

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) CALIFORNIA PRO LIFE COUNCIL, INC. POLITICAL ACTION COMMITTEE		Aug 3 9 25 AM '93
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 926 J STREET, SUITE 1100		2. FEC IDENTIFICATION NUMBER C00228122
CITY, STATE and ZIP CODE SACRAMENTO, CA 95814		3. <input type="checkbox"/> This committee qualified as a multi-candidate committee DURING THIS Reporting Period on _____ (date).

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 or blacken)
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	01-01-93 through 06-30-93		
6. (a)	Cash on Hand January 1, 1993		\$ 7,246.26
(b)	Cash on Hand at Beginning of Reporting Period	\$ 7,246.26	
(c)	Total Receipts (from Line 18)	\$ 490.26	\$ 490.26
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 7,736.54	\$ 7,736.54
7.	Total Disbursements (from Line 30)	\$ 580.00	\$ 580.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 7,156.54	\$ 7,156.54
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Tel Free 800-424-9530 Local 202-219-3420
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 541.25	

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 <input checked="" type="checkbox"/> Andra Rony Moreno	Date 8/2/93
Signature of Treasurer <i>Andra Rony Moreno</i>	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §427g.

1 2 3 4 5 6 7 8 9 0

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

C00228122
(revised 11/91)

NAME OF COMMITTEE CALIFORNIA PRO LIFE COUNCIL, INC. PAC		REPORT COVERING PERIOD FROM 01-01-93 TO: 06-30-93	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (Use Schedule A)		430.00	430.00
ii. Unitemized			
iii. Total (add i and ii)		430.00	430.00
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions (add a ii, b and c)		430.00	430.00
12. Transfers From Affiliated/Other Party Committees			
13. All Loans Received			
14. Loan Repayments Received			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			
17. Other Federal Receipts (Dividends, Interest, etc.)	INTEREST	60.26	60.26
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17 and 18)		490.26	490.26
20. Total Federal Receipts (subtract line 18 from line 19)		490.26	490.26
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share			
b. Other Federal Operating Expenditures			
c. Total Operating Expenditures (add a i, a ii, and b)			
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees		350.00	350.00
24. Independent Expenditures (Use Schedule E)		230.00	230.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (Use Schedule F)			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds (add a, b and c)			
29. Other Disbursements			
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)		580.00	580.00
31. Total Federal Disbursements (subtract line 28 d from line 30)		580.00	580.00
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)		430.00	430.00
33. Total Contribution Refunds (from line 28c)			
34. Net Contributions (other than loans) (subtract line 33 from 32)		430.00	430.00
35. Total Federal Operating Expenditures (add 21 a and 21 b)			
36. Offsets to Operating Expenditures (from line 15)			
37. Net Operating Expenditures (subtract line 36 from 35)		-0-	-0-

1 5 0 3 0 3 3 4 5 5 2

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

Any information copied from such Reports and Statements may not be to be 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)

00228122

CALIFORNIA PRO LIFE COUNCIL, INC. POLITICAL ACTION COMMITTEE

3303834670

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt in this Period
NOEL A. SMITH P.O. BOX 462 SANTA CRUZ, CA 95061	SELF-EMPLOYED Occupation TRANSIT CONSULTANT	06-06-93	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): SPECIAL CONGRESSIONAL	Aggregate Year-to-Date > \$ 200.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period CONTRIBUTION IN-KIND PRINTING
SANTA CRUZ PRINTERY 110A VERNON STREET SANTA CRUZ, CA 95060	N/A Occupation N/A	06-03-93	230.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): SPECIAL CONGRESSIONAL	Aggregate Year-to-Date > \$ 230.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (options)	430.00
TOTAL This Period (last page this line number only)	430.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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) CALIFORNIA PRO LIFE COUNCIL, INC. POLITICAL ACTION COMMITTEE C00326122

1 2 3 4 5 6 7 8 9 0

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
RICHARD PIMBO FOR CONGRESS 2825 N. NAGLEF ROAD TRACY, CA 95376	CONGRESSIONAL DIST. 11 RECEPTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	02-05-93	250.00
JOHN T. DOOLEY FOR CONGRESS 4357 PACIFIC STREET ROCKLIN, CA 95677	CONGRESSIONAL DIST. 4 RECEPTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	05-03-93	100.00
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

SUBTOTAL of Disbursements This Page (options I,	350.00
TOTAL This Period (last page this line number only)	350.00

DEBTS AND OBLIGATIONS
Excluding Loans

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
CDD228122 CALIFORNIA PRO LIFE COUNCIL, INC. POLITICAL ACTION COMMITTEE				
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor SANTA CRUZ PRINTERY 110A VERNON STREET SANTA CRUZ, CA 95060	-0-	541.25	-11-	541.25
Nature of Debt (Purpose): FLYER PRINTING				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
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)				541.25
2) TOTAL This Period (last page this line only)				541.25
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)				541.25

2 3 4 5 6 7 8 9 10 11 12

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (in Full)				I.D. No.	
CALIFORNIA PRO LIFE COUNCIL, INC. POLITICAL ACTION COMMITTEE				C00228122	
Full Name, Mailing Address & ZIP Code of Each Payor	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought	
SANTA CRUZ PRINTERY 110A VERNON STREET SANTA CRUZ, CA 95060	FLYER PRINTING	06-03-93	230.00	BILL MCCAMPBELL CONGRESSIONAL DISTRICT 17	
				<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 Itemized Independent Expenditures			\$ 230.00		
(b) SUBTOTAL of Unitemized Independent Expenditures			\$ -0-		
(c) TOTAL Independent Expenditures			\$ 230.00		

2303334673

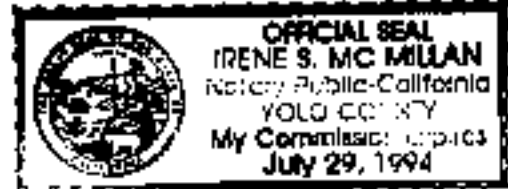
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing of dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Andrea Kay Marent 7/2/93
Signature Date

Subscribed and sworn to before me this 2nd day of August, 1993

My Commission expires 7/29/94

Irene S. McMillan
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

8-3-93

First Class Mail

POSTMARKED

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

SLH
 PREPARER

8-3-93
 DATE PREPARED

2 3 0 3 4 6 / 4