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FEDERAL ELECTION
COMMISSION
MAIL ROOM

AUG 9 8 32 AM '96

August 1, 1996

J.P. André
Reports Analyst
Reports Analysis Division
Federal Election Commission
999 E. Street
N.W. Washington D.C. 20463

RE: Response to your letter dated July 17, 1996.

Dear Sir:

Please find enclosed a copy of our amendment to the April Quarterly Report for the period 1/1/96 through 3/31/96.

If you should have any questions, please contact me at (213) 254-0689.

Sincerely,

Jenny Rodriguez
Treasurer
Community Leadership for Policy Action

FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

Jenny Rodriguez, Treasurer
Community Leadership Committee
for Political Action
4724 Cleland Avenue
Los Angeles, CA 90065

JUL 17 1996

Identification Number: C00295139

Reference: April Quarterly Report (1/1/96-3/31/96)

Dear Ms. Rodriguez:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

Please provide the total(s) for Line 8, Column A of the Summary Page. Note that changes in your figures may affect your Column B totals on this report and/or on subsequent reports.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

Sincerely,

J.P. Andre
Reports Analyst
Reports Analysis Division

251

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full) Commanded Leadership Committee for Policy Action

ADDRESS (number and street) ☐ Check if different than previously reported
4724 Cleland Av.

CITY, STATE and ZIP CODE
Los Angeles, CA 90065

2. FEC IDENTIFICATION NUMBER
C00296139

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

☐ 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 1/1/96 through 3/31/96 | | |
| 6. (a) Cash on Hand January 1, 19__ | | $ 1,405 - |
| (b) Cash on Hand at Beginning of Reporting Period | $ 1,405 - | |
| (c) Total Receipts (from Line 19) | $ 900 - | $ 900 - |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | $ 2,305 - | $ 2,305 - |
| 7. Total Disbursements (from Line 30) | $ 0 | $ 0 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | $ 2,305 - | $ 2,305 - |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | $ | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | $ | |

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

*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
JENNY RODRIGUEZ

Signature of Treasurer
Jenny Rodriguez

Date
7/28/96

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

FEC FORM 3X
(revised 9/93)

FE5AN068

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

(revised 1/1/91)

NAME OF COMMITTEE: Community Leadership for Policy Action

REPORT COVERING PERIOD FROM 1/1/96 TO: 3/31/96

| | COLUMN A Total This Period | COLUMN B Calendar Year | |
|---|---|---|---|
| **I. Receipts** | | | |
| 11. Contributions (other than loans) From: | | | |
| a. Individual/Persons Other Than Political Committees | 900 — | 900 — | 11(a)(i) |
| i. Itemized (use Schedule A) | — | — | 11(a)(ii) |
| ii. Unitemized | 900 — | 900 — | 11(a)(iii) |
| iii. Total (add i and ii) ➤ | | | 11(b) |
| b. Political Party Committees | | | 11(c) |
| c. Other Political Committees (such as PACs) | | | 11(d) |
| d. Total Contributions (add a iii, b and c) ➤ | 900 — | 900 — | 12 |
| 12. Transfers From Affiliated/Other Party Committees | | | 13 |
| 13. All Loans Received | | | 14 |
| 14. Loan Repayments Received | | | 15 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) | | | 16 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees | | | 17 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | | | 18 |
| 18. Transfers from Nonfederal Account for Joint Activity | | | 19 |
| 19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤ | 900 — | | 20 |
| 20. Total Federal Receipts (subtract line 18 from line 19) ➤ | 900 — | 900 — | |
| **II. Disbursements** | | | |
| 21. Operating Expenditures: | | | |
| a. Shared Federal/Non-Federal Activity (from Schedule H4) | | | 21(a) |
| i. Federal Share | | | 21(a)i |
| ii. Non-Federal Share | | | 21(b) |
| b. Other Federal Operating Expenditures | — | — | 21(c) |
| c. Total Operating Expenditures (add a i, a ii, and b) ➤ | | | 22 |
| 22. Transfers to Affiliated/Other Party Committees | | | 23 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | | | 24 |
| 24. Independent Expenditures (use Schedule E) | | | 25 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) | | | 26 |
| 26. Loan Repayments Made | | | 27 |
| 27. Loans Made | | | |
| 28. Refunds of Contributions To: | | | 28(a) |
| a. Individuals/Persons Other Than Political Committees | | | 28(b) |
| b. Political Party Committees | | | 28(c) |
| c. Other Political Committees (such as PACs) | | | 28(d) |
| d. Total Contribution Refunds (add a, b and c) ➤ | — | — | 29 |
| 29. Other Disbursements | — | — | 30 |
| 30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤ | | | 31 |
| 31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤ | | | |
| **III. Net Contributions/Operating Expenditures** | | | |
| 32. Total Contributions (other than loans)(from line 11d) | 900 — | 900 — | 32 |
| 33. Total Contribution Refunds (from line 28d) | — | — | 33 |
| 34. Net Contributions (other than loans)(subtract line 33 from 32) | 900 — | 900 — | 34 |
| 35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤ | — | — | 35 |
| 36. Offsets to Operating Expenditures (from line 15) | — | — | 36 |
| 37. Net Operating Expenditures (subtract line 36 from 35) ➤ | — | — | 37 |

FES/N006

**SCHEDULE A** | **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER

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)
Community Leadership for Policy Action

| Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| A. John Molina, 1 Golden Shore Dr., Long Beach CA 90802 | Molina Medical Centers | 1/30/95 | 500 — |
| Receipt For: [ ] Primary [ ] General [X] Other (specify): Membership | Aggregate Year-to-Date > $ | | |
| B. Gilbert Vasquez, 510 W. Sixth St., Los Angeles CA 90014 | Gil Vasquez & Associates | 1/30/95 | 250 — |
| Receipt For: [ ] Primary [ ] General [X] Other (specify): Membership | Aggregate Year-to-Date > $ | | |
| C. Christina Martinez, 1902 E Covina Blvd., Covina CA 91724 | Self Employee | 1/30/95 | 150 — |
| Receipt For: [ ] Primary [ ] General [X] Other (specify): Membership | Aggregate Year-to-Date > $ | | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt For: [ ] Primary [ ] General [ ] Other (specify): | Aggregate Year-to-Date > $ | | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt For: [ ] Primary [ ] General [ ] Other (specify): | Aggregate Year-to-Date > $ | | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt For: [ ] Primary [ ] General [ ] Other (specify): | Aggregate Year-to-Date > $ | | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt For: [ ] Primary [ ] General [ ] Other (specify): | Aggregate Year-to-Date > $ | | |

**SUBTOTAL** of Receipts This Page (optional) > 900 —

**TOTAL** This Period (last page this line number only) > 900 —

FES/M065

SCHEDULE B

# ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER

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)

Community Leadership for Policy Action

| | | | |
|---|---|---|---|
| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: ☐ Primary ☐ General ☐ 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) | |

FE5AN068

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 8/6/96 |
| ☐ | Registered/Certified Mail | POSTMARKED |
| ☐ | 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 |

SMH — PREPARER

8/9/96 — DATE PREPARED

FEC FORM 70-2 (12/92)