

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEB 7 12 52 PM '94

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Justice PAC		2. FEC IDENTIFICATION NUMBER C00159319
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 2091 E Valley Parkway Suite 1C		
CITY STATE and ZIP CODE Escondido CA 92027		
3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

4. TYPE OF REPORT

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

Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>7/1/93</u> through <u>12/31/93</u>		
6 (a) Cash on Hand January 1, 19 93		\$ 26.43
(b) Cash on Hand at Beginning of Reporting Period	\$ 2430.99	
(c) Total Receipts (from Line 19)	\$ 57685.90	\$ 128736.47
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 60116.89	\$ 128762.90
7. Total Disbursements (from Line 30)	\$ 58568.41	\$ 127214.42
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) ...	\$ 1548.48	\$ 1548.48
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 988 E Street, NW Washington, DC 20463 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)	\$ 33328.09	

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 Goodwin* Date 1/31/94

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

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE Justice PAC	REPORT COVERING PERIOD FROM 7/1/93 TO: 12/31/93	
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)	5250.00	8264.89
ii. Unitemized	44151.05	104382.24
iii. Total (add i and ii) ▶	49401.05	112647.13
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ▶	49401.05	112647.13
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		5000.00
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	750.00	775.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	7534.85	10314.34
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17 and 18) ▶	57685.90	128736.47
20. Total Federal Receipts (subtract line 18 from line 19) ▶	57685.90	128736.47
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	58518.41	121874.42
c. Total Operating Expenditures (add a i, a ii, and b) ▶	58518.41	121874.42
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	50.00	50.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441b(d)) (use Schedule F)		
26. Loan Repayments Made		5100.00
27. Loans Made		
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees		40.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) ▶		40.00
29. Other Disbursements		150.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ▶	58568.41	127214.42
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ▶	58568.41	127214.42
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	49401.05	112647.13
33. Total Contribution Refunds (from line 28d)		40.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	49401.05	112607.13
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ▶	58518.41	121874.42
36. Offsets to Operating Expenditures (from line 15)	750.00	775.00
37. Net Operating Expenditures (subtract line 36 from 35) ▶	57768.41	121099.42

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 1 OF 5
FOR LINE NUMBER 113 ()

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 elicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Justice PAC

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mrs. Mary Lecl 1103 W 3rd St Jamestown NY 14701	info requested	8/31/93	\$52.00
		11/4/93	52.00
		12/13/93	78.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): oper exp	Occupation		
	Aggregate Year-to-Date > \$269.00		
B. Full Name, Mailing Address and ZIP Code Mr. H. Parker Sharp 832 Pitcairn Pl Pittsburgh PA 15232	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Retired	9/13/93	100.00
		10/7/93	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): oper exp	Occupation		
	Aggregate Year-to-Date > \$ 639.89		
C. Full Name, Mailing Address and ZIP Code Mr. Charles Harrington P.O. Box 3756 Wilmington DE 19807	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Retired	11/8/93	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): oper exp	Occupation		
	Aggregate Year-to-Date > \$ 254.00		
D. Full Name, Mailing Address and ZIP Code Verda Wright 3449 Fallston Rd Shelby NC 28150	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	info requested	7/23/93	50.00
		11/9/93	25.00
		12/13/93	50.00
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		
E. Full Name, Mailing Address and ZIP Code Mr. Horace Sprott 1399 Calvin Ave. Nashville TN 37206	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	info requested	8/23/93	90.00
		12/10/93	135.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): oper exp	Occupation		
	Aggregate Year-to-Date > \$ 225.00		
F. Full Name, Mailing Address and ZIP Code Mrs. Barbara B. Christian Frogs Jump 360 Axton Ave. Coshen KY 40026	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	info requested	11/4/93	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): oper exp	Occupation		
	Aggregate Year-to-Date > \$ 200.00		
G. Full Name, Mailing Address and ZIP Code Mrs. A. Dean Perry 14607 Shaker Bv Cleveland OH 44120	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	info requested	8/23/93	75.00
		11/4/93	86.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): oper exp	Occupation		
	Aggregate Year-to-Date > \$211.00		

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 2 OF 5
FOR LINE NUMBER 11a (i)

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NAME OF COMMITTEE (in Full)

Justice PAC

2433377

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Goldie Sicard	Info requested	7/12/93	40.00
	Occupation	8/23/93	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): oper exp		Aggregate Year-to-Date > \$ 225.00	
B. Full Name, Mailing Address and ZIP Code Dorothea Mayer 2615 N Lake Dr Milwaukee WI 53211	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Retired	8/2/93	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): oper exp		10/4/93	100.00
		11/12/93	75.00
		Aggregate Year-to-Date > \$ 275.00	
C. Full Name, Mailing Address and ZIP Code Wayland Slubach RR 1 Windom KS 67491	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Retired	9/16/93	86.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): oper exp		Aggregate Year-to-Date > \$ 222.00	
D. Full Name, Mailing Address and ZIP Code Sara Hallack 4168 Willow Grove Rd Dallas TX 75220	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Info requested	11/2/93	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): oper exp		Aggregate Year-to-Date > \$ 329.00	
E. Full Name, Mailing Address and ZIP Code Marguerite Kadjar 416 Lobit Baytown TX	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Info requested	9/3/93	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): oper exp		12/20/93	100.00
		Aggregate Year-to-Date > \$ 244.95	
F. Full Name, Mailing Address and ZIP Code Mr. & Mrs. Byron Saxe 246 S Orchard Dr Barbanc CA 91506	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Retired	7/12/93	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): oper exp		11/2/93	200.00
		Aggregate Year-to-Date > \$ 400.00	
G. Full Name, Mailing Address and ZIP Code Elizabeth Willey 2701 Capital Ave Sacramento CA 95816	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Retired	7/15/93	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): oper exp		8/31/93	60.00
		11/18/93	60.00
		Aggregate Year-to-Date > \$ 280.00	

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 5
FOR LINE NUMBER 11a (1)

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NAME OF COMMITTEE (in Full)

Justice PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carolyn Ringle 3050 Stonequarry Rd Dayton OH 45414	info requested	9/27/93	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): oper exp	Occupation	Aggregate Year-to-Date > \$ 475.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William F. Barnett 10680 St August Rd #1307 Jacksonville FL 32257	Retired	7/12/93	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): oper exp	Occupation	Aggregate Year-to-Date > \$ 550.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Winston Folk Ferry Rd Old Lyme CT 06371	Retired	12/8/93	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): oper exp	Occupation	Aggregate Year-to-Date > \$ 600.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Judge Harold Martin 3712 E Monterosa St Phoenix AZ 85018--	Retired	8/23/93	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): oper exp	Occupation	Aggregate Year-to-Date > \$600.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kathleen S Waycott Thunderbird Country Club Rancho Mirage CA 92270	Retired	7/26/93	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): oper exp	Occupation	Aggregate Year-to-Date > \$ 200.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edith Jontegaard 14130 SE Orient Dr Boring OR 97009	info requested	7/12/93 9/27/93 12/9/93	45.00 81.00 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): oper exp	Occupation	Aggregate Year-to-Date > \$ 375.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mrs. Virginia Lobstein 1550 E River Road Puscon AZ 85718	Retired	7/19/93 8/26/93	25.00 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): oper exp	Occupation	Aggregate Year-to-Date > \$ 200.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 5
FOR LINE NUMBER 11a (i)

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NAME OF COMMITTEE (In Full)

Justice PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mrs. Virginia Tobstein 1550 E River Road Tucson AZ 85718	Retired	9/23/93	50.00
	Occupation	11/4/93	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): oper exp	Aggregate Year-to-Date > \$ 200.00		
B. Full Name, Mailing Address and ZIP Code Alma G. Meisner 1630 43rd Ave Seattle WA 98112	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	info requested	10/29/93	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): oper exp	Occupation	Aggregate Year-to-Date > \$ 275.00	
C. Full Name, Mailing Address and ZIP Code William P Fleming 363 El Greco Dr Osprey FL 34229	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Retired	8/18/93	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): oper exp	Occupation	11/4/93	100.00
	Aggregate Year-to-Date > \$ 400.00		100.00
D. Full Name, Mailing Address and ZIP Code Minnie Mitbo 101 W Olympic Pl #409 Seattle WA 98119	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	info requested	8/24/93	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): oper exp	Occupation	9/27/93	100.00
	Aggregate Year-to-Date > \$ 349.93		
E. Full Name, Mailing Address and ZIP Code H. G. Bixby 16351 Rotunda Way Dearborn MI	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Retired	11/4/93	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): oper exp	Occupation	Aggregate Year-to-Date > \$ 200.00	
	F. Full Name, Mailing Address and ZIP Code Mr. Donald Frederick P.O. Box 327 Rancho Santa FE CA 92067	Name of Employer	Date (month, day, year)
info requested		8/26/93	55.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	9/23/93	100.00
	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code Mr. Donald Frederick P.O. Box 327 Rancho Santa FE CA 92067	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		11/5/93	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): oper exp	Occupation	12/9/93	50.00
	Aggregate Year-to-Date > \$ 363.00		

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 5 OF 7
FOR LINE NUMBER 11a (i)

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NAME OF COMMITTEE (in Full)
Justice PAC

<p>A. Full Name, Mailing Address and ZIP Code Cecil Waters 220 W 7th Ave #101 Amarillo TX 79106</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): oper exp</p>	<p>Name of Employer info requested</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 215.00</p>	<p>Date (month, day, year) 8/20/93</p>	<p>Amount of Each Receipt this Period 215.00</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only) 5250.00

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SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Data for Summary Page

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NAME OF COMMITTEE (in Full)

Justice PAC

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Omega List Co. 8245 Boone Bl #700 Vienna VA 22182 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>List Rental</u>		7/26/93	871.77
		8/5/93	361.76
		8/31/93	67.07
		8/31/93	338.44
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
OMEGA LIST CO. CONTINUED Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		9/22/93	310.00
		9/23/93	398.70
		10/21/93	310.00
		10/29/93	362.73
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
OMEGA LIST CO. CONTINUED Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		11/15/93	259.84
		11/16/93	588.02
		12/6/93	885.81
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
OMEGA LIST CO. CONTINUED Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		12/20/93	948.83
		12/30/93	1831.86
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):			
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):			
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):			
Aggregate Year-to-Date > \$			

SUBTOTAL of Receipts This Page (optional):	
TOTAL This Period (last page this line number only):	7534.85

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
ACS 1807 Michael Faraday Ct. Reston VA 22090	Data Processing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/31/93	577.66
B. Full Name, Mailing Address and ZIP Code ATM 45150 Business Ct., #300A Sterling VA 20166	Purpose of Disbursement Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/15/93	524.97
C. Full Name, Mailing Address and ZIP Code Catterton Printing P.O. Box 347 Waldorf MD	Purpose of Disbursement Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/22/93 7/29/93 9/23/93	2500.00 608.00 752.65
D. Full Name, Mailing Address and ZIP Code Catterton Printing Continued	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/16/93	939.90
E. Full Name, Mailing Address and ZIP Code Creative Group P.O. Box 447 Herndon VA 22070	Purpose of Disbursement Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/15/93 8/24/93	511.49 310.24
F. Full Name, Mailing Address and ZIP Code Eberle & Associates 8245 Boone Bl #700 Vienna VA 22182	Purpose of Disbursement Creative Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/31/93 9/9/93	5727.00 493.93 1039.33
G. Full Name, Mailing Address and ZIP Code (EBERLE CONTINUED)	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/29/93 10/29/93 11/12/93	1411.07 1149.18 6121.04
H. Full Name, Mailing Address and ZIP Code (EBERLE CONTINUED)	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/18/93 11/30/93 12/28/93	657.42 766.32 304.17
I. Full Name, Mailing Address and ZIP Code Eberle & Associates Data Center 8245 Boone Bl #700 Vienna VA 22182	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/12/93 11/18/93 12/28/93	730.25 1038.10 656.64

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	DF
	2	3
	FOR LINE NUMBER	
21		

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NAME OF COMMITTEE (in Full)
Justice PAC

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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	Mailing Services	7/29/93	477.94
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/5/93	467.75
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 <input type="checkbox"/> Other (specify)	8/24/93 11/4/93	499.40 400.00
C. Full Name, Mailing Address and ZIP Code KBR Inc. c/o Eberle & Assoc 8245 Boone Bl #700 Vienna VA 22182	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Postage	7/15/93	6100.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/7/93 12/9/93	2100.00 1500.00
D. Full Name, Mailing Address and ZIP Code KBR TNC Continued	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)	12/16/93	1325.00
E. Full Name, Mailing Address and ZIP Code Kimco Business 1601 5th St NW Washington D.C. 20001	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Printing	10/7/93	790.60
F. Full Name, Mailing Address and ZIP Code North American Communication Rt. 20 & 220 Duncansville PA 16635	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Printing & Postage	9/9/93	2100.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/93	867.75
G. Full Name, Mailing Address and ZIP Code Omega List Co. 8245 Boone Bl #700 Vienna VA 22182	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	List Rental	8/24/93	947.79
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/31/93 11/12/93	709.45 2309.03
H. Full Name, Mailing Address and ZIP Code OMEGA LIST CO. CONTINUED	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)	11/18/93 11/30/93 12/28/93	85.00 125.00 75.56
	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code Randy Goodwin 2091 E Valley Pkwy #10 Escondido CA 92027	Travel Expenses	7/15/93	500.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/5/93 9/9/93	264.93 500.00

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 1 OF 1
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Justice PAC

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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) 12/9/93	Amount of Each Disbursement This Period 50.00
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)

50.00

LOANS

Name of Committee (in Full) Justice PAC			
A. Full Name, Mailing Address and ZIP Code of Loan Source National Committee for Conservative Political Action 1001 Dove St #200 Newport Beach, CA 92660		Original Amount of Loan 3500.00	Cumulative Payment To Date 1500.00
Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Balance Outstanding at Close of This Period 2000.00	
Terms:	Date Incurred 8/14/92	Date Due none	Interest Rate 10.00% (apr)
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
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Balance Outstanding at Close of This Period	
Terms:	Date Incurred _____	Date Due _____	Interest Rate _____%(apr)
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 Ans. If no Schedule D, carry forward to appropriate line of Summary.			

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SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

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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 AIM 45150 Business Ct., #300A Sterling VA 20166	524.97	-0-	524.97	-0-
Nature of Debt (Purpose): Printing				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor ACS 1807 Michael Faraday Ct. Reston VA 22090	-0-	1132.78	577.66	555.12
Nature of Debt (Purpose): Mailing Services				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Catterton Printing P.O. Box 347 Waldorf MD 20604	3198.99	1692.55	4800.55	-0-
Nature of Debt (Purpose): Printing				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Creative Group P.O. Box 447 Herndon VA 22070	821.73	-0-	821.73	-0-
Nature of Debt (Purpose): Printing				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Eberle & Associates 8245 Boone Blvd #700 Vienna VA 22182	20151.46	1885.26	17889.46	13367.26
Nature of Debt (Purpose): Creative Fees				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Eberle & Associates Data Center 8245 Boone Blvd #700 Vienna VA 22182	1578.63	4527.97	2414.99	13688.61
Nature of Debt (Purpose): 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)				

SCHEDULE D
(Revised 3/00)

DEBTS AND OBLIGATIONS
Excluding Loans

Name of Committee (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Justice PAC				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor J J Mailing 41 Commerce Ave. Hollywood MD 20636	1308.25	736.84	1845.09	200.00
Nature of Debt (Purpose): Mailing Services				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Kinco Business Resources 1601 5th St NW Washington D.C. 20001	-0-	1677.66	790.60	887.06
Nature of Debt (Purpose): Printing				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Omega List Co. 8245 Boone Bl #700 Vienna VA 22182	7014.90	-0-	4251.83	2765.07
Nature of Debt (Purpose): List Rental				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Reed Envelope Co 6310-C Gravel Ave. Alexandria VA 22310	3140.89	588.12	2779.53	949.48
Nature of Debt (Purpose): Printing				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Washington Intelligence Bureau 2727 Merrilee Fairfax VA 22031	2728.34	3167.97	4980.82	915.49
Nature of Debt (Purpose): Caging				
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)				33328.09
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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**Federal Election Commission
 ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

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 and Registration

DATE OF RECEIPT

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 Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

MMR

PREPARER

2-7-94

DATE PREPARED

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