

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) COUNCIL FOR POLITICAL ACTION POLINA S. JAEGER WOMEN'S ALLIANCE FOR POLITICAL 3439 WOODS DRIVE LOS ANGELES CA 90033	2. FEC IDENTIFICATION NUMBER C-002,365,976
3. <input checked="" 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:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> 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>4-1-94</u> through <u>6-30-94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ 41,299.52
(b) Cash on Hand at Beginning of Reporting Period	\$ 50,703.33	
(c) Total Receipts (from Line 19)	\$ 25,011.56	\$ 40,711.52
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 75,714.89	\$ 82,011.34
7. Total Disbursements (from Line 30)	\$ 18,285.38	\$ 24,581.83
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 57,429.51	\$ 57,429.51
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ NONE	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ NONE	

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 <u>POLINA S. JAEGER</u>	
Signature of Treasurer <i>Polina S. Jaeger</i>	Date <u>7-14-94</u>

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 6
FOR LINE NUMBER 112(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)

WOMEN'S ALLIANCE FOR ISRAEL

C 002 36596

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ALBERTS, VIRIAN 366 N. LAUREL AVE LOS ANGELES, CA 90045	ATTORNEY	4/4/94 5/18/94	300 12
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 312		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ARTENSTEIN, LILY 4315 MARINA CITY DR # 727 MARINA DEL REY, CA 90292	HOMEMAKER	4/3/94	1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GABRIELLA BASHNER P.O. BOX 280045 NORTHRIDGE, CA 91328	HOMEMAKER	5/8/94	12
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 557		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NETTIE BECKER 2292 CENTURY HILL LOS ANGELES, CA 90067	ESCOFFIER COOKER	4/1/94	500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ESTHER BERGER 450 S. CAMDEN DR BEVERLY HILLS, CA 90212	CERT FIN PLANNER	4/1/94	1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ELEANOR GOINES 4235 GAYLE DR TARZANA, CA 91356	HOMEMAKER	3/30/94	500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DVORAH COLKER 2721 S. BEVERLY DR. LOS ANGELES, CA 90034	HOMEMAKER	4/1/94 4/12/94 5/19/94	100 400 12
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 512		

SUBTOTAL of Receipts This Page (optional)

3836

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 16
FOR LINE NUMBER 116(L)

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NAME OF COMMITTEE (In Full)

WOMEN'S ALLIANCE FOR ISRAEL

C 00236596

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<u>SARIE COLMAN</u> <u>1012 WALLACE RIDGE</u> <u>BEVERLY HILLS, CA 90210</u>	<u>HOMEMAKER</u>	<u>5/9/94</u>	<u>12</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date <u>> \$ 512</u>		
<u>SUSANNE CZURER</u> <u>3538 WILSHIRE BLVD # 634</u> <u>BEVERLY HILLS, CA 90211</u>	<u>HOMEMAKER</u>	<u>5/15/94</u>	<u>1,000</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date <u>> \$</u>		
<u>LEA D'AGOSTINO</u> <u>10640 WILKINS AVE</u> <u>LOS ANGELES, CA 90024</u>	<u>ATTORNEY</u>	<u>5/25/94</u>	<u>12</u> <u>500</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date <u>> \$ 512</u>		
<u>ALIZIA GUR-SCHLAGER</u> <u>9440 EDEN DR</u> <u>BEVERLY HILLS, CA 90210</u>	<u>WRITER</u>	<u>4/1/94</u>	<u>200</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date <u>> \$ 215</u>		
<u>RONIT GURA</u> <u>704 N. CAMDEN DR.</u> <u>BEVERLY HILLS, CA 90210</u>	<u>HOMEMAKER</u>	<u>5/10/94</u>	<u>512</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date <u>> \$ 512</u>		
<u>SALLY HENDER</u> <u>961 MALCOLM</u> <u>LOS ANGELES, CA 90029</u>	<u>CONTROLLER</u>	<u>4/1/94</u>	<u>500</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date <u>> \$ 500</u>		
<u>DIANNE HERSCHER</u> <u>2943 CENTURY HILL</u> <u>LOS ANGELES, CA 90067</u>	<u>TRAVEL CONSULTANT</u>	<u>4/1/94</u>	<u>500</u> <u>12</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date <u>> \$</u>	<u>5/12/94</u>	

SUBTOTAL of Receipts This Page (optional) 3248

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)

WOMEN'S ALLIANCE FOR ISRAEL

C 00236596

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GUITTA KARUBIAN 214 N CRESCENT DR BEVERLY HILLS, CA 90210 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		4/4/94	100
	Occupation ATTORNEY	4/1/94	100
		Aggregate Year-to-Date > \$ 312	12
SHIRLEY KOTLER 10265 CENTURY WOODS DR LOS ANGELES, CA 90067 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		3/22/94	350
	Occupation HOMEMAKER		
		Aggregate Year-to-Date > \$ 350	
SYLVIA LAUSON 504 N. KENTER AVE LOS ANGELES, CA 90049 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		5/30/94	12
	Occupation HOMEMAKER	4/1/94	200
		Aggregate Year-to-Date > \$ 212	
PHILLIS LEUT 5013 CALVIN AVE TARZANA, CA 91356 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		4/2/94	12
	Occupation PARALEGAL		
		Aggregate Year-to-Date > \$ 227	
LINDA LUBITZ 12558 THE VISTA BRENTWOOD, CA 90049 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		5/2/94	12
	Occupation REALTOR		
		Aggregate Year-to-Date > \$ 1027	
SYLVIA MATHEIS 2905 CENTURY HILL LOS ANGELES, CA 90067 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		4/3/94	700
	Occupation HOMEMAKER	5/10/94	12
		Aggregate Year-to-Date > \$ 527	
DANIELLE NELSON 930 WESTBOURNE DR W. HOLLYWOOD, CA 90069 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		4/1/94	1000
	Occupation APT MGR	5/14/94	12
		Aggregate Year-to-Date > \$ 1012	

SUBTOTAL of Receipts This Page (optional)

2122

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full) **WOMEN'S ALLIANCE FOR ISRAEL** C 00236596

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CELIA PETRIN 1260 S. BEVERLY GLEN #401 LOS ANGELES, CA 90024 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER Aggregate Year-to-Date > \$ 312	3/29/94 5/10/94	300 12
ROSALIND PRITIKIN 631 N. BEEM DR BEVERLY HILLS, CA 90210 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY Aggregate Year-to-Date > \$ 500	4/4/94	500
LENS RANWITT 24761 VIA DEL LINDO CALABASAS, CA 91302 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BOUTIQUE OWNER Aggregate Year-to-Date > \$ 260	4/4/94	200
LOIS ROSEN P.O. BOX 491216 LOS ANGELES, CA 90049 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOME MAKER Aggregate Year-to-Date > \$ 2012	4/1/94 5/17/94	1000 12
JANET SALTER 504 N. LINDEN DR. BEVERLY HILLS, CA 90210 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER Aggregate Year-to-Date > \$ 510	4/1/94	500
BARBARA SCHREATER 605 N. LINDEN DR. BEVERLY HILLS, CA 90210 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER Aggregate Year-to-Date > \$ 512	5/23/94	12
JAYNE SHAPIRO 11619 LEROO AVE GRANADA HILLS, CA 91344 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER Aggregate Year-to-Date > \$ 500	3/22/94	400

SUBTOTAL of Receipts This Page (optional) 2936

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

WOMEN'S ALLIANCE FOR ISRAEL

C 00236596

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MIRIAM SHEPHER 20649 CHANTS BORO DR WOODLAND HILLS, CA 91364	ROUTE MAKER	4/1/94	400
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FRAN SHERWOOD 11172 CASHMERE ST. LOS ANGELES, CA 90049	HOME MAKER	5/23/94	12
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 512		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VILBY SIMONS 10100 SANTA MONICA BLVD # 920 LOS ANGELES, CA 90067	PSYCHOLOGIST	4/1/94	1000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RITA SINDOR 15925 HIGH KNOLL RD ENCINO, CA 91436	REAL ESTATE AGENT	5/15/94	24
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1039		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RENA SLOMONIC 9911 W. PICO BLVD #301 LOS ANGELES, CA 90035	HOME MAKER	5/9/94	512
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 512		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PAMELA SMITH 344 COCA DE CRO RD LOS ANGELES, CA 90077	HOME MAKER	4/1/94	500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BARBARA SOMMERS 723 N. FOOTHILL RD BEVERLY HILLS, CA 90210	HOME MAKER	5/23/94	12
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 327		

SUBTOTAL of Receipts This Page (optional)

2460

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full) **WOMEN'S ALLIANCE FOR ISRAEL** C 00236586

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TONY STONE 3133 BARBUDDELL DR. LOS ANGELES, CA 90064	FUNDRAISER	5/2/94	500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RUTH TEKHMAN 5323 GALESTIA AVE ETWING, CA 91316	HOME MAKER	4/22/94	1000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERTA WEINTRAUB 15123 ESCALANTE DR. SHERMAN OAKS, CA 91403	CONSULTANT	4/1/94	200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROWIT WEINTRAUB 9921 DURANT DR. BEVERLY HILLS, CA 90212	PUBLIC RELATIONS	4/1/94 5/23/94	500 24
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 524		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KAREN WINNICK 150 EL CAMINO DE BEVERLY HILLS, CA 90212	HOME MAKER	4/1/94	1000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROSALIE ZALIS 5251 WOODMAN AVE VAN NUYS, CA 91401	CONSULTANT	4/1/94	500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARILYN ZIERING 720 N. WALDEN DR. BEVERLY HILLS, CA 90210		4/1/94	500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500		

SUBTOTAL of Receipts This Page (optional) 4224

TOTAL This Period (last page this line number only) 18826

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 12
FOR LINE NUMBER 216

OPERATING EXPENDITURES

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NAME OF COMMITTEE (in Full)

WOMEN'S ALLIANCE FOR ISRAEL C 00236596

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
LIZ NACHIMSON 5118 BARBECUE AVE VALLEY VILLAGE, CA 91607	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CA 1032 3/31	66.17
B. Full Name, Mailing Address and ZIP Code PHILLIS LENT 3013 CALVIN AVE TARZANA, CA 91356	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CA 1033 4/1	14.21
C. Full Name, Mailing Address and ZIP Code MARLA FONG EO 1230 J STREET SACRAMENTO, CA 95814	STMT BY CORP Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CA 1036 4/11	5.00
D. Full Name, Mailing Address and ZIP Code UNITED POSTAL CENTER 8306 WILSHIRE BLVD BEVERLY HILLS, CA 90212	P.O. BOX RENTAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CA 1037 4/11	60.00
E. Full Name, Mailing Address and ZIP Code RITA SINDER 15925 HIGH KNOLL RD CUCINO, CA 91436	OPERATING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CA 1095 4/2/94	103.51
F. Full Name, Mailing Address and ZIP Code U.S. POSTMASTER	STAMPS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CA 1081 4/29	407.16
G. Full Name, Mailing Address and ZIP Code POLINA JAEGER 1439 CORIS DRIVE LOS ANGELES, CA 90035	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CA 1073 5/4	35.19
H. Full Name, Mailing Address and ZIP Code UNITED POSTAL CENTERS 8306 WILSHIRE BLVD. BEVERLY HILLS, CA 90212	P.O. BOX RENTAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CA 1074 5/4	156.00
I. Full Name, Mailing Address and ZIP Code UNITED POSTAL CENTERS 8306 WILSHIRE BLVD BEVERLY HILLS, CA 90212	MESSAGE SERVICE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CA 1075 6/6	60.00

SUBTOTAL of Disbursements This Page (optional)

907.54

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 2
FOR LINE NUMBER 216

OPERATING EXPENDITURES

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NAME OF COMMITTEE (In Full)

WOMEN'S ALLIANCE FOR ISRAEL C. 00236596

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A-1 COPY CAT PRINTING 16060 VENTURA BLVD #110 ENCINO, CA 91436	PRINTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CR 1068 6/1/94	377.84
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)

377.84

TOTAL This Period (last page this line number only)

1285.38

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)

WOMEN'S ALLIANCE FOR ISRAEL

C 00236596

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
COMMITTEE TO RE-ELECT JANE HARTON 325 LANNON HOUSE OFFICE BLDG 157 & INDEPENDENCE AVE, S.E. WASHINGTON D.C. 20515	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CR 1079 4/1/94	2,500.00
COMMITTEE TO RE-ELECT CHARLES ROBB P.O. BOX 1994 77X LETAH, VIRGINIA 22101-1994	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CR 1080 4/1/94	5000.00
COMMITTEE TO RE-ELECT KEN CAHVEST 1523 LONG WORTH HOUSE OFFICE INDEPENDENCE & NEW JERSEY AVE, S.E. WASHINGTON D.C. 20515	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CR 1082 5/10/94	1000.00
COMMITTEE TO RE-ELECT KEN CAHVEST SAME AS ABOVE	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CR 1083 5/17/94	1000.00
COMMITTEE TO RE-ELECT ED ROSLE 1404 LONG WORTH HOUSE OFFICE NEW JERSEY & INDEPENDENCE WASHINGTON D.C. 20515 AVE, S.E.	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CR 1065 6/2/94	1000.00
COMMITTEE TO RE-ELECT HOWARD BERMAN 2201 RAYBUEN HOUSE OFFICE BLDG 5. CAPITAL ST & INDEPENDENCE AVE WASHINGTON D.C. 20515 S.E.	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CR 1064 6/2/94	2000.00
COMMITTEE TO RE-ELECT ESTERMAN JONES 1740 LONG WORTH HOUSE OFFICE NEW JERSEY & INDEPENDENCE AVE WASHINGTON D.C. 20515 S.E.	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CR 1066 6/2/94	2500.00
COMMITTEE TO RE-ELECT JEFF BINGAMIN 110 SENATE MART OFFICE BLDG CONSTITUTION AVE & 2ND ST NE WASHINGTON, D.C. 20510	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CR 1067 6/6/94	2500.00
COMMITTEE TO RE-ELECT JOHN GLENN 7623 FULLERTON RD SPRINGFIELD, VA 22153	REFUND Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/1/94	< 500.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

17,000.00

