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M E M O R A N D U M

to: Federal Elections Commission
Campaign Reports
from: Julie Prujan
subject: Form 3X
file no: BOX 2119.002
date: October 23, 2000

Enclosed for filing please find the following form(s):

PAC for A Change - FORM 3X (10/01/00-10/18/00) (1 Original + 1 Copy + 1 face page).

Please conform the face page and return to the undersigned in the enclosed self-addressed stamped envelope.

Thank you for your assistance.

From the desk of...

Julie Prujan, Campaign Finance Supervisor

Smith Kaufman LLP
601 S. Figueroa Street, 41st Floor
Los Angeles, CA 90017

(213) 623-8704
Fax: (213) 623-4619

2000 OCT 26 A 9 39

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than an Authorized Committee
(Summary Page)

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) PAC FOR A CHANGE	2. FEC IDENTIFICATION NUMBER CU0392096
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. 601 S. Figueroa Street, 41st Floor	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee (see FEC FORM 1M)
CITY, STATE and ZIP CODE Los Angeles, CA 90017	

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 General
 (Type of Election)
 election on 11/07/2000 in the State of CA

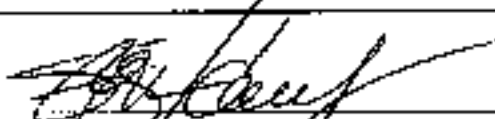
Thirtieth day report following the General Election on _____
 in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10/01/2000</u> through <u>10/18/2000</u>		
6. (a) Cash on Hand January 1, 2000		227,186.29
(b) Cash on Hand at Beginning of Reporting Period	268,753.47	
(c) Total Receipts (from Line 19)	5,241.00	591,703.42
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	293,994.47	818,887.71
7. Total Disbursements (from Line 30)	17,813.89	543,569.31
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	276,180.58	276,180.58
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	0.00	

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: Stephen J. Kaufman, Asst. Treasurer

Signature of Treasurer:  Date: 10/22/00

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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SCHEDULE A **ITEMIZED RECEIPTS**
Contributions from Individuals/Persons

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)
PAC FOR A CHANGE C00342048

A. Full Name, Mailing Address and ZIP Code Harriet Brittain 135 Warren Road Ithaca, NY 14853	Name of Employer N/A	Date(month, day, year) 10/13/2000	Amount of Each Receipt this Period 500.00
	Occupation Retired	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
B. Full Name, Mailing Address and ZIP Code Stephen Chessin 1425 Lloyd Way Mountain View, CA 94040	Name of Employer Sun Microsystems	Date(month, day, year) 10/12/2000	Amount of Each Receipt this Period 100.00
	Occupation Software Engineer	Aggregate Year-to-Date > \$ 1,275.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
C. Full Name, Mailing Address and ZIP Code Susan Diets 3905 Ventura Canyon Avenue Sherman Oaks, CA 91423	Name of Employer Canyon Theatricals	Date(month, day, year) 10/11/2000	Amount of Each Receipt this Period 500.00
	Occupation Producer	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
D. Full Name, Mailing Address and ZIP Code Myer Keleman 6383 Wilshire Boulevard #220 Beverly Hills, CA 90211	Name of Employer Self-employed	Date(month, day, year) 10/12/2000	Amount of Each Receipt this Period 100.00
	Occupation CPA	Aggregate Year-to-Date > \$ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
E. Full Name, Mailing Address and ZIP Code Ray Novarina P.O. Box 370297 Montara, CA 94037	Name of Employer Concurrent Controls Inc.	Date(month, day, year) 10/17/2000	Amount of Each Receipt this Period 100.00
	Occupation Manager	Aggregate Year-to-Date > \$ 350.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
F. Full Name, Mailing Address and ZIP Code Susan Shilliday 500 S. Sepulveda Boulevard #500 Los Angeles, CA 90049	Name of Employer Self Employed	Date(month, day, year) 10/18/2000	Amount of Each Receipt this Period 1,000.00
	Occupation Screenwriter	Aggregate Year-to-Date > \$ 1,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
G. Full Name, Mailing Address and ZIP Code Phoebe Telser 13368 Grandvia Point San Diego, CA 92130	Name of Employer Telser Communications	Date(month, day, year) 10/16/2000	Amount of Each Receipt this Period 100.00
	Occupation Communications Consultant	Aggregate Year-to-Date > \$ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			

SUBTOTAL of Receipts this Page (optional)	2,200.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**
 Contributions from Individuals/Persons

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NAME OF COMMITTEE (In Full)
 PAC FOR A CHANGE C0034204B

A. Full Name, Mailing Address and ZIP Code Jennifer Thomas Information Requested	Name of Employer Information Occupation Requested	Date(month, day, year) 11/15/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code Dolores Kelly 2076 Sheridan Road Leucadia, CA 92034	Name of Employer N/A Occupation Retired	Date(month, day, year) 10/12/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 300.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date(month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date(month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date(month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date(month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$		
SUBTOTAL of Receipts This Page (optional)			1,100.00
TOTAL This Period (last page this line number only)			3,300.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**
Other Federal Operating Expenses

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)

PAC FOR A CHANGE C00342048

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Casey/Dorin Internet Productions 4414 Ridgewood Court Montclair, VA 22026	Website Maintenance Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/12/2000	300.00
B. Full Name, Mailing Address and ZIP Code Douglas Boxer & Associates Inc. 1524 C Cloverfield Boulevard Santa Monica, CA 90404	Purpose of Disbursement: Vendor/Travel Consulting Services Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 10/03/2000	Amount of Each Disbursement This Period 4,500.00
C. Full Name, Mailing Address and ZIP Code Gloria Littman 109 Croyden Court Albertson, NY 11507	Purpose of Disbursement: Accounting Services Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 10/05/2000	Amount of Each Disbursement This Period 290.00
D. Full Name, Mailing Address and ZIP Code (Itemized other federal operating expenses (less than \$200; This Period: 10/01/2000 - 10/18/2000)	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 223.99
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)

5,313.89

TOTAL This Period (last page this line number only)

5,313.89

SCHEDULE B **ITEMIZED DISBURSEMENTS**
 Contribution to Federal Candidates/Committees and Other Party Committees

Use separate schedule(s) for each category of the Detailed Summary Page (111112000 - 10/15/2000)

PAGE 1 OF 1
 FOR LINE NUMBER 23

Any information copied from each Report 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)

PAC FOR A CHANGE C00342048

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Handgun Control Voter Education Fund 1125 Eye Street, NW, Suite 113 Washington, DC 20005	Contribution Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/12/2000	5,000.00
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)

5,000.00

TOTAL This Period (last page this line number only)

5,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Other Disbursements

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NAME OF COMMITTEE (In Full)
 PAC FOR A CHANGE C00342048

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Planned Parenthood Votes 1920 Marengo Street Los Angeles, CA 90033	Donation Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	10/07/2000	7,500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 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 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 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 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 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 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 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 Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (options)	7,500.00
TOTAL This Period (see page this line number only)	7,500.00

