

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

Dec 7 12 06 PM '98

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)

000159319 101998 P 224

RANDY J GOODWIN  
JUSTICE-PAC  
2091 E VALLEY PARKWAY STE 1C  
ESCONDIDO CA 92027

2. FEC IDENTIFICATION NUMBER

3.  This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## 4. TYPE OF REPORT

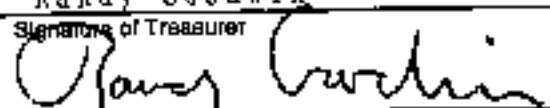
- (a)  April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report

### 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

- 12-Day Pre-Election Report for the \_\_\_\_\_  
(Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- 30-Day Post-Election Report following the General Election  
on 11-3-98 in the State of national

(b) Is this Report an Amendment?  YES  NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period <u>10-15-98</u> through <u>11-23-98</u>		
6.	(a) Cash on Hand January 1, 19 <u>98</u>		\$ 8663.97
	(b) Cash on Hand at Beginning of Reporting Period	\$ 20371.97	
	(c) Total Receipts (from Line 19)	\$ 147013.62	\$ 825648.60
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 167385.59	\$ 834312.57
7.	Total Disbursements (from Line 30)	\$ 117435.41	\$ 784362.39
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 49950.18	\$ 49950.18
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 888 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 191824.51	
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			Date
Signature of Treasurer 			12-3-98

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 JUSTICE PAC		REPORT COVERING PERIOD		
		FROM 10-15-98	TO 11-23-98	
		COLUMN A Total This Period	COLUMN B Calendar Year	
<b>I. Receipts</b>				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			11(a)(1)
i.	Itemized (use Schedule A) .....	4674.00	31486.00	11(a)(2)
ii.	Unitemized .....	134549.84	730542.20	11(a)(1)(i)
iii.	Total .....	139223.84	762028.20	11(b)
b.	Political Party Committees .....			11(c)
c.	Other Political Committees (such as PACs) .....			11(d)
d.	Total Contributions .....	139223.84	762028.20	12
12.	Transfers From Affiliated/Other Party Committees .....			13
13.	All Loans Received .....			14
14.	Loan Repayments Received .....		30000.00	15
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....	373.34	373.34	16
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees .....			17
17.	Other Federal Receipts (Dividends, Interest, etc.) .....	7416.44	33247.06	18
18.	Transfers from Nonfederal Account for Joint Activity .....			19
19.	Total Receipts .....	147013.62	825648.60	20
20.	Total Federal Receipts .....	147013.62	825648.60	
<b>II. Disbursements</b>				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(1)
i.	Federal Share .....			21(a)(2)
ii.	Non-Federal Share .....			21(b)
b.	Other Federal Operating Expenditures .....	100835.41	681762.39	21(c)
c.	Total Operating Expenditures .....	100835.41	681762.39	22
22.	Transfers to Affiliated/Other Party Committees .....			23
23.	Contributions to Federal Candidates/Committees and Other Political Committees .....	15350.00	29850.00	24
24.	Independent Expenditures (use Schedule E) .....		4000.00	25
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..			26
26.	Loan Repayments Made .....			27
27.	Loans Made .....		30000.00	28(a)
28.	Refunds of Contributions To:			28(b)
a.	Individuals/Persons Other Than Political Committees .....			28(c)
b.	Political Party Committees .....			28(d)
c.	Other Political Committees (such as PACs) .....			29
d.	Total Contribution Refunds .....	1250.00	38750.00	30
29.	Other Disbursements .....			31
30.	Total Disbursements .....	117435.41	784362.39	
31.	Total Federal Disbursements .....	117435.41	784362.39	
<b>III. Net Contributions/Operating Expenditures</b>				
32.	Total Contributions (other than loans)(from line 11d) .....	139223.84	762028.20	33
33.	Total Contribution Refunds (from line 28d) .....			34
34.	Net Contributions (other than loans)(subtract line 33 from 32) .....	139223.84	762028.20	35
35.	Total Federal Operating Expenditures .....	100835.41	681762.39	36
36.	Offsets to Operating Expenditures (from line 15) .....	373.34	373.34	37
37.	Net Operating Expenditures .....	100462.07	681389.05	

SCHEDULE A

ITEMIZED RECEIPTS

For line # 11(a)

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 10/15/98 - 11/23/98

Full Name, Address and ZIP Code: MRS. SARA HALLACK, 4188 WILLOW GROVE RD, DALLAS, TX 75220-1934
Name of Employer: RETIRED
Date: 10/29/98
Amount: 300.00

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

Full Name, Address and ZIP Code: MRS. SARA HALLACK, 4188 WILLOW GROVE RD, DALLAS, TX 75220-1934
Name of Employer: RETIRED
Date: 11/19/98
Amount: 200.00

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

Full Name, Address and ZIP Code: MR H G BIXBY, 16351 ROTUNDA DR #357, DEARBORN, MI 48120-1119
Name of Employer: RETIRED
Date: 10/28/98
Amount: 200.00

Receipt for : [ ] Primary [ ] General [ ] Other (specify) :
Aggr YTD > \$ 250.00

Full Name, Address and ZIP Code: MR H G BIXBY, 16351 ROTUNDA DR #357, DEARBORN, MI 48120-1119
Name of Employer: RETIRED
Date: 11/02/98
Amount: 50.00

Receipt for : [ ] Primary [ ] General [ ] Other (specify) :
Aggr YTD > \$ 250.00

Subtotal of Receipts This Page (optional).....\$ 750.00

SCHEDULE A

ITEMIZED RECEIPTS

For line # 11(a):

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

Full Name, Address and ZIP Code Date Amount
MS. CLEDA H SNIVELY 11/13/98 224.00

300 UNIVERSITY ST #1-8N SEATTLE, WA 98101-2782 Occupation RETIRED

Receipt for : [ ] Primary [ ] General [ ] Other (specify) : Aggr YTD > \$ 224.00

Full Name, Address and ZIP Code Date Amount
MS MINNIE J HARRELL 10/15/98 59.00

1301 S JENKINS RD FORT PIERCE, FL 34947-4322 Occupation RETIRED

Receipt for : [ ] Primary [ ] General [ ] Other (specify) : Aggr YTD > \$ 206.50

Full Name, Address and ZIP Code Date Amount
MS MINNIE J HARRELL 10/18/98 29.50

1301 S JENKINS RD FORT PIERCE, FL 34947-4322 Occupation RETIRED

Receipt for : [ ] Primary [ ] General [ ] Other (specify) : Aggr YTD > \$ 206.50

Full Name, Address and ZIP Code Date Amount
MS MINNIE J HARRELL 10/19/98 24.00

1301 S JENKINS RD FORT PIERCE, FL 34947-4322 Occupation RETIRED

Receipt for : [ ] Primary [ ] General [ ] Other (specify) : Aggr YTD > \$ 206.50

SCHEDULE A

ITEMIZED RECEIPTS

For line # 11(a)

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

Full Name, Address and ZIP Code: MS MINNIE J HARRELL, 1901 S JENKINS RD, FORT PIERCE, FL 34947-4322
Name of Employer: RETIRED
Date: 10/28/98
Amount: 100.00

Receipt for : [ ] Primary [ ] General [ ] Other (specify) :
Aggr YTD > \$ 206.50

Full Name, Address and ZIP Code: MR. JACQUES VINMONT JR, 21 ASPEN CT, BOYNTON BEACH, FL 33496-8615
Name of Employer: RETIRED
Date: 10/27/98
Amount: 200.00

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

Full Name, Address and ZIP Code: MISS JACQUELINE I KICOS, 1828 NORTH K ST, LAKE WORTH, FL 33460-8538
Name of Employer: RETIRED
Date: 10/15/98
Amount: 20.00

Receipt for : [ ] Primary [ ] General [ ] Other (specify) :
Aggr YTD > \$ 221.50

Full Name, Address and ZIP Code: MISS JACQUELINE I KICOS, 1828 NORTH K ST, LAKE WORTH, FL 33460-8538
Name of Employer: RETIRED
Date: 10/23/98
Amount: 24.00

Receipt for : [ ] Primary [ ] General [ ] Other (specify) :
Aggr YTD > \$ 221.50

Subtotal of Receipts This Page (optional).....\$ 344.00

SCHEDULE A

ITEMIZED RECEIPTS

For line # 11(a)

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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 JACQUELINE I KICOS 1828 NORTH K ST LAKE WORTH, FL 33460-6536	Occupation RETIRED	10/26/98	76.00

Receipt for :  Primary  General  
 Other (specify) : | Aggr YTD > \$ 221.50

Full Name, Address and ZIP Code	Name of Employer	Date	Amount
MISS JACQUELINE I KICOS 1828 NORTH K ST LAKE WORTH, FL 33460-6536	Occupation RETIRED	10/27/98	53.00

Receipt for :  Primary  General  
 Other (specify) : | Aggr YTD > \$ 221.50

Full Name, Address and ZIP Code	Name of Employer	Date	Amount
MISS JACQUELINE I KICOS 1828 NORTH K ST LAKE WORTH, FL 33460-6536	Occupation RETIRED	11/05/98	28.50

Receipt for :  Primary  General  
 Other (specify) : | Aggr YTD > \$ 221.50

Full Name, Address and ZIP Code	Name of Employer	Date	Amount
MISS JACQUELINE I KICOS 1828 NORTH K ST LAKE WORTH, FL 33460-6536	Occupation RETIRED	11/16/98	20.00

Receipt for :  Primary  General  
 Other (specify) : | Aggr YTD > \$ 221.50

Subtotal of Receipts This Page (optional).....\$ 177.50

SCHEDULE A

ITEMIZED RECEIPTS

For line # 11(a)

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. DEANE A PETERSEN		10/21/98	42.00
1822 MASON PLZ OMAHA, NE 68154-3415	Occupation RETIRED		

Receipt for :  Primary  General  
 Other (specify) : | Aggr YTD > \$ 236.00

Full Name, Address and ZIP Code	Name of Employer	Date	Amount
MR. DEANE A PETERSEN		10/22/98	35.00
1822 MASON PLZ OMAHA, NE 68154-3415	Occupation RETIRED		

Receipt for :  Primary  General  
 Other (specify) : | Aggr YTD > \$ 235.00

Full Name, Address and ZIP Code	Name of Employer	Date	Amount
MR. DEANE A PETERSEN		10/27/98	100.00
1822 MASON PLZ OMAHA, NE 68154-3415	Occupation RETIRED		

Receipt for :  Primary  General  
 Other (specify) : | Aggr YTD > \$ 236.00

Full Name, Address and ZIP Code	Name of Employer	Date	Amount
MR. DEANE A PETERSEN		11/23/98	59.00
1822 MASON PLZ OMAHA, NE 68154-3415	Occupation RETIRED		

Receipt for :  Primary  General  
 Other (specify) : | Aggr YTD > \$ 235.00

Subtotal of Receipts This Page (optional).....\$ 236.00

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 Date Amount
Name of Employer
MRS. JEAN ANGLE 11/02/98 500.00
FRONTIER OIL COMPANY
Occupation
SECRE/CO-OWNER

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

Full Name, Address and ZIP Code Date Amount
Name of Employer
MR. FRANK C BALDIK 10/18/98 100.00
312 4TH AVE E
BOZEMAN, MT 59717-2024
Occupation
RETIRED

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

Full Name, Address and ZIP Code Date Amount
Name of Employer
MR. FRANK C BALDIK 11/12/98 100.00
312 4TH AVE E
BOZEMAN, MT 59717-2024
Occupation
RETIRED

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

Full Name, Address and ZIP Code Date Amount
Name of Employer
MRS GLADYS A KUOKSA 10/27/98 106.00
128 W AUSTIN ST
DULUTH, MN 55803-1783
Occupation
RETIRED

Receipt for : [ ] Primary [ ] General [ ] Other (specify) :
Aggr YTD > \$ 265.00

Subtotal of Receipts This Page (optional).....\$ 806.00



SCHEDULE A

ITEMIZED RECEIPTS

For line # 11(a)

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

Full Name, Address and ZIP Code	Name of Employer	Date	Amount
MS GLADYS A KUOKSA 328 W AUSTIN ST DULUTH, MN 55803-1763	Occupation RETIRED	11/23/98	159.00

Receipt for :  Primary  General  
 Other (specify) : (Aggr YTD > \$ 285.00)

Full Name, Address and ZIP Code	Name of Employer	Date	Amount
DR. WALTER WILSON JR 1001 N CHESTER AVE DOUGLAS, GA 31533-2003	Occupation RETIRED	10/20/98	204.00

Receipt for :  Primary  General  
 Other (specify) : (Aggr YTD > \$ 224.00)

Full Name, Address and ZIP Code	Name of Employer	Date	Amount
DR. WALTER WILSON JR 1001 N CHESTER AVE DOUGLAS, GA 31533-2003	Occupation RETIRED	11/23/98	20.00

Receipt for :  Primary  General  
 Other (specify) : (Aggr YTD > \$ 224.00)

Full Name, Address and ZIP Code	Name of Employer	Date	Amount
MRS. PHYLLIS BECKMANN 195 E FREMONT AVE ELMHURST, IL 60126-2438	Occupation RETIRED	10/15/98	15.00

Receipt for :  Primary  General  
 Other (specify) : (Aggr YTD > \$ 349.00)

Subtotal of Receipts This Page (optional).....\$ 398.00

SCHEDULE A

ITEMIZED RECEIPTS

For line # 11(a)

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

Full Name, Address and ZIP Code	Name of Employer	Date	Amount
MRS. PHYLLIS BECKMANN		10/28/98	25.00

135 E FREMONT AVE ELMHURST, IL 60126-2438	Occupation RETIRED
--	-----------------------

Receipt for :  Primary  General  Other (specify) : \_\_\_\_\_  
 (Aggr YTD > \$ 343.00)

Full Name, Address and ZIP Code	Name of Employer	Date	Amount
MRS. PHYLLIS BECKMANN		11/20/98	53.00

135 E FREMONT AVE ELMHURST, IL 60126-2438	Occupation RETIRED
--	-----------------------

Receipt for :  Primary  General  Other (specify) : \_\_\_\_\_  
 (Aggr YTD > \$ 343.00)

Full Name, Address and ZIP Code	Name of Employer	Date	Amount
MRS. PHYLLIS BECKMANN		11/23/98	250.00

135 E FREMONT AVE ELMHURST, IL 60126-2438	Occupation RETIRED
--	-----------------------

Receipt for :  Primary  General  Other (specify) : \_\_\_\_\_  
 (Aggr YTD > \$ 343.00)

Full Name, Address and ZIP Code	Name of Employer	Date	Amount
MS PANSY D WOLF		10/27/98	200.00

5534 WINDNA AVE SAINT LOUIS, MO 69109-1647	Occupation RETIRED
---	-----------------------

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

Subtotal of Receipts This Page (optional) ..... \$ 528.00

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
MS ALICE WESLEY 916 SARGEANT AT ARMS AVE BILLINGS, MT 59105-2038	Occupation RETIRED	10/19/98	101.00

Receipt for :  Primary  General  Other (specify) : \_\_\_\_\_  
 (Aggr YTD > \$ 404.00)

Full Name, Address and ZIP Code	Name of Employer	Date	Amount
MS ALICE WESLEY 916 SARGEANT AT ARMS AVE BILLINGS, MT 59105-2038	Occupation RETIRED	11/13/98	202.00

Receipt for :  Primary  General  Other (specify) : \_\_\_\_\_  
 (Aggr YTD > \$ 404.00)

Full Name, Address and ZIP Code	Name of Employer	Date	Amount
MS ALICE WESLEY 916 SARGEANT AT ARMS AVE BILLINGS, MT 59105-2038	Occupation RETIRED	11/17/98	101.00

Receipt for :  Primary  General  Other (specify) : \_\_\_\_\_  
 (Aggr YTD > \$ 404.00)

Full Name, Address and ZIP Code	Name of Employer	Date	Amount
MR. SCOT ANDREWS P O BOX 87 PENDLETON, TX 76564-0087	Occupation	10/19/98	500.00

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

Subtotal of Receipts This Page (optional).....\$ 904.00

SCHEDULE A

ITEMIZED RECEIPTS

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

Full Name, Address and ZIP Code	Name of Employer	Date	Amount
MRS. MILDRED A REEVES		11/16/98	100.00

9806 RAINTREE DR N COLUMBUS, IN 47201-9283	Occupation RETIRED
---	-----------------------

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

Full Name, Address and ZIP Code	Name of Employer	Date	Amount
MRS. MILDRED A REEVES		11/23/98	100.00

9806 RAINTREE DR N COLUMBUS, IN 47201-9283	Occupation RETIRED
---	-----------------------

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

Total This Period (last page this line number only).....\$ 4874.00

Subtotal of Receipts This Page (optional).....\$ 200.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 17

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 Omega List Co 1420 Spring Hill Rd #490 McLean VA 22102  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) 10-22-98 11-9-98 11-13-98	Amount of Each Receipt this Period 4813.81 927.11 1645.52
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) .....

7416.44

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 4  
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
American Express Box 0001 Los Angeles CA 90096	Meeting Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/23/98	485.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cantwell Cleary Co 2100 Beaver Road Landover MD 20785	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/26/98	3382.67
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Catterton Printing P.O. Box 347 Waldorf MD 20604	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/17/98	2897.12
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Colortree Printing 2519 Brittons Rd Richmond VA	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/10/98	2564.28
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cyril Scott P.O. Box 310 Lancaster OH 43130	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/28/98	6600.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Direct Mail Management 201 Skipjack Rd Prince Frederick MD 20678	Printing & Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/16/98 10/27/98 11/03/98	807.00 7140.00 311.91
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Eberle & Associates 1420 Spring Hill Rd #490 McLean VA 22102	Creative Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/10/98	5566.13
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Eberle Data 1420 Spring Hill Rd #490 McLean VA 22102	Data Processing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/03/98	7191.32
I. 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 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/17/98	1180.85

**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 4  
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
Gary Kreep 2091 E Valley Pkwy Escondido CA 92027	Wages & Reimbursement	10/27/98	229.62
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	11/09/98	229.62
	Other (specify)	11/09/98	619.04
B. Full Name, Mailing Address and ZIP Code Gary Kreep 2091 E Valley Pkwy Escondido CA 92027	Reimbursement & Wages	11/10/98	159.34
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	11/24/98	229.62
	Other (specify)		
C. Full Name, Mailing Address and ZIP Code Integrom c/o Eberle 1420 Spring Hill Rd #490 McLean VA 22102	Mailing Services	11/17/98	4185.41
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	Other (specify)		
D. Full Name, Mailing Address and ZIP Code James Silla c/o 2091 E Valley Pkwy Escondido CA 92027	Wages	10/27/98	261.42
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	11/09/98	261.42
	Other (specify)	11/24/98	261.42
E. Full Name, Mailing Address and ZIP Code Mail America c/o Eberle 1420 Spring Hill Rd #490 McLean VA 22102	Postage	11/03/98	7451.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	Other (specify)		
F. Full Name, Mailing Address and ZIP Code Merkle Direct Marketing 43880 Commerce Ave Hollywood MD 20636	Mailing Services	11/03/98	346.10
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	Other (specify)		
G. Full Name, Mailing Address and ZIP Code Nancy Fletcher 1583 Bitterroot Ct San Marcos CA 92069	Wages	10/27/98	4.50
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	10/27/98	365.42
	Other (specify)	11/09/98	449.73
H. Full Name, Mailing Address and ZIP Code Nancy Fletcher 1583 Bitterroot Ct San Marcos CA 92069	Wages	11/23/98	4.50
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	11/23/98	434.76
	Other (specify)		
I. Full Name, Mailing Address and ZIP Code			
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	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 **3** OF **4**  
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
Omega List Co 1420 Spring Hill Rd #490 McLean VA 22102	Light Rental Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/03/98	2224.56
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Orion Direct c/o Eberle 1420 Spring Hill Rd #420 McLean VA 22102	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/10/98	6852.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Postmaster Washington, D.C. 20001	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/98 10/26/98 10/26/98	9000.00 4525.00 290.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Postmaster Washington, D.C. 20001	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/03/98 11/10/98 11/23/98	1235.00 3950.00 100.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Randy Goodwin 2091 E Valley Pkwy Escondido CA 92027	Wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/98 11/09/98	275.55 275.55
F. 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 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/03/98	528.75
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sisk Mailing Service 203 Log Canoe Circle Stevensville MD 21666	Postage & Mailing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/98 10/26/98 10/26/98	6552.00 925.00 2524.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sisk Mailing Service 203 Log Canoe Circle Stevensville MD 21666	Postage & Mailing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/03/98	2338.63
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) .....



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 4 OF 4  
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
Washington Intelligence Bureau 2727 Merrilee Fairfax VA 22031	Caging Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/21/98 08/10/98 08/31/98	3095.68 3385.74 3472.87
B. 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)		
C. 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)		
D. 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)		
E. 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)		
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) .....

105189.53

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 3  
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)  
JUSTICE PAC

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)	Amount of Each Disbursement This Period
Chabot for Congress 3333 Glenmore Cincinnati, OH 45211		11/02/98	4000.00
B. Full Name, Mailing Address and ZIP Code Chenoweth for Congress 1109 Main Street, Suite B (street) Boise, ID 83702		11/02/98	4000.00
C. Full Name, Mailing Address and ZIP Code Bordonaro for Congress PO Box 3917 Paso Robles, CA 93447-3917		11/02/98	2000.00
D. Full Name, Mailing Address and ZIP Code Bill Randall for Congress 2117 University Blvd South Jacksonville, FL 32217		11/02/98	1000.00
E. Full Name, Mailing Address and ZIP Code Fitzgerald for Senate PO Box 369 Palatine, IL 60067		11/02/98	250.00
F. Full Name, Mailing Address and ZIP Code Coverdell Good Government PO Box 14593 Atlanta, GA 30324		11/02/98	250.00
G. Full Name, Mailing Address and ZIP Code Crapo for U.S. Senate PO Box 1948 Boise, ID 83701		11/02/98	250.00
H. Full Name, Mailing Address and ZIP Code The Grassley Committee PO Box 1000 Des Moines, IA 50304		11/02/98	250.00
I. Full Name, Mailing Address and ZIP Code			

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 23

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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
Brownback for U.S. Senate 2605 SW 21st Street Topeka, KS 66604	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/98	250.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens for Bunning 1717 Dixie Highway Fort Wright, KY 41011	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/98	1000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
John Ensign for U.S. Senate PO Box 98407 Las Vegas, NV 89193	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/98	250.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Faircloth for Senate PO Box 26585 Raleigh, NC 27611-6585	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/98	250.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Senator Nickles PO Box 1549 Ponca City, OK 74602	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/98	250.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Schmidt for U.S. Senate PO Box 8 Pierre, SD 57501	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/98	100.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Neumann for U.S. Senate PO Box 2830 Janesville, WI 53547-2830	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/98	250.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Metcalf PO Box 3371 Everett, WA 98203	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/98	250.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dick Arney Campaign Committee P.O. Box 85 (mail) Lewisville, TX 75067	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/98	100.00

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 23

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NAME OF COMMITTEE (In Full)  
JUSTICE PAC

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)	Amount of Each Disbursement This Period
Tom DeLay Congressional Committee 10707 Corporate Drive, Suite #130 Stafford, TX 77477		11/02/98	100.00
B. Full Name, Mailing Address and ZIP Code Friends of Newt Gingrich 1085 Holcomb Bridge Rd., Suite 110 Roswell, GA 30076		11/02/98	100.00
C. Full Name, Mailing Address and ZIP Code Friends of Bob Livingston 5163 Gen. DeGaulle Drive, Suite 210 New Orleans, LA 701313		11/02/98	100.00
D. Full Name, Mailing Address and ZIP Code The Billy Tauzin Committee P.O. Box 1407 Thibodaux, LA 70302		11/02/98	100.00
E. Full Name, Mailing Address and ZIP Code Bennett '92 Committee PO Box 2534 Salt Lake City, UT 84110		11/02/98	250.00
F. Full Name, Mailing Address and ZIP Code			
G. Full Name, Mailing Address and ZIP Code			
H. Full Name, Mailing Address and ZIP Code			
I. Full Name, Mailing Address and ZIP Code			

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

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

15350.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)  
**JUSTICE PAC**

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)	Amount of Each Disbursement This Period
Citizens for Representative Government 9000 Sunset Blvd #707 Los Angeles CA 90069	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/02/98	1000.00
B. Full Name, Mailing Address and ZIP Code Friends of Fessler 6450 Poe Ave. Dayton, OH 45414	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/02/98	250.00
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) .....

1250.00

**LOANS**

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

A. 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
Nat. Conn for Conservative Political Action 1001 Dove Newport Beach CA Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): Terms: Date Incurred <u>8-14-92</u> Date Due _____ Interest Rate <u>000%</u> (apr) <input type="checkbox"/> Secured		3500.00	1500.00	2000.00
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 type="checkbox"/> General <input type="checkbox"/> Other (specify): Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) <input type="checkbox"/> 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) .....				2000.00
TOTALS This Period (last page in this line only) .....				

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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

Page 1 of 4 or  
LINE NUMBER 10  
(Use separate schedules  
for each numbered line)

Name of Company (if 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				
Cantwell Cleary Co 2100 Beaver Road Landover MD 20785	3382.67	0	3382.67	0
Nature of Debt (Purpose): Mailing Services				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Colortree, Inc. of VA. 2519 Brittons Rd Richmond VA	16633.26	1472.54	2564.28	15541.52
Nature of Debt (Purpose): Printing				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Catterton Printing P.O. Box 347 Waldorf MD 20604	14964.85	1465.03	2897.12	13532.76
Nature of Debt (Purpose): Printing				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Eberle & Associates 1420 Spring Hill Rd #490 McLean VA 22102	32529.59	23614.82	5586.13	50558.28
Nature of Debt (Purpose): Creative Fees				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Eberle Data Center 1420 Spring Hill Rd #490 McLean VA 22102	24141.32	10102.40	7191.32	27052.40
Nature of Debt (Purpose): Data Processing				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Falcon Printing 1921 Gallows Vienna VA	3464.17	0	1180.85	2283.32
Nature of Debt (Purpose): Printing				

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)

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

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

Page 2 of 4 for  
LINE NUMBER 10  
(Use separate schedules  
for each numbered line)

Name of Commercial (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				
Integram c/o Eberle 1420 Spring Hill Rd McLean VA 22102	4185.41	0	4185.41	0
Nature of Debt (Purpose): Mailing Services				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Omega List Company 1420 Spring Hill #490 McLean VA 22102	14661.52	2950.20	2224.56	15387.16
Nature of Debt (Purpose): List Rental				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Reed Envelope Co 6310-G Gravel Alexandria VA 22310	2076.11	1784.00	528.75	3331.36
Nature of Debt (Purpose): Printing				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Sisk Mailing Service 203 Log Canoe Circle Stevensville MD 21666	4757.06	14490.86	12339.63	6908.29
Nature of Debt (Purpose): Mailing Services				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Washington Intelligence Bureau 2727 Merrilee Fairfax VA 22031	12035.10	9191.38	3834.21	17392.27
Nature of Debt (Purpose): Caging				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Merkle Mailing Services 43880 Commerce Ave Hollywood MD 20636	2501.05	0	0	2501.05
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)				



**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>				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor  Direct Mail Management 201 Skipjack Rd Prince Frederick, MD 20678	3382.42	12391.27	8258.91	7514.78
Nature of Debt (Purpose): Mailing Services				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor  Cyril-Scott Co P.O. Box 310 Lancaster OH 43130	7381.34	8459.46	6600.00	9240.80
Nature of Debt (Purpose): Printing & Mailing				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor  Orion Direct c/o Eberle 1420 Spring Hill Rd #490 McLean VA 22102	10311.89	8652.75	6852.00	12112.64
Nature of Debt (Purpose): Mailing Services				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor  Merkle Direct Marketing 43880 Commerce Ave Hollywood MD 20636	346.10	0	346.10	0
Nature of Debt (Purpose): Mailing Services				
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)				
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)				

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

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

Name of Contributor (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>				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor  Mail America 1420 Spring Hill Rd #490 McLean VA 22102	0		7451.00	5955.61
Nature of Debt (Purpose): Mailing Services				
R. Full Name, Mailing Address and ZIP Code of Debtor or Creditor  Response Data Services 1420 Spring Hill Rd #490 McLean VA 22102	0	1075.34	0	1075.34
Nature of Debt (Purpose): Mailing Services				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor  Tri State Envelope P.O. Box 433 Beltsville MD 20704	0	1496.93	0	1496.93
Nature of Debt (Purpose): Printing				
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)				
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)				191824.51

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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