

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF CONTRIBUTOR OR DONOR
 C 00157319 053094
 SANDY J GOODWIN
 JUSTICE-PAC
 2091 F VALLEY PARKWAY STE 10
 FOUNTAIN VALLEY CA 92727

RECEIVED JUN 20 1994

JUL 13 1 28 PM '94

2. FED IDENTIFICATION NUMBER

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:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <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

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
4/1/94 through 6/30/94		
6. (a) Cash on Hand January 1, 19 94		\$ 1,548.48
(b) Cash on Hand at Beginning of Reporting Period	\$ 1,179.87	
(c) Total Receipts (from Line 19)	\$ 80,495.07	\$ 124,414.66
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 81,674.94	\$ 125,963.14
7. Total Disbursements (from Line 30)	\$ 78,962.60	\$ 123,250.80
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 2,712.34	\$ 2,712.34
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ 2,000.00	For further information contact: Federal Election Commission 888 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-8420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ 5,192.57	

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
Randy J. Goodwin

Signature of Treasurer *Randy J. Goodwin* Date 7/14/94

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

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94039120/30

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

(revised 1/1/81)

NAME OF COMMITTEE JUSTICE PAC		REPORT COVERING PERIOD FROM 4/1/94 TO 6/30/94	
		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)	3539.88	5439.88	
ii. Unitemized	73249.46	110908.16	
iii. Total (add i and ii) >	76789.34	116348.04	
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions (add a ii, b and c) >	76789.34	116348.04	
12. Transfers From Affiliated/Other Party Committees			
13. All Loans Received			
14. Loan Repayments Received			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		2000.00	
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			
17. Other Federal Receipts (Dividends, Interest, etc.)	3705.73	6066.62	
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	80495.07	124414.66	
20. Total Federal Receipts (subtract line 18 from line 19) >	80495.07	124414.66	
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	76197.40	120285.60	
c. Total Operating Expenditures (add a i, a ii, and b) >	76197.40	120285.60	
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees			
24. Independent Expenditures (use Schedule E)	2197.20	2197.20	
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. Individuals/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	568.00	768.00	
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	78962.60	123250.80	
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	78962.60	123250.80	
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	76789.34	116348.04	
33. Total Contribution Refunds (from line 28d)			
34. Net Contributions (other than loans)(subtract line 33 from 32)	76789.34	116348.04	
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	76197.40	120285.60	
36. Offsets to Operating Expenditures (from line 15)		2000.00	
37. Net Operating Expenditures (subtract line 36 from 35) >	76197.40	118285.60	

24007120731

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3

FOR LINE NUMBER 11 A (i)

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NAME OF COMMITTEE (in Full)

JUSTICE PAC

A. Full Name, Mailing Address and ZIP Code

Charitas Golden
329 83rd St
Brooklyn, NY 11209

Name of Employer

info requested

Date (month, day, year)

6/16/94
6/22/94

Amount of Each Receipt This Period

100.00
100.00

Receipt For: Primary General
 Other (specify): oper exp

Occupation

Aggregate Year-to-Date > \$ 200

B. Full Name, Mailing Address and ZIP Code

Mrs. Elizabeth Anderson
215 Springmoor Dr
Raleigh, NC 27615

Name of Employer

info requested

Date (month, day, year)

6/16/94

Amount of Each Receipt This Period

100.00

Receipt For: Primary General
 Other (specify): oper exp

Occupation

Aggregate Year-to-Date > \$ 275

C. Full Name, Mailing Address and ZIP Code

Mr. Nicholas Kirincic
1710 Margate Bl
Lehigh Acres FL 33936

Name of Employer

info requested

Date (month, day, year)

5/10/94

Amount of Each Receipt This Period

100.00

Receipt For: Primary General
 Other (specify): oper exp

Occupation

Aggregate Year-to-Date > \$ 200

D. Full Name, Mailing Address and ZIP Code

Mrs. Sara Hallack
4168 Willow Grove Rd.
Dallas TX 75220

Name of Employer

info requested

Date (month, day, year)

4/18/94
5/18/94
6/18/94

Amount of Each Receipt This Period

70.00
150.00
100.00

Receipt For: Primary General
 Other (specify): oper exp

Occupation

Aggregate Year-to-Date > \$ 320.00

E. Full Name, Mailing Address and ZIP Code

Miss Minnie Mitbo
101 W Olympic Pl, Apt 409
Seattle WA 98119

Name of Employer

info requested

Date (month, day, year)

4/12/94
5/12/94
6/13/94
6/14/94

Amount of Each Receipt This Period

70.00
100.00
24.00
100.00

Receipt For: Primary General
 Other (specify): oper exp

Occupation

Aggregate Year-to-Date > \$ 344.00

F. Full Name, Mailing Address and ZIP Code

Ms. Alma Meisnest
1630 43rd Ave E, Apt B17
Seattle WA 98112

Name of Employer

info requested

Date (month, day, year)

5/5/94
5/31/94

Amount of Each Receipt This Period

200.00
250.00

Receipt For: Primary General
 Other (specify): oper exp

Occupation

Aggregate Year-to-Date > \$ 1275.00

G. Full Name, Mailing Address and ZIP Code

Mrs. Estel Brooks
1139 Eddie Ave
Lansing MI 48917

Name of Employer

info requested

Date (month, day, year)

4/11/94
4/18/94
6/6/94
5/27/94

Amount of Each Receipt This Period

29.00
10.00
10.70
24.00

Receipt For: Primary General
 Other (specify): oper exp

Occupation

Aggregate Year-to-Date > \$ 219.70

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

294659120732

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 3
FOR LINE NUMBER 11 A (1)

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NAME OF COMMITTEE (in Full)

JUSTICE PAC

24009-20733

A. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mrs. Estel Brooks 1139 Eddic Ave Lansing MI 48917		info requested	6/16/94	15.00
		Occupation	6/7/94	12.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): oper exp		Aggregate Year-to-Date > \$219.70		10.00
B. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ms. Florance Hogander 4605 Casco Ave Minneapolis MN 55424		infor requested	4/11/94	24.00
		Occupation	5/31/94	19.94
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): oper exp		Aggregate Year-to-Date > \$ 250.94		20.00
5/20/94				25.00
C. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ms. Florance Hogander 4605 Casco Ave. Minneapolis MN 55424		info requested	6/13/94	25.00
		Occupation	6/21/94	24.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): oper exp		Aggregate Year-to-Date > \$ 250.94		24.00
6/27/94				
D. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mrs. Elizabeth Dayett 1400 Golden Rain Rd. Walnut Creek CA 94595		info requested	4/6/94	24.00
		Occupation	4/7/94	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): oper exp		Aggregate Year-to-Date > \$ 233.94		50.00
5/12/94				19.94
6/6/94				
E. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mr. Wayne Horton 230 Aetna St Oak Hill OH 45656		info requested	5/12/94	100.00
		Occupation	6/17/94	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): oper exp		Aggregate Year-to-Date > \$ 250.00		
F. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mr. Ben Tate Jr 7754 Camargo Rd Cincinnati OH 45243		info requested	4/7/94	500.00
		Occupation	5/31/94	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): oper exp		Aggregate Year-to-Date > \$ 1100.00		
G. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Miss Winnie Arnold 320 Hershberger Rd NW #816 Roanoke VA 24012		info requested	4/1/94	100.00
		Occupation	6/17/94	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): oper exp		Aggregate Year-to-Date > \$ 200.00		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 3
FOR LINE NUMBER 11 A (1)

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NAME OF COMMITTEE (In Full)

JUSTICE PAC

94002120/34

A. Full Name, Mailing Address and ZIP Code Mr. Dean Smith 3741 Haddon Hall Rd NW Atlanta GA 30327		Name of Employer Retired	Date (month, day, year) 6/22/94	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): oper exp		Occupation	Aggregate Year-to-Date > \$ 250.00	
B. 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):		Occupation	Aggregate Year-to-Date > \$	
C. 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):		Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	3539.88

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)
JUSTICE PAC

94039120735

A. Full Name, Mailing Address and ZIP Code Omega List Co 8245 Boone Bl #700 Vienna VA 22182 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): List Rental	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 4/7/94 4/25/94 6/1/94 6/10/94	Amount of Each Receipt this Period 1427.57 1051.63 620.00 606.53
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts (This Page optional)	
TOTAL This Period (Last page this line number only)	3705.73

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 3
FOR LINE NUMBER 21

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NAME OF COMMITTEE (In Full)
JUSTICE PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ACE Michael Paraday Ct. Reston VA 22090	Data Processing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) oper exp	4/28/94	500.00
B. Full Name, Mailing Address and ZIP Code American Express P.O. Box 1270 Newark NJ 07101	Travel Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) oper exp	5/10/94	400.00
C. Full Name, Mailing Address and ZIP Code Catterton Printing P.O. Box 347 Waldorf MD	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) oper exp	5/25/94	1986.50
D. Full Name, Mailing Address and ZIP Code Eberle & Assoc 8245 Boone Bl #700 Vienna VA 22182	Creative Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) oper exp	4/28/94 4/21/94 6/30/94	3031.65 600.00 3011.62
E. Full Name, Mailing Address and ZIP Code Eberle Data Center 8245 Boone Bl #700 Vienna VA 22182	Data Processing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) oper exp	4/21/94 6/30/94	494.40 7453.20
F. Full Name, Mailing Address and ZIP Code Executive Printing Services 6640 Annendale Rd Beltsville MD 20705	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) oper exp	4/14/94	159.25
G. Full Name, Mailing Address and ZIP Code Falcon Printing 1921 Callows Rd Vienna VA 22182	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) oper exp	5/12/94	297.82
H. Full Name, Mailing Address and ZIP Code George Mason Bank Fairfax VA 22030	Banking Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		204.35
I. Full Name, Mailing Address and ZIP Code J. J. Mailing 41 Commerce Ave Hollywood MD 20636	Mailing Services & Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) oper exp	4/7/94 4/14/94 4/21/94	2500.00 3000.00 1900.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

9405912J736

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 3
FOR LINE NUMBER 21

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NAME OF COMMITTEE (In Full)
JUSTICE PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
J. J. Mailing 41 Commerce Ave Hollywood MD 20636	Postage & Mailing Services	4/21/94	610.85
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	4/28/94	1500.00
	<input checked="" type="checkbox"/> Other (specify) oper exp	4/28/94	200.00
B. Full Name, Mailing Address and ZIP Code J. J. Mailing Continued	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	5/19/94	6500.00
	<input type="checkbox"/> Other (specify)	5/19/94 5/25/94	492.51 260.15
C. Full Name, Mailing Address and ZIP Code J. J. Mailing Continued	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	5/25/94	1500.00
	<input type="checkbox"/> Other (specify)	6/2/94 6/7/94	1500.00 5000.00
D. Full Name, Mailing Address and ZIP Code J. J. Mailing Continued	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	6/16/94	5200.00
	<input type="checkbox"/> Other (specify)	6/16/94 6/23/94	1061.58 2500.00
E. Full Name, Mailing Address and ZIP Code KBR Inc. c/o Eberle & Assoc 8245 Boone Bl #700 Vienna VA 22182	Purpose of Disbursement Postage	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	6/23/94	1800.00
	<input checked="" type="checkbox"/> Other (specify) oper exp		
F. Full Name, Mailing Address and ZIP Code KIMCO BUSINESS RESOURCES 1601 5th St NW Washington DC 20001	Purpose of Disbursement Printing	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	4/28/94	687.35
	<input checked="" type="checkbox"/> Other (specify) oper exp	5/25/94 6/16/94	509.68 1096.31
G. Full Name, Mailing Address and ZIP Code New York Times P.O. Box 85055 Louisville KY 40285-5055	Purpose of Disbursement Subscription	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	5/20/94	105.06
	<input checked="" type="checkbox"/> Other (specify) oper exp	6/21/94	103.44
H. Full Name, Mailing Address and ZIP Code Omega List Co. 8245 Boone Bl #700 Vienna VA 22182	Purpose of Disbursement List Rental	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	6/30/94	1122.09
	<input checked="" type="checkbox"/> Other (specify) oper exp		
I. Full Name, Mailing Address and ZIP Code Randy Goodwin 2091 E Valley Pkwy #1c Escondido CA 92027	Purpose of Disbursement Travel Expenses	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	4/6/94	500.00
	<input checked="" type="checkbox"/> Other (specify) oper exp		

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

9405912J737

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 3

FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

JUSTICE PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Reed Envelope Co. 6310-G Gravel Alexandria VA 22310	Printing	5/12/94	2195.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) oper exp	6/16/94	225.00
Sisk Mailing Service 7 Chesapeake Bay Bus. Park Stevensville, MD 21666	postage	4/28/94	2100.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) oper exp	5/25/94	2900.00
T J Graphics 5 Corwen Court Perry Hall MD 21128	Printing	4/21/94	2827.13
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) oper exp	6/9/94 6/23/94	2342.45 2226.52
U.S. Postmaster Escondido, CA 92027	Postage	4/6/94	317.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) oper exp	6/24/94	191.00
Washington Intelligence Bureau 2727 Merrilee Fairfax VA 22031	Caging	4/28/94	409.44
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) oper exp	5/25/94 6/16/94 6/30/94	837.42 607.24 915.19
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

75881.20

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 29

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)
JUSTICE PAC

9
4
0
3
9
1
2
0
7
3
9

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/10/94	Amount of Each Disbursement This Period 300.00
B. Full Name, Mailing Address and ZIP Code Doris Allen for Assembly c/o McNally Temple Assoc 1817 Capitol Ave Sacramento, CA 95814	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/10/94	Amount of Each Disbursement This Period 268.00
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 (optional)

TOTAL This Period (last page this line number only)

568.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in Full)
JUSTICE PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Beacon Community Newspapers 20 Main St. Acton, MA 01720	Newspaper Ad Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/30/94	630.00
Charlestown Patriot One Thompson Square Charlestown, MA 02129	Newspaper Ad Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/30/94	403.20
Chicopee Herald P.O. Box 950 Chicopee, MA 01014	Newspaper Ad Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/30/94	684.00
MPG Newspapers 238 Wareham Rd/Box 666 Marion MA 02738	Newspaper AD Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/30/94	480.00
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 (optional)	
TOTAL This Period (last page this line number only)	2197.20

94000123740

LOANS

Name of Committee (In Full) JUSTICE PAC				
A. Full Name, Mailing Address and ZIP Code of Loan Source Nat. Comm. for Conservative Political Action 1001 Dove St. #200 Newport Beach, CA 92660 Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Original Amount of Loan 3500.00	Cumulative Payment To Date 1500.00	Balance Outstanding at Close of This Period 2000.00
Terms: Date Incurred <u>8/14/92</u> Date Due <u>none</u> Interest Rate <u>none</u> % (april)		Secured		
List All Endorsers or Guarantors (If any) to Item A				
1. Full Name, Mailing Address and ZIP Code	Name of Employer			
	Occupation			
	Amount Guaranteed Outstanding: \$			
2. Full Name, Mailing Address and ZIP Code	Name of Employer			
	Occupation			
	Amount Guaranteed Outstanding: \$			
3. Full Name, Mailing Address and ZIP Code	Name of Employer			
	Occupation			
	Amount Guaranteed Outstanding: \$			
B. Full Name, Mailing Address and ZIP Code of Loan Source		Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Secured		
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (april)		Secured		
List All Endorsers or Guarantors (If any) to Item B				
1. Full Name, Mailing Address and ZIP Code	Name of Employer			
	Occupation			
	Amount Guaranteed Outstanding: \$			
2. Full Name, Mailing Address and ZIP Code	Name of Employer			
	Occupation			
	Amount Guaranteed Outstanding: \$			
3. Full Name, Mailing Address and ZIP Code	Name of Employer			
	Occupation			
	Amount Guaranteed Outstanding: \$			
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only)				
2000.00				
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.				

74059120741

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Name of Committee (or Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
JUSTICE PAC				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor ACS 1807 Michael Faraday Reston VA 22090	500.00	-0-	500.00	-0-
Nature of Debt (Purpose): Data Processing				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor AIM 45150 Business Ct., Ste 300A Sterling VA 20166	-0-	1064.69	-0-	1064.69
Nature of Debt (Purpose): Data Processing				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Catterton Printing P.O. Box 347 Waldorf MD 20604	1986.50	7567.79	1986.50	7567.79
Nature of Debt (Purpose): Printing				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Eberle & Associates 8245 Boone Bl #700 Vienna VA 22182	11790.82	13982.19	6643.27	19129.74
Nature of Debt (Purpose): Creative Fees				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Eberle & Associates Data Center 8245 Boone Bl #700 Vienna VA 22182	11738.31	4700.32	7947.60	8491.03
Nature of Debt (Purpose): Data Processing				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor J J Mailing 41 Commerce Ave Hollywood MD 20636	1563.51	34493.19	33725.09	2331.61
Nature of Debt (Purpose): Mailing Services				
1) SUBTOTALS This Period This Page (optional)				
2) TOTALS This Period (last page in this line only)				
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)				

9 4 0 3 7 1 2 J 7 4 2

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 2 of 3 for
LINE NUMBER 10
(Use separate schedules
for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
JUSTICE PAC				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor KIMCO Business Resources 1601 5th St NW Washington D.C. 20001	1197.03	1096.31	2293.34	-0-
Nature of Debt (Purpose): Printing				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Omega List Co. 8245 Boone Bl #700 Vienna VA 22182	2377.24	3664.87	1122.09	4920.02
Nature of Debt (Purpose): List Rental				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Reed Envelope Co 6310-G Gravcl Ave Alexandria VA 22310	2195.00	4673.75	2420.00	4448.75
Nature of Debt (Purpose): Printing				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Sisk Mailing Service 7 Chesapeake Bay Bus. Park Stevensville MD 21666	-0-	5433.27	5000.00	433.27
Nature of Debt (Purpose): Mailing Services				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Spectra Graphics P.O. Box 534 Willow Grove PA 19090	-0-	318.25	-0-	318.25
Nature of Debt (Purpose): Printing				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor T J Graphics 5 Corwen Ct Perry Hall, MD 21128	5169.58	4239.16	7396.10	2012.64
Nature of Debt (Purpose): Printing				
1) SUBTOTALS This Period This Page (optional)				
2) TOTALS This Period (last page in this file only)				
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)				

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SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Name of Committee (in Full) JUSTICE PAC	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Washington Intelligence Bureau; 2727 Merrilee Fairfax VA 22031	1246.86	2733.21	2769.29	1210.78
Nature of Debt (Purpose):				
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)				
2) TOTALS This Period (last page in this line only)				51928.57
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)				51928.57

2403912J744

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

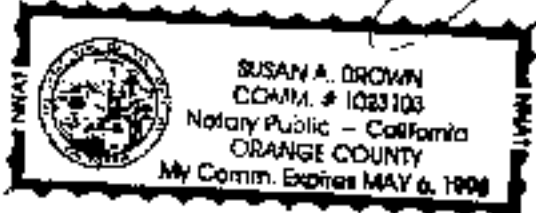
94039120745

Name of Committee (in Full)		Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
Justice PAC					
Full Name, Mailing Address & ZIP Code of Each Payee					
Beacon Community News Beacon, MA c/o Eberle & Assoc 8245 Boone Bl #700 Vienna VA 22182		newspaper ad	6/30/94	630.00	Edward Kennedy <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Charleston Patriot Charleston MA c/o Eberle & Assoc 8245 Boone Bl #700 Vienna VA 22182		newspaper ad	6/30/94	403.20	Edward Kennedy <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Chicopee News Chicopee MA c/o Eberle & Assoc 8245 Boone Bl #700 Vienna VA 22182		newspaper ad	6/30/94	684.00	Edward Kennedy <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
MPG Newspaper c/o Eberle & Assoc 8245 Boone Bl #700 Vienna VA 22182		newspaper ad	6/30/94	480.00	Edward Kennedy <input type="checkbox"/> Support <input checked="" 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				\$ 2197.20	
(b) SUBTOTAL of Unitemized Independent Expenditures				\$ _____	
(c) TOTAL Independent Expenditures				\$ 2197.20	

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.

Randy Jay Goodwin 7-14-94
Signature Date

Subscribed and sworn to before me this 14th day of July 1994
My Commission expires: 5/6/98
[Signature]
NOTARY PUBLIC



**Federal Election Commission
 ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

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DATE OF RECEIPT

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POSTMARKED

and/or DATE OF RECEIPT

P.A.G.

PREPARER

7/19/54

DATE PREPARED

94039120746