

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

FEB 18 10 59 AM '94

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)  
 000236596 100293 p 244  
 ADI POLINA S JAEGER  
 WOMEN'S ALLIANCE FOR ISRAEL  
 1439 EDGEMOOR DRIVE  
 LOS ANGELES CA 90055  
 CIT

2. FEC IDENTIFICATION NUMBER  
 C 000236596  
 3.  This committee has qualified as a multicandidate committee. (see FEC FORM 1M)  
 SATISFIED PRIOR TO 1/84

## 4. TYPE OF REPORT

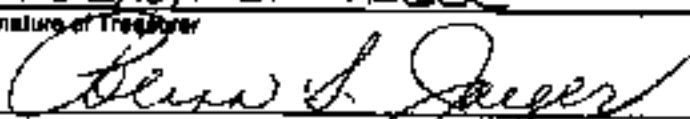
- (a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year End Report  
 July 31 Mid Year Report (Non-election Year Only)  
 Termination Report

- 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 \_\_\_\_\_ 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	7-1-93 through 12-31-93		
6. (a) Cash on Hand January 1, 1993			\$ 22,931.76
(b) Cash on Hand at Beginning of Reporting Period		\$ 37,267.92	
(c) Total Receipts (from Line 19)		\$ 24,300.50	\$ 77,182.02
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 61,568.42	\$ 100,113.78
7. Total Disbursements (from Line 30)		\$ 20,268.90	\$ 58,814.26
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 41,299.52	\$ 41,299.52
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 0	For further information contact: Federal Election Commission 909 E Street, NW Washington, DC 20463 Toll Free 800-424-6630 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 0	

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  
  
 Date  
 1-31-94

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

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

(revised 1/1/81)

NAME OF COMMITTEE

REPORT COVERING PERIOD

FROM 7-1-93 TO: 12-31-93

**I. Receipts**

COLUMN A  
Total This Period

COLUMN B  
Calendar Year

- 11. Contributions (other than loans) From:
  - a. Individual/Persons Other Than Political Committees
    - i. Itemized (use Schedule A) .....
    - ii. Unitemized \$ 200 + LESS .....
    - iii. Total ..... (add i and ii) >
  - b. Political Party Committees .....
  - c. Other Political Committees (such as PACs) .....
  - d. Total Contributions ..... (add a ii, 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.) .....
- 18. Transfers from Nonfederal Account for Joint Activity .....
- 19. Total Receipts ..... (add 11d, 12, 13, 14, 15, 16, 17, and 18) >
- 20. Total Federal Receipts ..... (subtract line 18 from line 19) >

12,600.00      47,953.00  
11,150.00      28,047.00  
23,750.00      76,000.00

200.00  
23,750.00      76,800.00

550.50      782.02

24,300.50      77,822.02

**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) >
- 22. Transfers to Affiliated/Other Party Committees .....
- 23. Contributions to Federal Candidates/Committees and Other Political Committees .....
- 24. Independent Expenditures (use Schedule E) .....
- 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(f)) (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) >
- 31. Total Federal Disbursements ..... (subtract line 21 a ii from line 30) >

2,768.90      14,814.26  
2,768.90      14,814.26

17,500.00      44,000.00

20,268.90      58,814.26

**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) >

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 5  
FOR LINE NUMBER 11(a)(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 00236596

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A. Full Name, Mailing Address and ZIP Code FLORENCE ALTURA 818 N. COMPTON DR # 907 LOS ANGELES, CA 90069	Name of Employer  Occupation <u>HOMEMAKER</u>	Date (month, day, year) <u>10/93</u>	Amount of Each Receipt this Period <u>500-</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <u>536.00</u>		
B. Full Name, Mailing Address and ZIP Code BETTY BENZRA 1706 ANGELO DRIVE BEVERLY HILLS, CA 90210	Name of Employer  Occupation <u>HOMEMAKER</u>	Date (month, day, year) <u>10/93</u>	Amount of Each Receipt this Period <u>200-</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <u>253</u>		
C. Full Name, Mailing Address and ZIP Code ERANE BERKE 17009 TOTLER PLACE ENCINO, CA 91436	Name of Employer  Occupation <u>HOMEMAKER</u>	Date (month, day, year) <u>10/93</u>	Amount of Each Receipt this Period <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>		
D. Full Name, Mailing Address and ZIP Code FRANCES BROWN 10470 WILSHIRE BLVD # 2204 LOS ANGELES, CA 90024	Name of Employer  Occupation <u>HOMEMAKER</u>	Date (month, day, year) <u>10/93</u>	Amount of Each Receipt this Period <u>100-</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <u>218</u>		
E. Full Name, Mailing Address and ZIP Code JACQUELINE BURDORF 804 N WARDEN DRIVE BEVERLY HILLS, CA 90210	Name of Employer  Occupation <u>HOMEMAKER</u>	Date (month, day, year) <u>12/93</u>	Amount of Each Receipt this Period <u>300-</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <u>900</u>		
F. Full Name, Mailing Address and ZIP Code MARIAN COHEN 19501 WEEBURN COURT THERESA, CA 91356	Name of Employer  Occupation <u>HOMEMAKER</u>	Date (month, day, year) <u>11/93</u>	Amount of Each Receipt this Period <u>200-</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <u>253</u>		
G. Full Name, Mailing Address and ZIP Code SHELLEY VENTURA COHEN 1100 GENDON AVE # 1536 LOS ANGELES, CA 90024	Name of Employer  Occupation <u>PHD</u>	Date (month, day, year) <u>6/93</u>	Amount of Each Receipt this Period <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>		

SUBTOTAL of Receipts This Page (optional) ..... 2,900

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 5  
FOR LINE NUMBER 11a(6)

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NAME OF COMMITTEE (in Full)

WOMEN'S ALLIANCE FOR ISRAEL C 0036576

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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
<u>RUTH DAVIDOV</u> <u>610 N CRESCENT DRIVE</u> <u>BEVERLY HILLS, CA 90210</u>			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>HOMEMAKER</u>	<u>10/93</u>	
	Aggregate Year-to-Date <u>&gt; \$ 500</u>		<u>500</u>
<u>JEAN FRIEDMAN</u> <u>613 N DAKHUBST DRIVE</u> <u>BEVERLY HILLS, CA 90210</u>			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>HOMEMAKER</u>	<u>10/93</u>	
	Aggregate Year-to-Date <u>&gt; \$ 518</u>		<u>500</u>
<u>DIANE GLAZER</u> <u>720 N FOOTHILL ROAD</u> <u>BEVERLY HILLS, CA 90210</u>			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>ENTERTAINER</u>	<u>10/93</u>	
	Aggregate Year-to-Date <u>&gt; \$ 1000</u>		<u>1000</u>
<u>DOROTHY GOREN</u> <u>1608 N ALALFI DRIVE</u> <u>PACIFIC PALISADES, CA 90272</u>			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>HOMEMAKER</u>	<u>10/93</u>	
	Aggregate Year-to-Date <u>&gt; \$ 500</u>		<u>500</u>
<u>POLINA JAEGER</u> <u>1439 EDRIS DRIVE</u> <u>LOS ANGELES, CA 90035</u>			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <u>ERNST &amp; YOUNG</u>		
	Occupation <u>ACCOUNTANT</u>	<u>10/93</u>	
	Aggregate Year-to-Date <u>&gt; \$ 253</u>		<u>200</u>
<u>SANDRA KLASKY</u> <u>17323 CITRONIA STREET</u> <u>NORTHRIDGE, CA 91325</u>			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <u>CAL STATE NORTHRIDGE</u>		
	Occupation <u>PROFESSOR</u>	<u>11/93</u>	
	Aggregate Year-to-Date <u>&gt; \$ 433</u>		<u>200</u>
<u>PHYLLIS LENT</u> <u>5013 CHEVIN AVENUE</u> <u>THIRZANA, CA 91356</u>			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer		
	Occupation <u>HOMEMAKER</u>	<u>10/93</u>	
	Aggregate Year-to-Date <u>&gt; \$ 218</u>		<u>200</u>

SUBTOTAL of Receipts This Page (optional)

3100

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 3 OF 5  
FOR LINE NUMBER 12(i)

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NAME OF COMMITTEE (in Full)

WOMEN'S ALLIANCE FOR ISRAEL C 00226596

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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
FRANCIS LUBAN 16050 ROYAL MOUNT DR ENCINO, CA 91436			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	10/93	
	Aggregate Year-to-Date > \$ 518		500
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JUNE MORAN 504 N BEDFORD DR BEVERLY HILLS, CA 90210			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	11/93	
	Aggregate Year-to-Date > \$ 500		500
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ELIZABETH NACHMISON 5118 BRIBCOLK AVENUE NORTH HOLLYWOOD, CA 91607			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	7/93	
	Aggregate Year-to-Date > \$ 500		300
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM PRUSAN 2587 HUTTON DRIVE BEVERLY HILLS, CA 90210			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DEVELOPMENT DIRECTOR	10/93	
	Aggregate Year-to-Date > \$ 480		200
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JUDITH RAPHAEL 2222 CANYONBACK RD LOS ANGELES, CA 90049			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	7/93	
	Aggregate Year-to-Date > \$ 535		500
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SARA RICHMAN 1455 ALLENFORD AVE LOS ANGELES, CA 90049			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	11/93	
	Aggregate Year-to-Date > \$ 500		500
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ELAINE ROBINSON 4811 ENCINO TERRACE ENCINO, CA 91316			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	11/93	
	Aggregate Year-to-Date > \$ 1053		500

SUBTOTAL of Receipts This Page (optional) 3,000

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 5  
FOR LINE NUMBER 128(1)

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NAME OF COMMITTEE (in Full)

WOMEN'S ALLIANCE FOR ISRAEL C 0025659

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A. Full Name, Mailing Address and ZIP Code FAITH SCHECHTER 611 N SUN DRIVE BEVERLY HILLS, CA 90210 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation HOMEMAKER Aggregate Year-to-Date > \$ 500	Date (month, day, year) 9/93	Amount of Each Receipt this Period 500
B. Full Name, Mailing Address and ZIP Code VICTORIA SIMMS 711 N MAPLE DRIVE BEVERLY HILLS, CA 90210 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation PSYCHOLOGIST Aggregate Year-to-Date > \$ 1000	Date (month, day, year) 7/93	Amount of Each Receipt this Period 1000
C. Full Name, Mailing Address and ZIP Code BEATRICE SIMON 4156 LONGRIDGE AVE SHERMAN OAKS, CA 91423 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation HOMEMAKER Aggregate Year-to-Date > \$ 235	Date (month, day, year) 10/93	Amount of Each Receipt this Period 200
D. Full Name, Mailing Address and ZIP Code RENA SLOMONIC 506 N. REXFORD DR BEVERLY HILLS, CA 90210 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation HOMEMAKER Aggregate Year-to-Date > \$ 500	Date (month, day, year) 11/93	Amount of Each Receipt this Period 500
E. Full Name, Mailing Address and ZIP Code HARRIET SMITH 100 N FULLER AVE LOS ANGELES, CA 90036 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation HOMEMAKER Aggregate Year-to-Date > \$ 235	Date (month, day, year) 7/93	Amount of Each Receipt this Period 200
F. Full Name, Mailing Address and ZIP Code RITA SPIEGEL 619 N. BEVERLY DR BEVERLY HILLS, CA 90210 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation HOMEMAKER Aggregate Year-to-Date > \$ 500	Date (month, day, year) 7/93	Amount of Each Receipt this Period 500
G. Full Name, Mailing Address and ZIP Code RUTH STEELE 3949 LONGRIDGE AVE SHERMAN OAKS, CA 91423 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation HOMEMAKER Aggregate Year-to-Date > \$ 235	Date (month, day, year) 12/93	Amount of Each Receipt this Period 200

SUBTOTAL of Receipts This Page (optional)	3100
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 5 OF 5  
FOR LINE NUMBER 114(1)

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NAME OF COMMITTEE (In Full)

WOMEN'S ALLIANCE FOR ISRAEL C00236596

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A. Full Name, Mailing Address and ZIP Code TDNI STONE 3133 BERRY AVE LOS ANGELES, CA 90008	Name of Employer WAF	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 FOUNDATION DIRECTOR 7/85 Aggregate Year-to-Date > \$ 553		500
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 > \$		

SUBTOTAL of Receipts This Page (optional) ..... 500

TOTAL This Period (last page this line number only) ..... 12,600

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 *✓* OF

FOR LINE NUMBER

17

*OTHER RECEIPTS (INTEREST)*

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*

24038344719

A. Full Name, Mailing Address and ZIP Code <i>FIRST CHARTER BANK 265 N. FERRIS DRIVE BEVERLY HILLS, CA 90210</i>	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year) <i>7/31/93</i>	Amount of Each Receipt this Period  <i>51.23</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year) <i>8/31/93</i>	Amount of Each Receipt this Period  <i>93.34</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year) <i>9/30/93</i>	Amount of Each Receipt this Period  <i>89.66</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year) <i>10/31/93</i>	Amount of Each Receipt this Period  <i>87.87</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year) <i>11/30/93</i>	Amount of Each Receipt this Period  <i>100.40</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year) <i>12/31/93</i>	Amount of Each Receipt this Period  <i>97.48</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

*550.50*

TOTAL This Period (last page this line number only)

*550.50*



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 3  
FOR LINE NUMBER 216

**OPERATING EXPENDITURES**

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NAME OF COMMITTEE (In Full)

**WOMEN'S ALLIANCE FOR ISRAEL** 100236590

24038344720

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BEVERLY HILLS POSTAL CENTER 8806 WILSHIRE BLVD BEVERLY HILLS, CA 90212	MAIL FORWARDING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CK 1129 7/6/93	75.-
B. Full Name, Mailing Address and ZIP Code RITA SINDER 15925 HIGH KNOLL RD ENCINO, CA 91436	PURPOSE OF DISBURSEMENT POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CK 1121 7/6/93	24.40
C. Full Name, Mailing Address and ZIP Code A-1 COPY CAT PRINTING 16060 VENTURA BLVD #110 ENCINO, CA 91436	PURPOSE OF DISBURSEMENT PRINTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CK 1109 7/12/93	156.96
D. Full Name, Mailing Address and ZIP Code ORLY HALEVY 311 S. SWAN DR PENTHOUSE 5 LOS ANGELES, CA 90048	PURPOSE OF DISBURSEMENT PHOTOGRAPHS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CK 1110 7/12/93	225.00
E. Full Name, Mailing Address and ZIP Code POLINA JAEGER 1439 CORIS DRIVE LOS ANGELES, CA 90035	PURPOSE OF DISBURSEMENT POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CK 1130 7/19/93	5.96
F. Full Name, Mailing Address and ZIP Code RITA SINDER 15925 HIGH KNOLL RD ENCINO, CA 91436	PURPOSE OF DISBURSEMENT POSTAGE/PHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CK 1112 8/3/93	166.52
G. Full Name, Mailing Address and ZIP Code A-1 COPY CAT 16060 VENTURA BLVD, #110 ENCINO, CA 91436	PURPOSE OF DISBURSEMENT PRINTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CK 1113 8/5/93	14.61
H. Full Name, Mailing Address and ZIP Code LIZ NATHANSON 518 BABCOCK AVE N HOLLYWOOD, CA 91607	PURPOSE OF DISBURSEMENT POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CK 1114 8/5/93	67.60
I. Full Name, Mailing Address and ZIP Code UNITED POSTAL CENTER 6306 WILSHIRE BLVD BEVERLY HILLS, CA 90212	PURPOSE OF DISBURSEMENT MESSAGE SERV. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CK 1121 8/15/93	60.00

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

798.05

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 **3**  
FOR LINE NUMBER **216**

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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
<b>UNITED POSTAL CENTER 8306 WILSHIRE BLVD BEVERLY HILLS, CA 90212</b>	<b>MESSENGER SERVICE</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>CR 1103 9/3/93</b>	<b>60.-</b>
<b>612 NACHIMSON 5118 BABCOCK AVE N HOLLYWOOD, CA 91607</b>	<b>POSTAGE</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>CR 1120 9/1/93</b>	<b>37.74</b>
<b>U S POSTMASTER</b>	<b>POSTAGE</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>CR 1104 10/4/93</b>	<b>290.00</b>
<b>J METIA</b>	<b>MAILINGS</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>CR 1106 10/12/93</b>	<b>30.00</b>
<b>POLINA JAEGER 1439 EDRIS DRIVE LOS ANGELES, CA 90035</b>	<b>POSTAGE</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>CR 1132 10/15/93</b>	<b>29.00</b>
<b>J METIA</b>	<b>MAILINGS</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>CR 1107 9/7/93</b>	<b>80.00</b>
<b>A-1 COPY CAT PRINTING 16060 VENTURA BLVD ENCINO, CA 91436</b>	<b>PRINTING</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>CR 1022 10/22/93</b>	<b>416.93</b>
<b>B'NAI BRITH MESSENGER PO BOX 35915 LOS ANGELES, CA 90035</b>	<b>ADVERTISING</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>CR 1025 11/30/93</b>	<b>25.00</b>
<b>ORLY HALEVY 311 S. SWALL DR. PENTHOUSE 5 LOS ANGELES, CA 90048</b>	<b>PHOTOGRAPHY</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>CR 1026 11/30/93</b>	<b>100.00</b>

**SUBTOTAL of Disbursements This Page (optional) ..... 1068.67**

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

2  
4  
0  
3  
8  
3  
4  
4  
7  
2  
1

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 3  
FOR LINE NUMBER 216

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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
<i>A-1 COPY CAT PRINTING 16060 VENTURA BLVD ENCINO, CA 91436</i>	<i>PRINTING</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>CR 1027 11/30/93</i>	<i>286.86</i>
<i>RITA SINDER 15925 HIGH KNOLL RD ENCINO, CA 91436</i>	<i>PHONE/POSTAGE</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>CR 1028 11/30/93</i>	<i>251.07</i>
<i>US POSTMASTER</i>	<i>POSTAGE</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>CR 1023 10/29/93</i>	<i>217.50</i>
<i>412 NACHIMSON 5118 BIBBICK AVE N HOLLYWOOD, CA 91607</i>	<i>POSTAGE</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>CR 1097 14/1/93</i>	<i>58.00</i>
<i>UNITED POSTAL CENTER 8306 WILSHIRE BLVD BEVERLY HILLS, CA 90212</i>	<i>MAIL FORWARDING</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>CR 1029 12/13/92</i>	<i>37.50</i>
<i>FIRST CHARTER BANK 265 N BEVERLY DR BEVERLY HILLS, CA 90210</i>	<i>PRINTING CHGS</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>12/31/93</i>	<i>35.95</i>
<i>FIRST CHARTER BANK 265 N BEVERLY DR BEVERLY HILLS, CA 90210</i>	<i>PRINTING CHGS</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>4/31/93</i>	<i>15.30</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) .....

*900.18*

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

*2768.90*

2 4 3 8 3 4 4 7 2 2

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

2  
3  
4  
4  
4  
7  
2  
3

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
COMMITTEE TO ELECT CONNIE MAKE 517 SENATOR HART OFFICE BLDG CONSTITUTION AVE. 2ND ST. N.E. WASHINGTON D.C. 20510	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CK 1111 8/4/93	5000-
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
COMMITTEE TO ELECT NEWT GILBERT 2435 RAYBURN HOUSE OFFICE BLDG S CAPITOL ST. INDEPENDENCE PK WASH D.C. 20515	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CK 1105 10/2/93	2500
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
COMMITTEE TO ELECT CONROY BURNS SENATOR HART OFFICE BLDG WASHINGTON D.C. 20510	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CK 1108 10/26/93	2500
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
COMMITTEE TO ELECT DIANNE FEINSTEIN 331 SENATOR HART BLDG WASHINGTON D.C. 20510	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CK 1021 12/5/93	5000
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
COMMITTEE TO ELECT SENATOR GORTON SENATOR HART OFFICE BLDG WASHINGTON D.C. 20510	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CK 1098 12/27/93	2500
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

17,500

TOTAL This Period (last page this line number only)

17,500

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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POSTMARKED

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and Registration

DATE OF RECEIPT

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Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

PREPARER

2-18-94

DATE PREPARED

2 4 0 3 8 3 4 4 7 2 4