

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)

000236596 119874 2 204

POLINA S JAEGER
WOMEN'S ALLIANCE FOR ISRAEL
1400 BURBANK DRIVE
LOS ANGELES CA 90025

2. FEC IDENTIFICATION NUMBER
C00236596

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

DEC 12 5 50 PM '94

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 11-8-94 in the State of CALIF

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	<u>10-20-94</u> through <u>11-28-94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>			\$ <u>41,279.52</u>
(b) Cash on Hand at Beginning of Reporting Period		\$ <u>28,179.78</u>	
(c) Total Receipts (from Line 1B)		\$ <u>6,482.39</u>	\$ <u>69,336.43</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ <u>34,662.17</u>	\$ <u>110,635.95</u>
7. Total Disbursements (from Line 3C)		\$ <u>14,446.03</u>	\$ <u>90,399.81</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ <u>20,236.14</u>	\$ <u>20,236.14</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ <u>0</u>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$ <u>0</u>	

For further information contact:
Federal Election Commission
899 E Street, NW
Washington, DC 20468
Toll Free 800-424-9530
Local 202-218-3420

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

POLINA S JAEGER

Signature of Treasurer

Polina S Jaeger

Date

12-7-94

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

FEC FORM 3X

(revised 9/93)

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**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE <i>WOMEN'S ALLIANCE FOR ISRAEL</i>		REPORT COVERING PERIOD FROM <i>10-20-94</i> TO: <i>11-28-94</i>	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		<i>3018.00</i>	<i>43949.00</i>
ii. Unitemized		<i>3384.00</i>	<i>24325.00</i>
iii. Total	(add i and ii) >	<i>6402.00</i>	<i>68274.00</i>
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions	(add a iii, b and c) >		
12. Transfers From Affiliated/Other Party Committees			
13. All Loans Received			
14. Loan Repayments Received			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			
17. Other Federal Receipts (Dividends, Interest, etc.)		<i>80.39</i>	<i>1069.43</i>
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts	(add 11d, 12, 13, 14, 15, 16, 17, and 18) >	<i>6482.39</i>	<i>69343.43</i>
20. Total Federal Receipts	(subtract line 18 from line 19) >		
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			
c. Total Operating Expenditures	(add a i, a ii, and b) >	<i>696.03</i>	<i>7399.81</i>
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees		<i>13,752.00</i>	<i>83,000.00</i>
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds	(add a, b and c) >		
29. Other Disbursements			
30. Total Disbursements	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	<i>14,448.03</i>	<i>90,399.81</i>
31. Total Federal Disbursements	(subtract line 21 a ii from line 30) >		
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)			
33. Total Contribution Refunds (from line 28d)			
34. Net Contributions (other than loans)(subtract line 33 from 32)			
35. Total Federal Operating Expenditures	(add 21 a i and 21 b) >		
36. Offsets to Operating Expenditures (from line 15)			
37. Net Operating Expenditures	(subtract line 36 from 35) >		

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SCHEDULE A

ITEMIZED RECEIPTS

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 00236596

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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
GABRIELLA BASHNER P.O. BOX 280145 NORTHRIDGE, CA 91328			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	10/7/94 11/10/94	15.00 750.00
	Aggregate Year-to-Date > \$ 1,325		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JACQUELINE BURDORF 504 N WALDEN DR BEVERLY HILLS, CA 90210			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	11/7/94	750.00
	Aggregate Year-to-Date > \$ 105.3		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SALLY KLASBY 17323 CITRONIA ST. NORTHRIDGE, CA 91325	(S.W.)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DEVELOPMENT DIRECTOR	11-5-94	250.00
	Aggregate Year-to-Date > \$ 268		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
EVELYN MOTZKIN DELTA DRIVE CAROLAND HILLS, CA 91364			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	11-7-94	520.00
	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
GLORIA SUTTONS 10490 WILSHIRE #1526 LOS ANGELES, CA 90024			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	11-9-94	752.00
	Aggregate Year-to-Date > 3		
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):	Occupation		
	Aggregate Year-to-Date > 5		
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):	Occupation		
	Aggregate Year-to-Date > 6		

SUBTOTAL of Receipts This Page (optional)	3015.00
TOTAL This Period (last page this line number only)	3015.00

SCHEDULE A

ITEMIZED RECEIPTS

INTEREST

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

PAGE 1 OF 1
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

WOMEN'S ALLIANCE FOR ISRAEL

C 002 36-596

A. Full Name, Mailing Address and ZIP Code <i>FIRST CHARTER BANK 265 N BEVERLY DR. BEVERLY HILLS, CA 90210</i>	Name of Employer Occupation	Date (month, day, year) <i>10/31/94</i>	Amount of Each Receipt This Period <i>80.39</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
B. 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 <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. 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 <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

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SUBTOTAL of Receipts This Page (optional)	<i>80.39</i>
TOTAL This Period (last page this line number only)	<i>80.39</i>

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 216

OPERATING EXPENSES

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NAME OF COMMITTEE (in Full)

WOMEN'S ALLIANCE FOR ISRAEL

C00236596

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>UNITED POSTAL CENTERS 8306 WILSHIRE BLVD BEVERLY HILLS, CA 90212</i>	<i>MAIL FUND</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>CR 1157 11-3-94</i>	<i>105.00</i>
<i>LA PREMIER FLOWERS 8925 W OLYMPIC BLVD BEVERLY HILLS, CA 90211</i>	<i>FLOWERS</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>CR 1153 11-8-94</i>	<i>70.36</i>
<i>ORLY HALEVI 311 S. SUNNYSIDE DR #5 LOS ANGELES, CA 90048</i>	<i>PHOTOGRAPHY</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>CR 1154 11-8-94</i>	<i>125.00</i>
<i>UNITED POSTAL CENTERS 8306 WILSHIRE BLVD BEVERLY HILLS, CA 90212</i>	<i>MAIL FUND</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>CR 1158 11-16-94</i>	<i>105.00</i>
<i>RITA SINDER 15925 HIGH KNOLL RD ENCINO, CA 91436</i>	<i>POSTAGE</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>CR 1155 11-22-94</i>	<i>280.67</i>
<i>FIRST CHARTER BANK 265 W BEVERLY DR. BEVERLY HILLS, CA 90210</i>	<i>BANK CHGS</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<i>10.00</i>
<i>G. Full Name, Mailing Address and ZIP Code</i>	<i>Purpose of Disbursement</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>Date (month, day, year)</i>	<i>Amount of Each Disbursement This Period</i>
<i>H. Full Name, Mailing Address and ZIP Code</i>	<i>Purpose of Disbursement</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>Date (month, day, year)</i>	<i>Amount of Each Disbursement This Period</i>
<i>I. Full Name, Mailing Address and ZIP Code</i>	<i>Purpose of Disbursement</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>Date (month, day, year)</i>	<i>Amount of Each Disbursement This Period</i>

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

696.03

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

WOMEN'S ALLIANCE FOR ISRAEL

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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
OBBERLY FOR US SENATE 3409 LINNAPSTER PIKE WILMINGTON, DELAWARE 19805	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CR 1169 10/31/94	1000
B. Full Name, Mailing Address and ZIP Code COMMITTEE TO ELECT TOM POLLEY 555 NEW JERSEY AVE, NW SUITE 201 WASHINGTON DC 20001	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CR 1171 10/31/94	1000
C. Full Name, Mailing Address and ZIP Code CITIZENS FOR GIFFORD 223 SENATE RUSSELL BLDG CONSTITUTION & DELAWARE NE WASHINGTON D.C. 20510	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CR 1172 10/31/94	2000
D. Full Name, Mailing Address and ZIP Code FINGERHUT FOR CONGRESS 2183 RAYBURN HOUSE BLDG INDEPENDENCE & S. CAPITOL ST, SW WASHINGTON D.C. 20515	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CR 1173 10/31/94	1250
E. Full Name, Mailing Address and ZIP Code FRIENDS OF DAVE McCURDY 225 CANNON 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 1174 10/31/94	1000
F. Full Name, Mailing Address and ZIP Code PEOPLE FOR LIGHTFOOT 2444 RAYBURN HOUSE BLDG INDEPENDENCE & SO CAPITOL BLDG WASHINGTON D.C. 20515	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CR 1175 10/31/94	500
G. Full Name, Mailing Address and ZIP Code COMMITTEE TO ELECT FRANK LAUTENBERG 307 5TH ST NE BND FL WASHINGTON D.C. 20002	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CR 1177 10/31/94	1500
H. Full Name, Mailing Address and ZIP Code COMMITTEE TO ELECT DORNAN 10971 GARDEN GROVE BLVD GARDEN GROVE, CA 92643	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CR 1178 10/31/94	500
I. Full Name, Mailing Address and ZIP Code COMMITTEE TO ELECT GARY GIBBS 2204 RAYBURN HOUSE BLDG INDEPENDENCE & SO CAPITOL S.W. WASHINGTON D.C. 20515	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CR 1179 10/31/94	500

SUBTOTAL of Disbursements This Page (optional)

9250

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 23

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NAME OF COMMITTEE (In Full)

WOMEN'S ALLIANCE FOR ISRAEL CEO 236576

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<u>COMMITTEE TO ELECT</u> <u>M. MARBOLIS-NEZVINSKY</u> <u>P.O. BOX 157</u> 19072 <u>NARBERTH, PENNSYLVANIA</u>	<u>CONTRIBUTION</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>CR 1180</u> <u>10/31/94</u>	<u>500</u>
<u>COMMITTEE TO ELECT</u> <u>SARBY CHAPMAN</u> <u>P.O. BOX 605</u> <u>MOULTRIE, GEORGIA 31776</u>	<u>CONTRIBUTION</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>CR 1181</u> <u>10/31/94</u>	<u>500</u>
<u>COMMITTEE TO ELECT</u> <u>LINDSEY GRAYSON</u> <u>INTERPARK TERMINALS</u> <u>8790 WALLISVILLE RD</u> <u>HOUSTON TX 77039-1373</u>	<u>CONTRIBUTION</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>CR 1182</u> <u>10/31/94</u>	<u>500</u>
<u>COMMITTEE TO ELECT</u> <u>SLADE GORTON</u> <u>730 SENATE HART BLDG</u> <u>CONSTITUTION AVE & 2ND ST, NE</u> <u>WASHINGTON D.C. 20510</u>	<u>CONTRIBUTION</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>CR 1167</u> <u>10/26/94</u>	<u>1000</u>
<u>COMMITTEE TO ELECT</u> <u>JAN RYL</u> <u>2440 RAYBURN HOUSE OFFICE</u> <u>INDEPENDENCE & S. CAPITAL ST</u> <u>WASHINGTON D.C. 20515</u>	<u>CONTRIBUTION</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>CR 1168</u> <u>10/24/94</u>	<u>1000</u>
<u>COMMITTEE TO ELECT</u> <u>DAVE MILLARD</u> <u>SENATE HART BLDG</u> <u>CONSTITUTION AVE & 2ND ST NE</u> <u>WASHINGTON DC 20510</u>	<u>CONTRIBUTION</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>CR 1154</u> <u>CR 1155</u>	<u>1000</u>
<u>G. Full Name, Mailing Address and ZIP Code</u>	<u>Purpose of Disbursement</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>Date (month, day, year)</u>	<u>Amount of Each Disbursement This Period</u>
<u>H. Full Name, Mailing Address and ZIP Code</u>	<u>Purpose of Disbursement</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>Date (month, day, year)</u>	<u>Amount of Each Disbursement This Period</u>
<u>I. Full Name, Mailing Address and ZIP Code</u>	<u>Purpose of Disbursement</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>Date (month, day, year)</u>	<u>Amount of Each Disbursement This Period</u>

SUBTOTAL of Disbursements This Page (optional) 4500

TOTAL This Period (last page this line number only) 13,750

Federal Election Commission
ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

Hand Delivered DATE OF RECEIPT

First Class Mail POSTMARKED

Registered/Certified Mail POSTMARKED
12/8/74

No Postmark

Postmark Illegible

Received from the House Office of Records
and Registration DATE OF RECEIPT

Received from the Senate Office of Public
Records DATE OF RECEIPT

Other (Specify): POSTMARKED
and/or DATE OF RECEIPT

J.A.Q.
PREPARER

12/13/74
DATE PREPARED

9 4 0 3 9 5 2 2 3 5 1