

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
STATE ELECTION  
COMMISSION  
MAY 1 1996

APR 21 10 07 AM '96

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)

AC 000187017 000806 1 052

RANDY J GOODWIN  
JUSTICE PAC  
2051 E VALLEY PARKWAY SUITE 10  
SECOND FLOOR CA 92027

CT RECEIVED MAIL 4 1996

2. FEC 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:
- 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

95030460749

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, 1996			\$ 2644.01
(b) Cash on Hand at Beginning of Reporting Period		\$ 2644.01	
(c) Total Receipts (from Line 19)		\$ 81028.94	\$ 81028.94
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 83672.95	\$ 83672.95
7. Total Disbursements (from Line 30)		\$ 81751.37	\$ 81751.37
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 1921.58	\$ 1921.58
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 2000.00	For further information contact: Federal Election Commission 900 E Street, NW Washington, DC 20483 Toll 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)		\$ 65982.68	
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 Goodwin			
Signature of Treasurer <i>Randy Goodwin</i>		Date 4/15/96	

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

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FEC FORM 3X  
(revised 9/93)

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/81)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
Justice PAC	FROM 1/1/96	TO 3/31/96	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A) .....	4267.00	4267.00	11(a)(i)
ii. Unitemized .....	67040.49	67040.49	11(a)(ii)
iii. Total .....	71307.49	71307.49	11(a)(iii)
b. Political Party Committees .....			11(b)
c. Other Political Committees (such as PACs) .....			11(c)
d. Total Contributions .....	71307.49	71307.49	11(d)
12. Transfers From Affiliated/Other Party Committees .....			12
13. All Loans Received .....			13
14. Loan Repayments Received .....			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....	36.00	36.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....			16
17. Other Federal Receipts (Dividends, Interest, etc.) .....	9685.45	9685.45	17
18. Transfers from Nonfederal Account for Joint Activity .....			18
19. Total Receipts .....	81028.94	81028.94	19
20. Total Federal Receipts .....	81028.94	81028.94	20
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share .....			21(a)(i)
ii. Non-Federal Share .....			21(a)(ii)
b. Other Federal Operating Expenditures .....	81301.37	81301.37	21(b)
c. Total Operating Expenditures .....	81301.37	81301.37	21(c)
22. Transfers to Affiliated/Other Party Committees .....			22
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	200.00	200.00	23
24. Independent Expenditures (use Schedule E) .....			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..			25
26. Loan Repayments Made .....			26
27. Loans Made .....			27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees .....			28(a)
b. Political Party Committees .....			28(b)
c. Other Political Committees (such as PACs) .....			28(c)
d. Total Contribution Refunds .....			28(d)
29. Other Disbursements .....	250.00	250.00	29
30. Total Disbursements .....	81751.37	81751.37	30
31. Total Federal Disbursements .....	81751.37	81751.37	31
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d) .....	71307.49	71307.49	32
33. Total Contribution Refunds (from line 28d) .....	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32) .....	71307.49	71307.49	34
35. Total Federal Operating Expenditures .....	81301.37	81301.37	35
36. Offsets to Operating Expenditures (from line 15) .....	36.00	36.00	36
37. Net Operating Expenditures .....	81265.37	81265.37	37

950306970

SCHEDULE A

ITEMIZED RECEIPTS

For line # 11(a)i

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 Political Action Committee

Full Name, Address and ZIP Code	Name of Employer	Date	Amount
MR JOSEPH D HARRINGTON		01/29/96	60.00

Full Name, Address and ZIP Code	Occupation
PO BOX 66 HOLDEN, MA 01520-0066	RETIRED

Receipt for :  Primary  General  
 Other (specify) : | Aggr YTD > \$ 219.00

Full Name, Address and ZIP Code	Name of Employer	Date	Amount
MR JOSEPH D HARRINGTON		01/29/96	84.00

Full Name, Address and ZIP Code	Occupation
PO BOX 66 HOLDEN, MA 01520-0066	RETIRED

Receipt for :  Primary  General  
 Other (specify) : | Aggr YTD > \$ 219.00

Full Name, Address and ZIP Code	Name of Employer	Date	Amount
MR JOSEPH D HARRINGTON		02/05/96	75.00

Full Name, Address and ZIP Code	Occupation
PO BOX 66 HOLDEN, MA 01520-0066	RETIRED

Receipt for :  Primary  General  
 Other (specify) : | Aggr YTD > \$ 219.00

Full Name, Address and ZIP Code	Name of Employer	Date	Amount
MR. ALLEN LATHAM JR	HATMONETICS CORP	01/17/96	100.00

Full Name, Address and ZIP Code	Occupation
143 WHITCOMB AVE JAMAICA PLAIN, MA 02130 3436	CONSULTANT

Receipt for :  Primary  General  
 Other (specify) : | Aggr YTD > \$ 300.00

Subtotal of Receipts This Page (optional).....\$ 319.00

SCHEDULE A

ITEMIZED RECEIPTS

For line # 13(a)1

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 Political Action Committee

Full Name, Address and ZIP Code	Name of Employer	Date	Amount
MR. ALLEN LATHAM JR	HATMONETICS CORP	03/08/96	200.00

143 WHITCOMB AVE JAMAICA PLATN, MA 02130-3436	Occupation CONSULTANT
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Receipt for :  Primary  General  
 Other (specify) : |Aggr YTD > \$ 300.00

Full Name, Address and ZIP Code	Name of Employer	Date	Amount
MRS. ANN ADAMS HURLEY		01/15/96	100.00

233 MASSACHUSETTS AVE #114 ARLINGTON, MA 02174-8407	Occupation
--	------------

Receipt for :  Primary  General  
 Other (specify) : |Aggr YTD > \$ 200.00

Full Name, Address and ZIP Code	Name of Employer	Date	Amount
MRS. ANN ADAMS HURLEY		02/15/96	100.00

233 MASSACHUSETTS AVE #114 ARLINGTON, MA 02174-8407	Occupation
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Receipt for :  Primary  General  
 Other (specify) : |Aggr YTD > \$ 200.00

Full Name, Address and ZIP Code	Name of Employer	Date	Amount
MR WALTER L KIDDE		01/22/96	100.00

8 HOBART LN WESTHAMPTON BCH, NY 11978-2404	Occupation RETIRED
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Receipt for :  Primary  General  
 Other (specify) : |Aggr YTD > \$ 200.00

Subtotal of Receipts This Page (optional).....\$ 500.00

SCHEDULE A

ITEMIZED RECEIPTS

For line # 11(a)i

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Name of Committee (in full) : Justice Political Action Committee

Full Name, Address and ZIP Code Date Amount
MR WALTER L KIDDE Name of Employer 03/19/96 100.00

8 HOBART LN Occupation
WESTHAMPTON BCH, NY 11978-2404 RETIRED

Receipt for : [ ] Primary [ ] General
[ ] Other (specify) : |Aggr YTD > \$ 200.00

Full Name, Address and ZIP Code Date Amount
MRS JANE C WILLIAMS Name of Employer 01/22/96 100.00

303 ASUBRY CIR Occupation
EASLEY, SC 29640-1305 RETIRED

Receipt for : [ ] Primary [ ] General
[ ] Other (specify) : |Aggr YTD > \$ 200.00

Full Name, Address and ZIP Code Date Amount
MRS JANE C WILLIAMS Name of Employer 02/26/96 100.00

303 ASUBRY CIR Occupation
EASLEY, SC 29640-1305 RETIRED

Receipt for : [ ] Primary [ ] General
[ ] Other (specify) : |Aggr YTD > \$ 200.00

Full Name, Address and ZIP Code Date Amount
MRS DORIS B O'BRIEN Name of Employer 01/29/96 300.00

419 WAGNER AVE Occupation
GREENVILLE, OH 45331-2536

Receipt for : [ ] Primary [ ] General
[ ] Other (specify) : |Aggr YTD > \$ 300.00

Subtotal of Receipts This Page (optional).....\$ 600.00

SCHEDULE A

ITEMIZED RECEIPTS

For line # 11(a)i

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Name of Committee (in full) : Justice Political Action Committee

Full Name, Address and ZIP Code Date Amount
MRS LEONE H GEYER Name of Employer INDIANAPOLIS PUBLIC SCHOOL 01/11/96 21.00

8140 TOWNSHIP LINE RD #2102 Occupation EDUCATOR INDIANAPOLIS, IN 46260-5825

Receipt for : [ ] Primary [ ] General [ ] Other (specify) : | Aggr YTD > \$ 204.00

4 Full Name, Address and ZIP Code Date Amount
MRS LEONE H GEYER Name of Employer INDIANAPOLIS PUBLIC SCHOOL 02/08/96 40.00

8140 TOWNSHIP LINE RD #2102 Occupation EDUCATOR INDIANAPOLIS, IN 46260-5825

6 Receipt for : [ ] Primary [ ] General [ ] Other (specify) : | Aggr YTD > \$ 204.00

4 Full Name, Address and ZIP Code Date Amount
MRS LEONE H GEYER Name of Employer INDIANAPOLIS PUBLIC SCHOOL 02/16/96 50.00

8140 TOWNSHIP LINE RD #2102 Occupation EDUCATOR INDIANAPOLIS, IN 46260-5825

6 Receipt for : [ ] Primary [ ] General [ ] Other (specify) : | Aggr YTD > \$ 204.00

4 Full Name, Address and ZIP Code Date Amount
MRS LEONE H GEYER Name of Employer INDIANAPOLIS PUBLIC SCHOOL 03/01/96 63.00

8140 TOWNSHIP LINE RD #2102 Occupation EDUCATOR INDIANAPOLIS, IN 46260-5825

6 Receipt for : [ ] Primary [ ] General [ ] Other (specify) : | Aggr YTD > \$ 204.00

Subtotal of Receipts This Page (optional).....\$ 174.00

SCHEDULE A

ITEMIZED RECEIPTS

For line # 11(a)i

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Name of Committee (in full) : Justice Political Action Committee

Full Name, Address and ZIP Code Date Amount
MRS LEONE H GEYER Name of Employer INDIANAPOLIS PUBLIC SCHOOL 03/13/96 30.00

8140 TOWNSHIP LINE RD #2102 Occupation INDIANAPOLIS, IN 46260-5825 EDUCATOR

Receipt for : [ ] Primary [ ] General [ ] Other (specify) : |Aggr YTD > \$ 204.00

Full Name, Address and ZIP Code Date Amount
MR H G BIXBY Name of Employer 01/17/96 150.00

16351 ROTUNDA DR #357 Occupation DEARBORN, MI 48120-1119 RETIRED

Receipt for : [ ] Primary [ ] General [ ] Other (specify) : |Aggr YTD > \$ 350.00

Full Name, Address and ZIP Code Date Amount
MR H G BIXBY Name of Employer 02/06/96 100.00

16351 ROTUNDA DR #357 Occupation DEARBORN, MI 48120-1119 RETIRED

Receipt for : [ ] Primary [ ] General [ ] Other (specify) : |Aggr YTD > \$ 350.00

Full Name, Address and ZIP Code Date Amount
MR H G BIXBY Name of Employer 03/15/96 100.00

16351 ROTUNDA DR #357 Occupation DEARBORN, MI 48120-1119 RETIRED

Receipt for : [ ] Primary [ ] General [ ] Other (specify) : |Aggr YTD > \$ 350.00

Subtotal of Receipts This Page (optional).....\$ 380.00

## SCHEDULE A

## ITEMIZED RECEIPTS

For line # 11(a)i

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Name of Committee (in full) : Justice Political Action Committee

Full Name, Address and ZIP Code	Name of Employer	Date	Amount
MISS ALICE J EPPINK		03/13/96	400.00

Full Name, Address and ZIP Code	Occupation
44 7TH ST SW SIOUX CENTER, IA 51250-1329	RETIRED

Receipt for :  Primary  General  
 Other (specify) : |Aggr YTD > \$ 400.00

Full Name, Address and ZIP Code	Name of Employer	Date	Amount
MR. JOSEPH SYS		01/02/96	234.00

Full Name, Address and ZIP Code	Occupation
205 16TH AVE SE MINOT, ND 58701-6334	RETIRED

Receipt for :  Primary  General  
 Other (specify) : |Aggr YTD > \$ 390.00

Full Name, Address and ZIP Code	Name of Employer	Date	Amount
MR. JOSEPH SYS		01/16/96	156.00

Full Name, Address and ZIP Code	Occupation
205 16TH AVE SE MINOT, ND 58701-6334	RETIRED

Receipt for :  Primary  General  
 Other (specify) : |Aggr YTD > \$ 390.00

Full Name, Address and ZIP Code	Name of Employer	Date	Amount
MR ERNEST ARNETTE		03/19/96	200.00

Full Name, Address and ZIP Code	Occupation
2249 ALFRED AVE ST LOUIS, MO 63110-3324	

Receipt for :  Primary  General  
 Other (specify) : |Aggr YTD > \$ 200.00

Subtotal of Receipts This Page (optional).....\$ 990.00



SCHEDULE A

ITEMIZED RECEIPTS

For line # 11(a)i

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Name of Committee (in full) : Justice Political Action Committee

Full Name, Address and ZIP Code	Name of Employer	Date	Amount
JUDGE HAROLD D MARTIN		03/14/96	500.00

3712 EAST MONTEROSA  
PHOENIX, AZ 85018

Occupation

Receipt for :  Primary  General  
 Other (specify) : |Aggr YTD > \$ 500.00

Full Name, Address and ZIP Code	Name of Employer	Date	Amount
MR. RUSSELL S PRICE		01/02/96	252.00

1154 BUENA VISTA E  
DEWEY, AZ 86327-5501

Occupation  
RETIRED

Receipt for :  Primary  General  
 Other (specify) : |Aggr YTD > \$ 504.00

Full Name, Address and ZIP Code	Name of Employer	Date	Amount
MR. RUSSELL S PRICE		03/01/96	252.00

1154 BUENA VISTA E  
DEWEY, AZ 86327-5501

Occupation  
RETIRED

Receipt for :  Primary  General  
 Other (specify) : |Aggr YTD > \$ 504.00

Full Name, Address and ZIP Code	Name of Employer	Date	Amount
MRS. EVALYN O FLORY		01/16/96	300.00

10901 176TH AVE NE # G1314  
REDMOND, WA 98052-7212

Occupation  
RETIRED

Receipt for :  Primary  General  
 Other (specify) : |Aggr YTD > \$ 300.00

Total This Period (last page this line number only).....\$ 4267.00

Subtotal of Receipts This Page (optional).....\$ 1304.00

**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

8  
7  
6  
5  
4  
3  
2

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Omega List Company 1420 Spring Hill Rd #490 McLean VA 22102		2/20/96	545.37
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): List Rental	Occupation	3/1/96	4068.17
		3/6/96	71.91
		3/13/96	5000.00
	Aggregate Year-to-Date	\$	
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) .....	9685.45

**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

9 9 0 3 0 6 0 7 9

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ACS 1807 Michael Faraday Ct Reston VA 22090	List Maintenance	01/30/96	2081.09
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	02/06/96	722.61
	<input type="checkbox"/> Other (specify)	03/18/96	653.98
Callerton Printing P.O. Box 347 Waldorf MD 20604	Printing	01/22/96	1093.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
Colortree 2518 Brittons Rd Richmond VA	Printing	01/17/96	307.60
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	03/05/96	2008.18
	<input type="checkbox"/> Other (specify)		
Creative Group P.O. Box 447 Herndon VA 22070	Printing	02/21/96	254.52
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
Direct Mail Management C/O Kberle 1420 Spring Hill Rd #490? McLean VA 22102?	Mailing Services	03/14/96	7140.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
Kberle & Assoc 1420 Spring Hill Rd #490 McLean VA 22102	Creative Fees	01/22/96	896.94
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	01/30/96	978.54
	<input type="checkbox"/> Other (specify)	02/08/96	5726.61
Kberle & Assoc 1420 Spring Hill Rd #490 McLean VA 22102	Creative Fees	03/05/96	463.89
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	03/26/96	6924.31
	<input type="checkbox"/> Other (specify)		
Kberle Data 1420 Spring Hill Rd #490 McLean VA 22102	DATA Processing	01/22/96	4498.46
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	01/30/96	1882.92
	<input type="checkbox"/> Other (specify)	02/21/96	3300.48
Kberle Data 1420 Spring Hill Rd #490 McLean VA 22102	Data Processing	03/05/96	1398.29
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	03/29/96	2465.69
	<input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

**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

0  
7  
6  
3  
3  
0  
0  
6  
3  
0  
0  
2

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Falcon Printing 1921 Gallows Vienna VA	Printing	01/22/96	612.32
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	01/30/96	665.66
	<input type="checkbox"/> Other (specify)	02/21/96	553.86
B. Full Name, Mailing Address and ZIP Code  Mr. Gary Kreep 2091 E Valley Pkwy #1C Escondido CA 92027	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Storage & Copying	03/08/96	500.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code  J J Mailing 41 Commerce Hollywood MD 20636	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Mailing Services	01/03/96	4500.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/15/96 01/17/96	2715.21 2000.00
D. Full Name, Mailing Address and ZIP Code  J J Mailing 41 Commerce Hollywood MD 20636	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Mailing Services	01/22/96	500.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/22/96 01/30/96	500.00 1650.00
E. Full Name, Mailing Address and ZIP Code  J J Mailing 41 Commerce Hollywood MD 20636	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Mailing Services	01/30/96	250.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/06/96	600.00
F. Full Name, Mailing Address and ZIP Code  KHM 1420 Spring Hill Rd #490 McLean VA 22102	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Printing	01/22/96	307.63
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/27/96 03/26/96	5500.00 3740.00
G. Full Name, Mailing Address and ZIP Code  Kirco 1601 5th Street Washington, D.C. 20001	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Printing	01/03/96	330.92
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/21/96 03/18/96	249.34 748.32
H. Full Name, Mailing Address and ZIP Code  New York Times P.O. Box 85055 Louisville KY 40285	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Subscriptions	01/29/96	117.45
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code  Omega List Co 1420 Spring Hill Rd #450 McLean VA 22102	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	List Rental	01/22/96	1481.37
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/30/96 02/21/96	925.65 1175.40

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 3  
FOR LINE NUMBER 21

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Omega List Co 1420 Spring Hill Rd #490 McLean VA 22102	List Rental	03/05/96	627.15
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/29/96	614.00
B. Full Name, Mailing Address and ZIP Code  U.S. Postmaster Washington DC	Purpose of Disbursement Postage & BKM	01/02/96	500.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/15/96	150.00
C. Full Name, Mailing Address and ZIP Code  Kend Envelope Co. 6310-G Gravel Alexandria VA 22310	Purpose of Disbursement Printing	01/22/96	493.50
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/06/96	387.20
D. Full Name, Mailing Address and ZIP Code  Washington Intelligence Bureau 2727 Merrilee Fairfax VA 22031	Purpose of Disbursement Caging	01/22/96	936.53
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/26/96 02/06/96	1004.03 669.41
E. Full Name, Mailing Address and ZIP Code  Washington Intelligence Bureau 2727 Merrilee Fairfax VA 22031	Purpose of Disbursement Caging	02/21/96	599.64
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/21/96	939.67
F. Full Name, Mailing Address and ZIP Code  Young America's Foundation 110 Elden Street Herndon VA 22070	Purpose of Disbursement Materials	01/22/96	373.79
	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)		

7 0 3 0 6 0 7

**SUBTOTAL** of Disbursements This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

80,735.96

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1  
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

Justice PAC

2003060702

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jim Baize for Congress P.O. Box 5050 Chula Vista CA 91912	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/12/96	200.00
B. 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
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) .....

200.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1  
FOR LINE NUMBER 25

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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
Kalongian for Assembly 701 Palomar Airport Rd Carlsbad CA 92009	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/21/96	250.00
B. 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
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

7 5 0 3 0 6 0 7 0 0

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	250.00

Name of Committee (in Full)  
**Justice PAC**

A. Full Name, Mailing Address and ZIP Code of Loan Source Nat. Comm. for Conservative Pol Action 1001 Dove St Newport Beach CA 92660 Election: <input type="checkbox"/> Primary <input 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 8/14/92 Date Due none Interest Rate none % (apr)  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  Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
--	-------------------------	----------------------------	---

Terms: Date Incurred \_\_\_\_\_ Date Due \_\_\_\_\_ Interest Rate \_\_\_\_\_ % (apr)  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.

2 4 0 3 6 7 4



**SCHEDULE D**  
(Revised 3/80)

**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
JUSTICE PAC				
<b>A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor</b>				
ACS 1807 Michael Faraday Ct Reston VA 22090	3157.68	2549.52	3457.69	2549.52
<b>Nature of Debt (Purpose):</b> Data Processing				
<b>B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor</b>				
Colortree, Inc. of VA. 2519 Brittons Rd Richmond VA	2315.78	2730.43	2315.78	2730.43
<b>Nature of Debt (Purpose):</b> Printing				
<b>C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor</b>				
Catterton Printing P.O. Box 347 Waldorf MD 20604	4331.42	1335.25	1093.00	4543.67
<b>Nature of Debt (Purpose):</b> Printing				
<b>D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor</b>				
Creative Group P.O. Box 447 Herndon VA 22070	284.52	0	284.52	0
<b>Nature of Debt (Purpose):</b> Printing				
<b>E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor</b>				
Eberle & Associates 1420 Spring Hill Rd #490 McLean VA 22102	31845.96	4103.97	14990.29	20959.64
<b>Nature of Debt (Purpose):</b> Creative Fees				
<b>F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor</b>				
Eberle Data Center 1420 Spring Hill Rd #490 McLean VA 22102	31424.13	6935.92	13546.84	24813.71
<b>Nature of Debt (Purpose):</b> Data Processing				
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)				

7 1 0 3 0 6 0 7 0

**SCHEDULE D**  
(Revised 3/80)

**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
<b>JUSTICE PAC</b>				
<b>A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor</b>				
Falcon Printing 1921 Gallows Vienna VA	1830.84	987.53	1830.84	987.53
<b>Nature of Debt (Purpose):</b> Printing				
<b>B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor</b>				
J J Mailing, 41 Commerce Hollywood MD 20636	3455.21	10191.23	12715.21	961.23
<b>Nature of Debt (Purpose):</b> Mailing Services				
<b>C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor</b>				
Kimco 1601 5th St. Washington DC 20001	1328.58	968.56	1328.58	968.56
<b>Nature of Debt (Purpose):</b> Printing				
<b>D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor</b>				
Reed Envelope Co 6310-G Gravel Alexandria VA 22310	880.70	61.30	880.70	61.30
<b>Nature of Debt (Purpose):</b> Printing				
<b>E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor</b>				
Short Run Labels 812-M Oregon Ave Linthicum MD 21090	0	338.36	0	338.36
<b>Nature of Debt (Purpose):</b> Labels				
<b>F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor</b>				
Washington Intelligence Bureau 2727 Merrilee Fairfax VA 22031	3795.86	2193.12	4149.08	1839.90
<b>Nature of Debt (Purpose):</b> Caging				
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)				

0 3 3 6 3 7 6

**SCHEDULE D**  
(Revised 3/80)

**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

Page 3 of 3  
LINE NUMBER 19  
(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
<p>JUSTICE PAC</p> <p>A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor</p> <p>Young America's Foundation 110 Elden Street Herndon VA 22070</p>	373.79	0	373.79	0
<p>Nature of Debt (Purpose):</p> <p>Materials</p>				
<p>B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor</p>				
<p>Nature of Debt (Purpose):</p>				
<p>C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor</p>				
<p>Nature of Debt (Purpose):</p>				
<p>D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor</p>				
<p>Nature of Debt (Purpose):</p>				
<p>E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor</p>				
<p>Nature of Debt (Purpose):</p>				
<p>F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor</p>				
<p>Nature of Debt (Purpose):</p>				

94030460787

1) SUBTOTALS This Period This Page (optional)	
2) TOTALS This Period (last page in this line only)	65,982.68
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)	

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.

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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

*SPB*  
PREPARER

4-21-96  
DATE PREPARED

9 6 0 3 0 6 0 7 8