ -0-	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer: Mark Joseph Bourgeois

Signature of Treasurer: Mark Joseph Bourgeois Date: 7/15/94

NOTE: Submitter of false information may be liable for a person signing this Report to the penalties of 2 U.S.C. §437c.

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**DETAILED STATEMENT OF RECEIPTS AND DISBURSEMENTS**  
 (OF RECEIPTS AND DISBURSEMENTS)  
 PAID & FILED PERIOD:

1. CALIFORNIA PRE-LIFE COUNCIL, INC. PAC

2. 01-01-75 TO 06-30-75

NAME OF COMMITTEE: <u>CALIFORNIA PRE-LIFE COUNCIL, INC. PAC</u>	RECEIPTS (CONVERTED PERIOD)	
	FROM <u>01-01-75</u>	TO <u>06-30-75</u>
	COLUMN I Total This Period	COLUMN II Calendar Year
<b>I. Receipts</b>		
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees		
I. Personal (see Schedule A)	1200.00	1200.00
II. Unrelated	7991.92	7991.92
III. Total (add I and II) >	9191.92	9191.92
b. Political Party Committees	-0-	-0-
c. Other Political Committees (such as PACs)	-0-	-0-
d. Total Contributions (add a II, b and c) >	9191.92	9191.92
12. Transfers From Affiliated/Other Party Committees	-0-	-0-
13. All Loans Received	-0-	-0-
14. Loan Repayments Received	-0-	-0-
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-	-0-
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	-0-
17. Other Federal Receipts (Dividends, Interest, etc.) <u>Interest</u>	8.05	19.82
18. Transfers from Nonfederal Account for Joint Activity	-0-	-0-
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	9199.97	9211.74
20. Total Federal Receipts (subtract line 18 from line 19) >	9199.97	9211.74
<b>II. Disbursements</b>		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4):		
I. Federal Share	-0-	-0-
II. Non-Federal Share	-0-	-0-
b. Other Federal Operating Expenditures <u>BANK SERVICE CHARGES</u>	20.00	40.00
c. Total Operating Expenditures (add a I, a II, and b) >	20.00	40.00
22. Transfers to Affiliated/Other Party Committees	-0-	-0-
23. Contributions to Federal Candidates/Committees and Other Political Committees	410.00	5335.00
24. Independent Expenditures (see Schedule E)	1538.65	1538.65
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441e(d)) (see Schedule F)	-0-	-0-
26. Loan Repayments Made	-0-	-0-
27. Loans Made	-0-	-0-
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	-0-	-0-
b. Political Party Committees	-0-	-0-
c. Other Political Committees (such as PACs)	-0-	-0-
d. Total Contribution Refunds (add a, b and c) >	-0-	-0-
29. Other Disbursement:	-0-	-0-
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	1968.65	7113.65
31. Total Federal Disbursements (subtract line 21 a II from line 30) >	1968.65	7113.65
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) (from line 11d)	9191.92	9191.92
33. Total Contribution Refunds (see line 28d)	-0-	-0-
34. Net Contributions (other than loans) (subtract line 33 from line 32)	9191.92	9191.92
35. Total Federal Operating Expenditures (add 21 b I and 21 b) >	20.00	40.00
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-
	20.00	40.00

9 4 0 3 9 1 4 J 5 3 6

SCHEDULE A

EMPLOYER RECEIPT

Use this receipt to report to the north-south state of the United States.

Page 1 of 2  
 Form No. 1000-1  
 1/94

Any information copied from your Reports and Statements may not be used or used by any person for the purpose of holding contributions or for commercial purposes. Other than using the name and address of any person to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

CALIFORNIA PRO-LIFE COUNCIL, PAC

CO022812.2

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Stephen Zahniser 13489 - 3rd Street Yucaipa, CA 92399	Redlands Unified  Teacher	5/17/94	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Appropriate Year-to-Date > 1		
B. Full Name, Mailing Address and ZIP Code Linda Winter 1419 Miramonte Avenue Los Altos, CA 94024-5604	N/A  Housewife	5/17/94	300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Appropriate Year-to-Date > 1		
C. Full Name, Mailing Address and ZIP Code Sharon Casey 3021 San Luis Rey Avenue San Jose, CA 95128	Syntek Corp.  Biologist	5/18/94	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Appropriate Year-to-Date > 1		
D. Full Name, Mailing Address and ZIP Code Grace Cody 5483 Carlson Drive, #9 Sacramento, CA 95819	N/A  Retired	5/18/94	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Appropriate Year-to-Date > 1		
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):	Appropriate Year-to-Date > 1		
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):	Appropriate Year-to-Date > 1		
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):	Appropriate Year-to-Date > 1		

**GRAND TOTAL** of Receipts This Page (Receipts) 1200.00

**TOTAL** This Page (fill page into the number only) 1200.00

Any information obtained from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for any other purpose, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full) **CALIFORNIA PRO LIFE COUNCIL PAC** C 0022812Z

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
John T. Doolittle For Congress 11954 Prospect Hill Drive Gold River, CA 95670	Congressional District 4 (CA) Fundraising Event Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/1/94	260.00
B. Full Name, Mailing Address and ZIP Code Tim LeFever For Congress P.O. Box 1348 DIXON, CA 95620	Congressional District 3 Postage for Mailer Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/2/94	150.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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Σ TOTAL of Disbursements This Page (optional) **410.00**

TOTAL This Period (not more than five number only) **410.00**

STATE OF CALIFORNIA

Form No. 100 (1-88)

Check box for independent expenditures

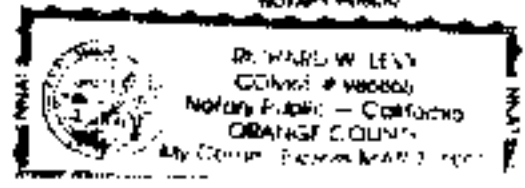
Name of Committee (in Full)		Committee ID Number		
CALIFORNIA PRO LIFE COUNCIL PAC		C00228122		
Full Name, Mailing Address & ZIP Code of Each Payor	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate Impacted or Opposed by the Expenditure & Office Sought
California Pro Life Council, Inc. 926 J Street, SR 1100 Sacramento, CA 95814	Get out the vote phone calls	6/2/94	859.50	Andrea Seastrand Congressional District # 22 CALIFORNIA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
CALIFORNIA Pro Life Council, Inc. 926 J Street, SR 1100 Sacramento, CA 95814	Get out the vote phone calls	6/3/94	243.09	Duane Hughes Congressional District # 6 California <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
(a) SUBTOTAL of Reported Independent Expenditures			1102.34	
(b) SUBTOTAL of Unreported Independent Expenditures			436.06	
(c) TOTAL Independent Expenditures				1538.65

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Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert, aid, or in support or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. This report, these expenditures do not involve the financing of a campaign, election, or caucus held in whole or in part for any candidate. Materials prepared by the candidate, his campaign committee, or their agent.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before me this 18<sup>th</sup> day of July, 1994.  
By Commission Expires: 3-7-95  
Notary Public



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

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7-18-97

No Postmark

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 and Registration

DATE OF RECEIPT

Received from the Senate Office of Public  
 Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

JTH

PREPARER

7-22-97

DATE PREPARED

94039140540