

# 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)  
**WOMENS POLITICAL COMMITTEE  
C/O NANCY BRAKENSIEK**

ADDRESS (number and street)  Check if different than previously reported  
**5670 WILSHIRE BLVD - SUITE 1450  
LOS ANGELES CA 90036**

CITY, STATE and ZIP CODE

Oct 17 4 25 PM '94

2. FEC IDENTIFICATION NUMBER  
**C 00188193**

3.  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 <b>7-1-94</b> through <b>9-30-94</b>		
6. (a) Cash on Hand January 1, 19 <b>94</b>		\$ 37,597.60
(b) Cash on Hand at Beginning of Reporting Period	\$ 27,576.82	
(c) Total Receipts (from Line 19)	\$ 39,435.39	\$ 139,519.28
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 67,012.21	\$ 177,116.88
7. Total Disbursements (from Line 30)	\$ 56,458.15	\$ 166,562.82
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 10,554.06	\$ 10,554.06
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-218-3427
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	

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  
**NANCY S. BRAKENSIEK**

Signature of Treasurer *Nancy S. Brakensiek* Date **10/13/94**

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

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

(revised 1/1/91)

NAME OF COMMITTEE <b>WOMEN'S POLITICAL COMMITTEE</b>		REPORT COVERING PERIOD FROM <b>7-1-94</b> TO <b>9-30-94</b>	
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A) .....		39380.00	138930.00
ii. Unitemized .....			
iii. Total .....	(add i and ii) >	39380.00	138930.00
b. Political Party Committees .....			
c. Other Political Committees (such as PACs) .....			
d. Total Contributions .....	(add a iii, b and c) >	39380.00	138930.00
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.) .....		55.39	589.28
18. Transfers from Nonfederal Account for Joint Activity .....			
19. Total Receipts .....	(add 11d, 12, 13, 14, 15, 16, 17, and 18) >	39435.39	139519.28
20. Total Federal Receipts .....	(subtract line 18 from line 19) >	39435.39	139519.28
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share .....			
ii. Non-Federal Share .....			
b. Other Federal Operating Expenditures .....		2658.15	9262.82
c. Total Operating Expenditures .....	(add a i, a ii, and b) >	2658.15	9262.82
22. Transfers to Affiliated/Other Party Committees .....		27800.00	103800.00
23. Contributions to Federal Candidates/Committees and Other Political Committees .....		25000.00	53500.00
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) >	56458.15	166562.82
31. Total Federal Disbursements .....	(subtract line 21 a i from line 30) >	56458.15	166562.82
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d) .....		39380.00	138930.00
33. Total Contribution Refunds (from line 28d) .....			
34. Net Contributions (other than loans)(subtract line 33 from 32) .....		39380.00	138930.00
35. Total Federal Operating Expenditures .....	(add 21 a i and 21 b) >	2658.15	9262.82
36. Offsets to Operating Expenditures (from line 15) .....			
37. Net Operating Expenditures .....	(subtract line 35 from 34) >	3658.15	9262.82

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32  
33  
34  
35  
36  
37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 11  
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

WOMEN'S POLITICAL COMMITTEE

2 4 0 3 2 3 0 4 3 3 9

<p>A. Full Name, Mailing Address and ZIP Code Jill Govan-Bauman 11150 Santa Monica Blvd. 14th floor Los Angeles CA 90025</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer  Occupation  Aggregate Year-to-Date &gt; \$ 2200</p>	<p>Date (month, day, year) 7-5-94</p>	<p>Amount of Each Receipt this Period 1200</p>
<p>B. Full Name, Mailing Address and ZIP Code Mary Cosgrove 1105 Arden Road Pasadena CA 91106</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer SO. PASADENA UNIFIED SCHOOLS  Occupation TEACHER  Aggregate Year-to-Date &gt; \$ 2200</p>	<p>Date (month, day, year) 7-5-94</p>	<p>Amount of Each Receipt this Period 200</p>
<p>C. Full Name, Mailing Address and ZIP Code Babe Sobel 272 Conroy Ave. Los Angeles CA 90024</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer  Occupation  Aggregate Year-to-Date &gt; \$ 2200</p>	<p>Date (month, day, year) 7-5-94</p>	<p>Amount of Each Receipt this Period 2200</p>
<p>D. Full Name, Mailing Address and ZIP Code Lyn Lear 1911 Westridge Road Los Angeles, Ca. 90049</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer  Occupation  Aggregate Year-to-Date &gt; \$ 2200</p>	<p>Date (month, day, year) 7-5-94</p>	<p>Amount of Each Receipt this Period 200</p>
<p>E. Full Name, Mailing Address and ZIP Code Esther H. Berger 450 South Camden Drive Beverly Hills, Ca. 90212</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer PAINE WEBBER  Occupation FINANCIAL PLANNER  Aggregate Year-to-Date &gt; \$ 2200</p>	<p>Date (month, day, year) 7-6-94</p>	<p>Amount of Each Receipt this Period 200</p>
<p>F. Full Name, Mailing Address and ZIP Code Marsha Kwalwasser 7172 La Presa Los Angeles, Ca. 90068</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer  Occupation  Aggregate Year-to-Date &gt; \$ 1200</p>	<p>Date (month, day, year) 7-6-94</p>	<p>Amount of Each Receipt this Period 200</p>
<p>G. Full Name, Mailing Address and ZIP Code JOAN PALEVSKY 1546 ENSLEY AVE LOS ANGELES CA 90024</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer  Occupation  Aggregate Year-to-Date &gt; \$ 1000</p>	<p>Date (month, day, year) 7-6-94</p>	<p>Amount of Each Receipt this Period 1000</p>

SUBTOTAL of Receipts This Page (optional)

6200

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 4 OF 11 FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

WOMEN'S POLITICAL COMMITTEE

A. Full Name Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dorrie Ellman Garber 1712 Chevy Chase Beverly Hills CA 90210		7-7-94 8-5-94	1000 100
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1100	
B. Full Name Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cindy Miskowski 396 Fordyce Los Angeles CA 90049	CITY OF LOS ANGELES	7-7-94	1100
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CHIEF OF STAFF	Aggregate Year-to-Date > \$ 2200	
C. Full Name Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARCIA HERMAN 600 HANLEY WAY LOS ANGELES CA 90049	FUN FURNITURE	9/30	800
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DESIGNER	Aggregate Year-to-Date > \$ 1800	
D. Full Name Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Susan Loewenberg LA Theater Works 681 Venice Blvd. Venice, Ca. 90291	LA THEATER WORKS	7-11-94	600
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRODUCER	Aggregate Year-to-Date > \$ 1600	
E. Full Name Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marilyn Johnson 5729 Spring Oak Drive LA CA 90068	SELF EMPLOYED	7-13-94	1000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation INTERIOR DESIGNER	Aggregate Year-to-Date > \$ 2200	
F. Full Name Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Janet Mandelman 600 Bonhill Rd. Los Angeles CA 90049-2302		7-13-94	1100
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2200	
G. Full Name Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michelle Katz 1925 Century Park East Suite 2000 Los Angeles CA 90067-2721		7-13-94	1000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2100	

SUBTOTAL of Receipts This Page (optional) ..... 6700

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

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FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

**WOMEN'S POLITICAL COMMITTEE**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cathy Unger 315 Conway Avenue Los Angeles, Ca. 90024  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	SELF EMPLOYED  Occupation <b>CONSULTANT</b> Aggregate Year-to-Date > \$ <b>2200</b>	7-13-94	1000
Sandra Seltzer-Pressman 1561 Analpi Drive Pacific Palisades CA 90272  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	SELF EMPLOYED  Occupation <b>COMMUNITY ACTIVIST</b> Aggregate Year-to-Date > \$ <b>2200</b>	7-13-94	1000
Margaret G. Graf 463 N. Los Palmas Los Angeles CA 90004  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$ <b>2200</b>	7-14-94	200
Beth Garfield 145 South Van Ness Los Angeles CA 90004  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	SELF EMPLOYED  Occupation <b>ATTORNEY</b> Aggregate Year-to-Date > \$ <b>2200</b>	7-15-94	1000
Susan Steinhauer 425 North Bundy Drive Los Angeles, California  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	SELF EMPLOYED  Occupation <b>ATTORNEY</b> Aggregate Year-to-Date > \$ <b>2200</b>	7-15-94	1050
Vicki Reynolds 619 North Linden Beverly Hills CA 90210  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	SELF EMPLOYED  Occupation <b>ACTIVIST</b> Aggregate Year-to-Date > \$ <b>2000</b>	7-18-94	1000
Rose Sloan 8640 Allenwood Road Los Angeles, Ca. 90046  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$ <b>2200</b>	7-18-94	1000

SUBTOTAL of Receipts This Page (optional)

**6250**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

WOMENS POLITICAL COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dana Henry 5195 North Parkway Colabases Colabases CA 91302		7-18-94 7-18-94	1000 100
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	1100
B. Full Name, Mailing Address and ZIP Code VICTORIA RISKIN 2002 OLD RANCH ROAD LOS ANGELES CA 90049	SELF EMPLOYED	7-18-94	1200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRODUCER	Aggregate Year-to-Date > \$	2200
C. Full Name, Mailing Address and ZIP Code Cinda Shreder 674 San Lorenzo St. Santa Monica CA 90402		7-18-94 7-21-94	30 1000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	2730
D. Full Name, Mailing Address and ZIP Code Dorothy Jonas 2447 Century Hill Los Angeles, Ca. 90067		7-29-94	1000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	2200
E. Full Name, Mailing Address and ZIP Code Bernice Wolf 613 Howland Canal Venice CA 90291	SELF EMPLOYED	8-5-94	1000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation INVESTOR	Aggregate Year-to-Date > \$	2400
F. Full Name, Mailing Address and ZIP Code Lisa Specht Manatt, Phelps, & Phillips 11355 West Olympic Blvd Los Angeles, Ca. 90064	MANATT PHELPS PHILLIPS	8-5-94	200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$	2700
G. Full Name, Mailing Address and ZIP Code Madelyn Murray Wertheim Schroder Investment 345 North Maple Drive Suite 320 Beverly Hills CA 90210	WERTHEIM SCHRODER INVESTMENTS	8-29-94	600
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MARKETING SR. V.P.	Aggregate Year-to-Date > \$	1600

SUBTOTAL of Receipts This Page (optional) .....

6130

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

1  
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SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

**WOMEN'S POLITICAL COMMITTEE**

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3

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Cathy Mendenhall Shaw, Moses, Mendenhall & Assoc 625 Fair Oaks Avenue Suite 158 South Pasadena, Ca. 91030		9-9-94	1100
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	1100
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Paula Reddish Zinnenmann 431 Carol Canal Venice, Ca. 90291	SELF EMPLOYED	9-9-94	1100
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$	2200
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Laurie Harris 1420 East Valley Road Santa Barbara, Ca. 93108	SELF EMPLOYED	9-12-94	1200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$	2200
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Cynthia McClain-Hill 333 S. Grand 22nd Floor Los Angeles CA 90071	C.S. FIRST BOSTON	9-14-94	1000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation INVESTMENT BANKER	Aggregate Year-to-Date > \$	2200
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mimi West 9033 Alto Cedro Drive Beverly Hills, Ca. 90210	THE BERMIE CORP.	9-14-94	2000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EXECUTIVE	Aggregate Year-to-Date > \$	2200
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Nancy Zamora Morison and Foerster 555 W. 5th Street, Suite 3500 Los Angeles CA 90013-1036	MORISON & FOERSTER	9-12-94	1000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$	2000
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Nancy Brakensiek 5670 Wilshire Blvd. Suite #1450 Los Angeles, Ca. 90036	SELF EMPLOYED	9-19-94	500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation C.P.A.	Aggregate Year-to-Date > \$	1700

SUBTOTAL of Receipts This Page (optional) .....

7900

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

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

WOMEN'S POLITICAL COMMITTEE

2 4 0 3 3 0 4 3 9 4

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DEBORAH DAVID 363 S. LAS PALMAS LOS ANGELES CA 90020		9-21-94	1100
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1100	
B. Full Name Cathy Pfeiffenberger 601 S. Figueroa Suite 4400 Los Angeles, Ca. 90017		9-21-94	1100
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2200	
C. Full Name Chris Snyder Corinblit & Seltzer 3700 Wilshire Boulevard Suite B20 Los Angeles CA 90010	KATSEN MUCHIN ZAVIS WEITZMAN	9-21-94	1000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	ATTORNEY	Aggregate Year-to-Date > \$ 2700	
D. Full Name, Mailing Address and ZIP Code Muriel Sherman 2340 Nottingham Los Angeles, Ca. 90027		9-27-94	1000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2200	
E. Full Name, Mailing Address and ZIP Code Judith Pacht 910 Gretna Green Way Los Angeles, Ca. 90049	SELF EMPLOYED	9-28-94	2000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	WRITER	Aggregate Year-to-Date > \$ 4200	
F. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

6200

TOTAL This Period (last page this line number only)

39380



SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 9 OF 11  
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

WOMEN'S POLITICAL COMMITTEE

24-1-94 10 30 40 50 60 70 80 90

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CATHY UNGER 315 CONWAY AVE. LOS ANGELES CA	REIMB. LUNCHEON EXPENSE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) *	7-6-94	387.14
B. Full Name, Mailing Address and ZIP Code BETSY ZEIDMAN 828 GRANT STREET SANTA MONICA CA 90405	Purpose of Disbursement PRINTING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) *	7-15-94	33.49
C. Full Name, Mailing Address and ZIP Code LINDA KUSHNER FOR SENATE 615 JEFFERSON BLVD WARWICK, R.I. 02886 1357	Purpose of Disbursement U.S. SENATE C00281584 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-21-94	1000.00
D. Full Name, Mailing Address and ZIP Code ANN WYNIA FOR U.S. SENATE 1916 UNIVERSITY AVE ST PAUL, MINN. 55104	Purpose of Disbursement U.S. SENATE C00282384 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-21-94	1500.00
E. Full Name, Mailing Address and ZIP Code FRIENDS OF JANE HARMON 1308 SARTORI AVE. #210 TORRANCE CA. 90501	Purpose of Disbursement C00255141 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-21-94	2500.00
F. Full Name, Mailing Address and ZIP Code ANN RICHARDS COMMITTEE P.O. BOX 12404 AUSTIN TEXAS 78711	Purpose of Disbursement GOVERNOR 742264857 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-21-94	5000.00
G. Full Name, Mailing Address and ZIP Code DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE 2211 CORINTH AVE. #310 LOS ANGELES CA. 90064	Purpose of Disbursement C00279646 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-21-94	10000.00
H. Full Name, Mailing Address and ZIP Code NANCY BRAKENSIEK 5670 WILSHIRE BLVD. LOS ANGELES CA 90036	Purpose of Disbursement POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) *	8-9-94	94.50
I. Full Name, Mailing Address and ZIP Code WOMEN VOTE PROJECT 8440 SANTA MONICA BLVD L.A CA 90069	Purpose of Disbursement C00105668 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-27-94	5000.00

\* LINE 21B  
SUBTOTAL of Disbursements This Page (optional) 25515.13

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 10 OF 11  
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

WOMENS POLITICAL COMMITTEE

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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
WOMENS POLITICAL COMM. 5670 WILSHIRE BLVD. L.A. CA 90036	STATE POLITICAL CONTRIBUTIONS	7-19-94	2400.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	9-14-94	3300.00
	<input type="checkbox"/> Other (specify)	9-27-94	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

DETAIL OF LINE 22

2700.00

TOTAL This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
**WOMEN'S POLITICAL COMMITTEE**

24000304327

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ADELE YELLIN 757 KINGMAN AVE. SANTA MONICA CA 90402	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) *	9-27-94	36.40
KAUFMAN E BROAD HOME CORP 10877 WILSHIRE BLVD. L.A. CA. 90024	LUNCHEON EXPENSE REIMBURSEMENT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) *	7-7-94 8-30-94	1932.52 1169.10
STERLING BANK 433 N CAMDEN BEVERLY HILLS CA	BANK CHARGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) *	7-29-94	5.00
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

* LINE 21 B SUBTOTAL of Disbursements This Page (optional)	3143.02
TOTAL This Period (last page this line number only)	28658.15

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.

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and Registration

DATE OF RECEIPT

Received from the Senate Office of Public  
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

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10/17/94

PREPARER

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