

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on / / in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on / / in the State of

5. Covering Period / / through / /

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

Signature of Treasurer [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

World Alliance for Israel (WAIPAC)

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="81101.41"/>	<input type="text" value="81101.41"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="103735.23"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1200"/>	<input type="text" value="112591.01"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="104935.23"/>	<input type="text" value="193692.42"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="7352.04"/>	<input type="text" value="96051.83"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="97583.19"/>	<input type="text" value="97640.59"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value=""/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value=""/>	

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

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

World Alliance for Israel (WAIPAC)

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	975	87535.21
(ii) Unitemized	225	19579
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1200	107289.21
(b) Political Party Committees		
(c) Other Political Committees (such as PACs).....		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1200	107289.21
12. Transfers From Affiliated/Other Party Committees.....		
13. All Loans Received		
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....		300
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		5000
17. Other Federal Receipts (Dividends, Interest, etc.).....		1.8
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....		
(b) Levin Funds (from Schedule H5)		
(c) Total Transfers (add 18(a) and 18(b))..		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	1200	112591.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1200	112591.01

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures	7352.04	56226.83
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	7352.04	56226.83
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		39500
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		325
(b) Political Party Committees		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		325
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	7352.04	96051.83
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7352.04	96051.83

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1200	107289.21
34. Total Contribution Refunds (from Line 28(d))		325
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1200	106964.21
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	7352.04	56226.83
37. Offsets to Operating Expenditures (from Line 15, page 3).....		300
38. Net Operating Expenditures (subtract Line 37 from Line 36)	7352.04	55926.83

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 15
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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)
World Alliance for Israel (WAIPAC)

A. Barbara Bernstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 S Roxbury Dr
 City State Zip Code
 Beverly Hills CA 90212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Physician
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
550

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2014
Transaction ID : SA11Ai-CN5501
 Amount of Each Receipt this Period
25
 TrnsRef: 88857477 CustRef: 15225283

B. Lea Purwin D'Agostino
 Full Name (Last, First, Middle Initial)
 Mailing Address 2084 Ridge Dr
 City State Zip Code
 Los Angeles CA 90049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Los Angeles County Deputy District Attorney
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
1025

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2014
Transaction ID : SA11Ai-CN5512
 Amount of Each Receipt this Period
25

C. Danielle Nelson Erem
 Full Name (Last, First, Middle Initial)
 Mailing Address 2350 Bowmont Dr
 City State Zip Code
 Beverly Hills CA 90210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Real Estate and Investments
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
1825

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2014
Transaction ID : SA11Ai-CN5511
 Amount of Each Receipt this Period
25

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
World Alliance for Israel (WAIPAC)

Full Name (Last, First, Middle Initial)
A. Sharon Glaser

Mailing Address 719 N Linden Dr

City State Zip Code
Beverly Hills CA 90210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self early childhood educator

Receipt For: 2015
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2014

Transaction ID : SA11Ai-CN5519

Amount of Each Receipt this Period
200

Full Name (Last, First, Middle Initial)
B. Ms. Susan Siegel Heller

Mailing Address 303 N Maple Dr

City State Zip Code
Beverly Hills CA 90210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Homemaker

Receipt For: 2015
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 07 / 2014

Transaction ID : SA11Ai-CN5502

Amount of Each Receipt this Period
300

Combo membership 2014 and 2015 - per jh

Full Name (Last, First, Middle Initial)
c. Ms. Susan Siegel Heller

Mailing Address 303 N Maple Dr

City State Zip Code
Beverly Hills CA 90210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Homemaker

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 07 / 2014

Transaction ID : SA11Ai-CN5503

Amount of Each Receipt this Period
50

SUBTOTAL of Receipts This Page (optional)..... ▶ **550.00**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
World Alliance for Israel (WAIPAC)

A. Julie Munjack
Full Name (Last, First, Middle Initial)

Mailing Address 11633 Chenault St
Apt 301

City Los Angeles State CA Zip Code 90049

FEC ID number of contributing federal political committee. **C**

Name of Employer University Synagogue Occupation Executive Director

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **575**

Date of Receipt
12 / 01 / 2014

Transaction ID : SA11Ai-CN5498

Amount of Each Receipt this Period
25

TrnsRef: 88653807 CustRef: 13874814

B. Sidney Rishe
Full Name (Last, First, Middle Initial)

Mailing Address 4147 Mary Ellen Ave

City Studio City State CA Zip Code 91604

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation homemaker

Receipt For: 2015
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225**

Date of Receipt
12 / 20 / 2014

Transaction ID : SA11Ai-CN5506

Amount of Each Receipt this Period
200

TrnsRef: Approval

C. Sidney Rishe
Full Name (Last, First, Middle Initial)

Mailing Address 4147 Mary Ellen Ave

City Studio City State CA Zip Code 91604

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation homemaker

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275**

Date of Receipt
12 / 20 / 2014

Transaction ID : SA11Ai-CN5507

Amount of Each Receipt this Period
50

TrnsRef: Approval

SUBTOTAL of Receipts This Page (optional).....	275.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 15
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
World Alliance for Israel (WAIPAC)

Full Name (Last, First, Middle Initial)
A. Joan Tabb

Mailing Address 1555 S Roxbury Dr

City Los Angeles	State CA	Zip Code 90035
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2014

Transaction ID : SA11Ai-CN5513

Amount of Each Receipt this Period

75.00	75.00	75.00	75.00	75.00
25				

Full Name (Last, First, Middle Initial)
B. Judy Thomas

Mailing Address 1616 Lamego

City Glendale	State CA	Zip Code 91207
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self	Occupation Property Manager
--------------------------	--------------------------------

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2014

Transaction ID : SA11Ai-CN5499

Amount of Each Receipt this Period

75.00	75.00	75.00	75.00	75.00
50				

TrnsRef: 88765393 CustRef: 12692369

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

75.00	75.00	75.00	75.00	75.00
-------	-------	-------	-------	-------

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	975.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
World Alliance for Israel (WAIPAC)

Full Name (Last, First, Middle Initial)

A. Trail Blazer Campaign Services Inc.

Mailing Address 620 Mendelssohn Avenue N
Suite 186

City Golden Valley State MN Zip Code 55427

Purpose of Disbursement
2nd year of contract fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			30			2014			

Transaction ID : SB21b-EX1415

Amount of Each Disbursement this Period

2750.00

2nd year of contract fee

Full Name (Last, First, Middle Initial)

B. The Printing House

Mailing Address 16938 Ventura Blvd.

City Encino State CA Zip Code 91316

Purpose of Disbursement
Extra post cards to hand out

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			19			2014			

Transaction ID : SB21b-EX1418

Amount of Each Disbursement this Period

33.25

Extra post cards to hand out

Full Name (Last, First, Middle Initial)

C. 8x8 Inc.

Mailing Address 2125 O'Nel Dr

City San Jose State CA Zip Code 95131

Purpose of Disbursement
Monthly Phone/fax charges

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			03			2014			

Transaction ID : SB21b-EX1420

Amount of Each Disbursement this Period

77.40

Monthly Phone/fax charges

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

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

2860.65

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
World Alliance for Israel (WAIPAC)

Full Name (Last, First, Middle Initial)

A. Vanco Services LLC

Mailing Address 12600 Whitewater Drive Suite 200

City State Zip Code
Minnetonka MN 55343

Purpose of Disbursement
Credit card transaction fees

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2014

Transaction ID : SB21b-EX1412

Amount of Each Disbursement this Period

11.89

Credit card transaction fees

Full Name (Last, First, Middle Initial)

B. Vanco Services LLC

Mailing Address 12600 Whitewater Drive Suite 200

City State Zip Code
Minnetonka MN 55343

Purpose of Disbursement
Monthly invoice

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2014

Transaction ID : SB21b-EX1414

Amount of Each Disbursement this Period

5.15

Monthly invoice

Full Name (Last, First, Middle Initial)

C. Vanco Services LLC

Mailing Address 12600 Whitewater Drive Suite 200

City State Zip Code
Minnetonka MN 55343

Purpose of Disbursement
Credit card transaction fees

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2014

Transaction ID : SB21b-EX1419

Amount of Each Disbursement this Period

19.92

Credit card transaction fees

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

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

36.96

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
World Alliance for Israel (WAIPAC)

Full Name (Last, First, Middle Initial)

A. Payroll Center Inc.

Mailing Address 2300 Lake Park Dr Ste 270

City State Zip Code
Smyrna GA 30080

Purpose of Disbursement
payroll

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		26		2014

Transaction ID : SB21b-EX1409

Amount of Each Disbursement this Period

1449.13

payroll

Full Name (Last, First, Middle Initial)

B. Joanne Helperin

Mailing Address 9338 Oakmore Rd.

City State Zip Code
Los Angeles CA 90035

Purpose of Disbursement
payroll

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		26		2014

Transaction ID : SB21b-EX1410

Amount of Each Disbursement this Period

1346.15

[MEMO ITEM]
payroll

Full Name (Last, First, Middle Initial)

C. Department Of The Treasury - Internal Revenue Service

Mailing Address

City State Zip Code
Ogden UT 84201

Purpose of Disbursement
payroll

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		26		2014

Transaction ID : SB21b-EX1411

Amount of Each Disbursement this Period

102.98

[MEMO ITEM]
payroll

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

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

1449.13

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
World Alliance for Israel (WAIPAC)

Full Name (Last, First, Middle Initial)

A. Payroll Center Inc.

Mailing Address 2300 Lake Park Dr Ste 270

City State Zip Code
Smyrna GA 30080

Purpose of Disbursement
Payroll

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21b-EX1421

Amount of Each Disbursement this Period

Payroll

Full Name (Last, First, Middle Initial)

B. Joanne Helperin

Mailing Address 9338 Oakmore Rd.

City State Zip Code
Los Angeles CA 90035

Purpose of Disbursement
Payroll

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21b-EX1422

Amount of Each Disbursement this Period

[MEMO ITEM]

Payroll

Full Name (Last, First, Middle Initial)

C. Department Of The Treasury - Internal Revenue Service

Mailing Address

City State Zip Code
Ogden UT 84201

Purpose of Disbursement
Payroll

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21b-EX1423

Amount of Each Disbursement this Period

[MEMO ITEM]

Payroll

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
World Alliance for Israel (WAIPAC)

Full Name (Last, First, Middle Initial)

A. Payroll Center Inc.

Mailing Address 2300 Lake Park Dr Ste 270

City State Zip Code
Smyrna GA 30080

Purpose of Disbursement
Monthly payroll fee

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21b-EX1424

Amount of Each Disbursement this Period

Monthly payroll fee

Full Name (Last, First, Middle Initial)

B. Payroll Center Inc.

Mailing Address 2300 Lake Park Dr Ste 270

City State Zip Code
Smyrna GA 30080

Purpose of Disbursement
Payroll

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21b-EX1426

Amount of Each Disbursement this Period

Payroll

Full Name (Last, First, Middle Initial)

C. Joanne Helperin

Mailing Address 9338 Oakmore Rd.

City State Zip Code
Los Angeles CA 90035

Purpose of Disbursement
Payroll

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21b-EX1427

Amount of Each Disbursement this Period

[MEMO ITEM]
Payroll

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
World Alliance for Israel (WAIPAC)

Full Name (Last, First, Middle Initial)

A. Department Of The Treasury - Internal Revenue Service

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		24		2014

Mailing Address

City State Zip Code
Ogden UT 84201

Transaction ID : SB21b-EX1428

Purpose of Disbursement
Payroll

001
Category/ Type

Amount of Each Disbursement this Period

102.98

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

[MEMO ITEM]
Payroll

Full Name (Last, First, Middle Initial)

B. Sonny Alexander Flowers

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		07		2014

Mailing Address 9330 W. Pico Blvd.

City State Zip Code
Los Angeles CA 90035

Transaction ID : SB21b-EX1417

Purpose of Disbursement
hostess gift for Adam Schiff event

001
Category/ Type

Amount of Each Disbursement this Period

42.78

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

hostess gift for Adam Schiff event

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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

42.78

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

7335.73
