

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

STANDARD FEDERAL ELECTION COMMISSION FORM

1 (a) NAME OF COMMITTEE IN FULL (Check if name is changed)
 California Pro Life Council, Inc. - (PAC) 2. DATE Nov 8 1995
52 Nov 9/22/95

(b) Mailing and Street Address (Check if address is changed)
 2306 J Street, Suite 200 3. FEC IDENTIFICATION NUMBER
C0022812

(c) City, State and ZIP Code
 Sacramento, CA 95816 4. IS THIS STATEMENT AN AMENDMENT?
 YES NO

5 TYPE OF COMMITTEE (Check one)

(a) This committee is a principal campaign committee. (Complete the candidate information below.)

(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate	Candidate Party Affiliation	Office Sought	State/District

(c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)

(d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)

(e) This committee is a separate segregated fund.

(f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization
 Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and reports.

Full Name	Mailing Address	Title or Position

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
JAMES MATHWIG	503 WALNUT ST WEED, CA 96094	TREASURER

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code

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

TYPE OF PERSON NAME OF TREASURER SIM Mathwig	SIGNATURE OF TREASURER <i>James R Mathwig</i>	DATE 9/22/95
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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Federal Election Commission
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JLB

PREPARER

11-8-95

DATE PREPARED

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