

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) WOMEN'S ALLIANCE FOR ISRAEL	RECEIVED FEDERAL ELECTION COMMISSION MAIL ROOM APR 10 A 11:52
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 8306 WILSHIRE BLVD. #1579	2. FEC IDENTIFICATION NUMBER C-00236596
CITY, STATE and ZIP CODE BEVERLY HILLS, CA 90211	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 |
- 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____
- 30-Day Post-Election 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>1/1/2000</u> through <u>3/31/2000</u>		
6. (a) Cash on Hand January 1, 19 <u>2000</u>		\$ 83,406.14
(b) Cash on Hand at Beginning of Reporting Period	\$ 83,406.14	
(c) Total Receipts (from Line 19)	\$ 40,507.98	\$ 40,507.98
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 123,914.12	\$ 123,914.12
7. Total Disbursements (from Line 30)	\$ 25,534.09	\$ 25,534.09
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 98,380.03	\$ 98,380.03
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 899 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100
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
ROBERTA FIRESTONE, TREASURER

Signature of Treasurer
Roberta J. Firestone, Treasurer

Date
4/14/2000

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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DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/81)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
WOMEN'S ALLIANCE FOR ISRAEL	FROM	TO	
	1/1/2000	3/31/2000	
	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)	32,363.-	32,363.-	11(a)
ii. Unitemized	7,456.-	7,456.-	11(b)
iii. Total (add i and ii) >	39,819.-	39,819.-	11(c)
b. Political Party Committees			11(d)
c. Other Political Committees (such as PACs)			12
d. Total Contributions (add a ii, b and c) >	39,819.-	39,819.-	13
12. Transfers From Affiliated/Other Party Committees			14
13. All Loans Received			15
14. Loan Repayments Received			16
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			17
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			18
17. Other Federal Receipts (Dividends, Interest, etc.)	688.98	688.98	19
18. Transfers from Nonfederal Account for Joint Activity			20
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	40,507.98	40,507.98	
20. Total Federal Receipts (subtract line 18 from line 19) >	40,507.98	40,507.98	
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)
ii. Non-Federal Share			21(b)
b. Other Federal Operating Expenditures	3,534.09	3,534.09	21(c)
c. Total Operating Expenditures (add a i, a ii, and b) >	3,534.09	3,534.09	22
22. Transfers to Affiliated/Other Party Committees			23
23. Contributions to Federal Candidates/Committees and Other Political Committees	22,000.-	22,000.-	24
24. Independent Expenditures (use Schedule E)			25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			26
26. Loan Repayments Made			27
27. Loans Made			28(a)
28. Refunds of Contributions To:			28(b)
a. Individual/Persons Other Than Political Committees			28(c)
b. Political Party Committees			28(d)
c. Other Political Committees (such as PACs)			29
d. Total Contribution Refunds (add a, b and c) >			30
29. Other Disbursements	25,534.09	25,534.09	31
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	25,534.09	25,534.09	
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)	39,819.-	39,819.-	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	39,819.-	39,819.-	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	3,534.09	3,534.09	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) >	3,534.09	3,534.09	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 7
FOR LINE NUMBER 11(a)

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NAME OF COMMITTEE (In Full)

WOMEN'S ALLIANCE FOR ISRAEL

A. Full Name, Mailing Address and ZIP Code

PHYLLIS ARONSON
10724 WILSHIRE BLVD #206
LOS ANGELES, CA 90024

Name of Employer

N/A

Date (month, day, year)

2/16/00
3/13/00

Amount of Each Receipt this Period

500.-
10.-

Receipt For: Primary General

Other (specify):

Occupation

HOMEMAKER

Aggregate Year-to-Date > \$ 510.-

B. Full Name, Mailing Address and ZIP Code

GABRIELLA BASHNER
P.O. BOX 280045
NORTHRIDGE, CA 91328

Name of Employer

N/A

Date (month, day, year)

2/16/00

Amount of Each Receipt this Period

512.-

Receipt For: Primary General

Other (specify):

Occupation

RETIRED

Aggregate Year-to-Date > \$ 512.-

C. Full Name, Mailing Address and ZIP Code

NETTIE BECKER
2292 CENTURY HILL
LOS ANGELES, CA 90069

Name of Employer

SELF EMPLOYED

Date (month, day, year)

2/23/00

Amount of Each Receipt this Period

1,000.-

Receipt For: Primary General

Other (specify):

Occupation

N/A

Aggregate Year-to-Date > \$ 1,000.-

D. Full Name, Mailing Address and ZIP Code

ELAINE BERKE
17009 COTTER PLACE
ENCINO, CA 91436

Name of Employer

Date (month, day, year)

2/16/00

Amount of Each Receipt this Period

500.-

Receipt For: Primary General

Other (specify):

Occupation

BUSINESS MANAGER

Aggregate Year-to-Date > \$ 500.-

E. Full Name, Mailing Address and ZIP Code

ELEANOR BOTNEY
4235 GAYLE DR
TARZANA, CA 91356

Name of Employer

N/A

Date (month, day, year)

2/16/00
3/15/00

Amount of Each Receipt this Period

500.-
12.-

Receipt For: Primary General

Other (specify):

Occupation

HOMEMAKER

Aggregate Year-to-Date > \$ 512.-

F. Full Name, Mailing Address and ZIP Code

JACQUELINE BURDORF
804 N WALDEN DRIVE
BEVERLY HILLS, CA 90210

Name of Employer

N/A

Date (month, day, year)

3/21/00

Amount of Each Receipt this Period

500.-

Receipt For: Primary General

Other (specify):

Occupation

HOMEMAKER

Aggregate Year-to-Date > \$ 500.-

G. Full Name, Mailing Address and ZIP Code

DVORAH COLKER
7721 S. BEVERLY DRIVE
LOS ANGELES, CA 90034

Name of Employer

N/A

Date (month, day, year)

2/16/00
3/13/00

Amount of Each Receipt this Period

500.-
10.-

Receipt For: Primary General

Other (specify):

Occupation

HOMEMAKER

Aggregate Year-to-Date > \$ 510.-

SUBTOTAL of Receipts This Page (optional)

4,044.-

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 7
FOR LINE NUMBER 11(a)

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NAME OF COMMITTEE (In Full)

WOMEN'S ALLIANCE FOR ISRAEL

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ERIS FIELD 9884 CARMELITA AVENUE BEVERLY HILLS, CA 90210	N/A	3/13/00	520.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	Aggregate Year-to-Date > \$ 520.-	
ROBERTA J. FIRESTONE 16741 RAYEN STREET NORTHRIDGE, CA 91343	SELF EMPLOYED	2/3/00 3/13/00	750.- 10.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PSYCHOTHERAPIST	Aggregate Year-to-Date > \$ 760.-	
JEAN FRIEDMAN 807 N ELM DRIVE BEVERLY HILLS, CA 90210	N/A	2/23/00	1,000.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	Aggregate Year-to-Date > \$ 1,000.-	
HELENE GREENFIELD 2795 MCCONNELL DRIVE LOS ANGELES, CA 90064	N/A	3/13/00	760.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	Aggregate Year-to-Date > \$ 760.-	
JANE HARMAN 63 CREST ROAD EAST ROLLING HILLS, CA 90274	U. S. HOUSE OF REPRESENTATIVES	3/21/00	1,000.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CONGRESS WOMAN	Aggregate Year-to-Date > \$ 1,000.-	
MARION HINDIN 420 N BRISTOL AVE LOS ANGELES, CA 90049	SELF EMPLOYED	2/3/00 2/16/00	2,000.- 1,000.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation JURY CONSULTANT	Aggregate Year-to-Date > \$ 3,000.-	
ADA HORWICH 524 N REXFORD DR BEVERLY HILLS, CA 90210	KENDALL & ASSOC. EDUC. CONSULTANTS	2/3/00 3/20/00 3/13/00	1,000.- 12.- 10.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SOCIAL WORKER	Aggregate Year-to-Date > \$ 1,022.-	

SUBTOTAL of Receipts This Page (optional) **8,062.-**

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 7
FOR LINE NUMBER 11(a)

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NAME OF COMMITTEE (In Full)

WOMEN'S ALLIANCE FOR ISRAEL

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
NANCY R KLEHENS 4400 NOGAVES DR TARZANA, CA 91356	WARNER BROS	3/13/00	1,032.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ADM ASST	Aggregate Year-to-Date > \$ 1,032.-	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
SANDRA L KLASKY 17323 CITRONIA STREET NORTHRIDGE, CA 91325	PACIFIC OAKS	2/23/00	200.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DEVEL. DIRECTOR	Aggregate Year-to-Date > \$ 200.-	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
BONNIE KOHL 518 N. MAPLE DRIVE BEVERLY HILLS, CA 90210	ISRAELI CONSULATE	3/21/00	237.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ASST TO DEPUTY CONS	Aggregate Year-to-Date > \$ 237.-	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MILDRED KRAMER 1506 S. BENTLEY # 206 LOS ANGELES, CA 90025	N/A	3/13/00 2/3/00 2/16/00 3/29/00	18.- 500.- 500.- 12.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	Aggregate Year-to-Date > \$ 1,022.-	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MARLENE KRETTENBERG 206 N PALM DR BEVERLY HILLS, CA 90210	SELFEMPLOYED	2/3/00 3/29/00	500.- 12.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PSYCHOLOGIST	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
BERTIE KRIEGER 300 N SWALL DRIVE #158 BEVERLY HILLS, CA 90211	N/A	3/15/00	1,012.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	Aggregate Year-to-Date > \$ 1,012.-	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MIRIAM LEVITT 10660 WILSHIRE BLVD #1507 LOS ANGELES, CA 90024	N/A	3/20/00	500.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	Aggregate Year-to-Date > \$ 500.-	

SUBTOTAL of Receipts This Page (optional)

4,515.-

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 7
FOR LINE NUMBER 11(a)

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NAME OF COMMITTEE (in Full)

WOMEN'S ALLIANCE FOR ISRAEL

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DEANIE C LEVINE 347 S LUCERNE BLVD LOS ANGELES, CA 90020	N/A	3/13/00	500.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: HOMEMAKER	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
MARJORIE WIPSON 4112 STANSBURY AVE SHERMAN OAKS, CA 91423	WHITE HOUSE PROPERTIES	3/13/00 3/21/00	510.- 12.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: REALTOR	Aggregate Year-to-Date > \$ 522.-	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FRANCES LUBAN PO BOX 260650 ENCINO, CA 91426	SELFEMPLOYED	2/23/00	500.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PSYCHOTHERAPIST	Aggregate Year-to-Date > \$ 500.-	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LINDA LUBITZ 12558 THE VINTA LOS ANGELES, CA 90049	SELFEMPLOYED	3/13/00	1,010.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: REALTOR	Aggregate Year-to-Date > \$ 1,010.-	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ANNE MILLS 10580 WILSHIRE BLVD. #41 LOS ANGELES, CA 90024	N/A	2/23/00	500.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: HOMEMAKER	Aggregate Year-to-Date > \$ 500.-	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MURIEL E HOSTER 10452 LE CONTE AVE LOS ANGELES, CA 90024	N/A	3/13/00	510.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: HOMEMAKER	Aggregate Year-to-Date > \$ 510.-	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
EVELYN MOTZKIN 20360 DELITA DRIVE WOODLAND HILLS, CA 91364	N/A	2/13/00	500.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: RETIRED	Aggregate Year-to-Date > \$ 500.-	

SUBTOTAL of Receipts This Page (optional)

4,042.-

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 5 OF 7
FOR LINE NUMBER 11(a)

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NAME OF COMMITTEE (In Full)

WOMEN'S ALLIANCE FOR ISRAEL

A. 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	N/A	3/21/00	1,000.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	3/29/00 3/13/00	12.- 10.-
	Aggregate Year-to-Date > \$ 1,022.-		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LOIS ROSEN PO BOX 491216 LOS ANGELES, CA 90049	SELFEMPLOYED	2/16/00	1,000.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REAL ESTATE	3/13/00	20.-
	Aggregate Year-to-Date > \$ 1,020.-		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JANET SALTER 804 LINDEN DRIVE BEVERLY HILLS, CA 90210	SELFEMPLOYED	2/16/00	750.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CARTOONIST		
	Aggregate Year-to-Date > \$ 750.-		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BARBARA SCHECHTER 605 N LINDEN DRIVE BEVERLY HILLS, CA 90210	N/A	2/16/00	500.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER		
	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
ALICE SCHOENFELD 604 N OAKHURST DRIVE BEVERLY HILLS, CA 90210	N/A	3/13/00	750.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER		
	Aggregate Year-to-Date > \$ 750.-		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ALIZIA G SCHRAER 9440 EDEN DRIVE BEVERLY HILLS, CA 90210	SELFEMPLOYED	2/3/00	200.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation WRITER	3/20/00	12.-
	Aggregate Year-to-Date > \$ 212.-		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SUZANNE U SCHWEITZER 235 DENSLON AVE LOS ANGELES, CA 90049	UCLA	3/15/00	225.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RESEARCHER	3/20/00	12.-
	Aggregate Year-to-Date > \$ 237.-		

SUBTOTAL of Receipts This Page (optional)

4,491

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 **6** OF **7**
FOR LINE NUMBER **11(a)**

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NAME OF COMMITTEE (in Full)

WOMEN'S ALLIANCE FOR ISRAEL

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FRAN SHERWOOD 300 N SWALL DRIVE # 305 BEVERLY HILLS, CA 90210	N/A	3/13/00	520.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: HOMEMAKER	Aggregate Year-to-Date: > \$ 520.-	
SANDRA SHOLKOFF 5935 CAPISTRANO AVE WOODLAND HILLS, CA 91367	N/A	3/13/00 3/20/00	225.- 12.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: HOMEMAKER	Aggregate Year-to-Date: > \$ 237	
RITA SINDER 15925 HIGH KNOLL ROAD ENCINO, CA 91436	JAIN CO	2/23/00 3/21/00 3/13/00	1,000.- 12.- 20.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: RE BROKER	Aggregate Year-to-Date: > \$ 1,032.-	
RENA SLOMOVIC 506 N REXFORD DR BEVERLY HILLS, CA 90210	SELFEMPLOYED	2/3/00 3/13/00	1,000.- 10.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: RE BROKER	Aggregate Year-to-Date: > \$ 1,010.-	
PAMELA SMITH 5241 ROUND MEADOW RD HIDDEN HILLS, CA 91302	N/A	2/16/00	500.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: HOMEMAKER	Aggregate Year-to-Date: > \$ 500.-	
SARA SPIWAK 12678 MOUNTAIN CREST LANE LOS ANGELES, CA 90049	N/A	2/3/00 3/21/00	1,000.- 12.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: HOMEMAKER	Aggregate Year-to-Date: > \$ 1,012.-	
KAREN WINNICK 360 N CRESCENT DR BEVERLY HILLS, CA 90210	SELFEMPLOYED	3/29/00	1,000.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CHILDREN'S BOOK AUTHOR	Aggregate Year-to-Date: > \$ 1,000.-	

SUBTOTAL of Receipts This Page (optional)

5,311.-

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 **7** OF **7**
FOR LINE NUMBER **11(A)**

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NAME OF COMMITTEE (In Full)

WOMEN'S ALLIANCE FOR ISRAEL

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROSALE BALIS 5251 WOODMAN AVE SHERMAN OAKS, CA 91401	N/A	2/3/00 3/20/00 3/13/00	1,500.- 12.- 10.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOME MAKER	Aggregate Year-to-Date > \$ 1,022.-	
PHYLLIS LENT 5013 CALVIN AVENUE TARZANA, CA 91356	N/A	3/13/00 3/21/00	200.- 156.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	Aggregate Year-to-Date > \$ 356.-	
WALTER ROTH 1422 ARMACOST AVE #2 LOS ANGELES, CA 90025	CHARLES DUNN CO.	3/13/00	520.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation R.E. PROKER	Aggregate Year-to-Date > \$ 520.-	
D. 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 > \$	
E. 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 > \$	
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 > \$	
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 > \$	

SUBTOTAL of Receipts This Page (optional)

1,898.-

TOTAL This Period (last page this line number only)

32,363.-

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 11 OF 11
FOR LINE NUMBER 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

WOMEN'S AVIANCE FOR ISRAEL

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
FIRST CHARTER BANK 9454 WILSHIRE BLVD BEVERLY HILLS, CA 90212		1/31/00 2/29/00 3/31/00	209.57 233.55 245.86
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 688.98		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
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	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
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	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
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	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
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	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
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	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
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)

TOTAL This Period (last page this line number only)

688.98

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER 21(6)

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NAME OF COMMITTEE (in Full)

WOMEN'S ALLIANCE FOR ISRAEL

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PAN CAN	IN MEMORY OF HELEN POLLAK Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/12/00 #1548	50.-
A 1 COPY CAT PRINTING 16025 VENTURA BLVD #100 ENCINO, CA 91316	PRINTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/12/00 #1549	137.47
U S POSTAL SERVICE	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/25/00 #1550	330.-
UNITED POSTAL CENTERS 8306 WILSHIRE BLVD BEVERLY HILLS, CA 90211	P O BOX RENTAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/2/00 #1551	109.50
ELIZABETH MATTEONI 524 N REXFORD DRIVE BEVERLY HILLS, CA 90210	REIMBURSE POSTAGE PURCHASE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/6/00 #1557	330.-
A 1 COPY CAT PRINTING 16025 VENTURA BLVD #100 ENCINO, CA 91316	PRINTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/9/00 #1558	827.02
INTERNAL REVENUE SERVICE, FRESNO, CA	TAXES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/15/00 #1559	752.-
FRANCHISE TAX BOARD SACRAMENTO, CA	TAXES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/15/00 #1560	199.-
NANCY KLEMENS 4400 NOBLES DR TARZANA, CA 91356	REIMBURSE SUPPLIES PURCHASED FOR TEA Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/19/00 #1562	174.94

SUBTOTAL of Disbursements This Page (optional)

2,909.93

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 21(6)

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NAME OF COMMITTEE (in Full)

WOMEN'S ALLIANCE FOR ISRAEL

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement REIMBURSE RENTAL EQUIPMT FOR TEA Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/22/00 #1563	Amount of Each Disbursement This Period 482.36
B. Full Name, Mailing Address and ZIP Code DIANA EZRA 359 N OGDEN DRIVE LOS ANGELES, CA 90036	Purpose of Disbursement PHOTOGRAPHER Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/21/00 #1564	Amount of Each Disbursement This Period 141.80
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)	624.16
TOTAL This Period (last page this line number only)	3,534.09

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

A. 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
SENATOR SPENKER ABRAHAM ABRAHAM SENATE 2000 PO BOX 1957 ROYAL OAKS, MI 48068	CONTRIBUTION	2/10/00 #1552	2,500.-
CONGRESSMAN KEN CALVERT 6141 RIVERSIDE AVE, SUITE 6 RIVERSIDE, CA 92506	CONTRIBUTION	2/28/00 #1553	2,000.-
CONGRESSMAN MATTHEW MARTINEZ 2005 GARFIELD AVE, SUITE 103 ALHAMBRA, CA 91801	CONTRIBUTION	3/1/00 #1554	500.-
SENATOR DIANE FEINSTEIN FEINSTEIN 2000 10350 SANTA MONICA BLVD, SUITE 200 WLS ANGELES, CA 90025	CONTRIBUTION	3/5/00 #1555	5,000.-
CONGRESSMAN HOWARD BERMAN 10200 SEPULVEDA BLVD, SUITE 300 MISSION HILLS, CA 91345	CONTRIBUTION	3/6/00 #1556	3,500.-
SENATOR JEFF BINGHAM HART BUILDING, ROOM 703 2nd & C STREETS, NE WASHINGTON, DC 20510	CONTRIBUTION	3/16/00 #1565	5,000.-
REPRESENTATIVE STEVE KUYKENDALL	CONTRIBUTION	3/20/00 #1561	3,500.-
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)

TOTAL This Period (last page this line number only)

22,000.-

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 4-14-00
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
V.C.	4-18-00
PREPARER	DATE PREPARED