

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)

C00236596 060499 P. 275

HELEN POLLAK ted

WOMEN'S ALLIANCE FOR ISRAEL

8306 WILSHIRE BLVD #1579

BEVERLY HILLS CA 90211

FEDERAL ELECTION COMMISSION MAIL ROOM

Aug 4 2 03 PM '99

2. FEC IDENTIFICATION NUMBER
C-00236596

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:

- February 20 June 20 October 20
- March 20 July 20 November 20
- April 20 August 20 December 20
- May 20 September 20 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	1/1/99 through 6/30/99		
6. (a) Cash on Hand January 1, 1999			\$ 53,067.38
(b) Cash on Hand at Beginning of Reporting Period		\$ 53,067.38	
(c) Total Receipts (from Line 1B)		\$ 73,669.68	\$ 73,669.68
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 126,737.06	\$ 126,737.06
7. Total Disbursements (from Line 3D)		\$ 34,217.95	\$ 34,217.95
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 92,519.11	\$ 92,519.11
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$	For further information contact: Federal Election Commission 898 E Street, NW Washington, DC 20483 Toll Free 800-424-9630 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 HELEN POLLAK, TREASURER			
Signature of Treasurer <i>Hermann Muennichow</i> HERMANN MUENNICHOW, CPA FOR HELEN POLLAK, TRSR.			Date 7/31/99

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5487g.

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FEC FORM 3X
(revised 8/83)

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

(revised 11/1/81)

NAME OF COMMITTEE WOMEN'S ALLIANCE FOR ISRAEL		REPORT COVERING PERIOD FROM 1/1/99 TO: 6/30/99	
		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)		54,707.-	54,707.-
ii. Unitemized		17,986.-	17,986.-
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) >		72,693.-	72,693.-
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.)		976.68	976.68
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		73,669.68	73,669.68
20. Total Federal Receipts (subtract line 18 from line 19) >		73,669.68	73,669.68
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share		19,217.95	19,217.95
b. Other Federal Operating Expenditures		19,217.95	19,217.95
c. Total Operating Expenditures (add a ii, b and c) >			
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees		15,000.-	15,000.-
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) >		34,217.95	34,217.95
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		34,217.95	34,217.95
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		72,693.-	72,693.-
33. Total Contribution Refunds (from line 28d)			
34. Net Contributions (other than loans)(subtract line 33 from 32)		72,693.-	72,693.-
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		19,217.95	19,217.95
36. Offsets to Operating Expenditures (from line 15)			
37. Net Operating Expenditures (subtract line 36 from 35) >		19,217.95	19,217.95

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 13
FOR LINE NUMBER 11(9)

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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
ALTURN, FLORENCE 818 N DOWNEY DRIVE #907 LOS ANGELES, CA 90069	N/A	2/2/99 4/2/99	200. - 48. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	Aggregate Year-to-Date > \$ 248. -	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ARONSON, PHYLLIS 10734 WILSHIRE BLVD #206 LOS ANGELES, CA 90024	N/A	3/2/99 3/10/99 6/1/99 6/16/99	48. - 125. - 15. - 350. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	Aggregate Year-to-Date > \$ 538. -	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ARTENSTEIN, LILY 1520 SUNSET PLAZA DR. LOS ANGELES, CA 90069	N/A	2/1/99	1,125. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	Aggregate Year-to-Date > \$ 1,125. -	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BASHNER, GABRIELLA P.O. BOX 280045 NORTHRIDGE, CA 91328	N/A	3/10/99 4/2/99 6/1/99	48. - 500. - 15. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	Aggregate Year-to-Date > \$ 563. -	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BECKER, NETTIE 2292 CENTURY HILL LOS ANGELES, CA 90067	SELF EMPLOYED	1/18/99 2/8/99	1,000. - 125. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation N/A	Aggregate Year-to-Date > \$ 1,125. -	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BERGER, EDITH 5113 BLUEBELL AVENUE NORTH HOLLYWOOD, CA 91607	N/A	2/17/99 5/17/99 6/1/99	48. - 1,000. - 15. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	Aggregate Year-to-Date > \$ 1,063. -	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BERGER, ESTHER 9465 WILSHIRE BLVD #450 BEVERLY HILLS, CA 90212	BERGER 2 ASSOC.	1/27/99	1,000. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation INVESTMENT ADVISOR	Aggregate Year-to-Date > \$ 1,000. -	

SUBTOTAL of Receipts This Page (optional)

5,662. -

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 2 OF 13
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
BERNSTEIN, ANNE 402 S. LAS PALMAS AVE LOS ANGELES, CA 90020	N/A	6/1/99	200. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>HOMEMAKER</u>	Aggregate Year-to-Date > \$ 200. -	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BOTNEY, ELEANOR 4285 GAYLE DRIVE THAZANA, CA 91356	N/A	2/8/99	500. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>HOMEMAKER</u>	Aggregate Year-to-Date > \$ 500. -	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BROCKMAN, SYLVIA 222 McCARTY DR BEVERLY HILLS, CA 90212	N/A	2/8/99 2/17/99	125. - 125. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>HOMEMAKER</u>	Aggregate Year-to-Date > \$ 250. -	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BURDORF, JACQUELINE 804 N WALDEN DRIVE BEVERLY HILLS, CA 90210	N/A	4/21/99 6/16/99	500. - 515. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>HOMEMAKER</u>	Aggregate Year-to-Date > \$ 1,015. -	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
COHEN, MARILYN 14501 WEEBURN CT. THAZANA, CA 91356	N/A	1/18/99	200. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>HOMEMAKER</u>	Aggregate Year-to-Date > \$ 300. -	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
COHEN, ROSE S. 5420 NAGLE AVE. SHERMAN OAKS, CA 91401	N/A	1/27/99	200. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>HOMEMAKER</u>	Aggregate Year-to-Date > \$ 200. -	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
COHEN, ROCHELLE VENTURA 10118 EMPYRIAN WAY LOS ANGELES, CA 90067	N/A	6/1/99	500. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>HOMEMAKER</u>	Aggregate Year-to-Date > \$ 500. -	

SUBTOTAL of Receipts This Page (optional)

2,865. -

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 13

FOR LINE NUMBER 11(9)

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NAME OF COMMITTEE (in Full)

WOMEN'S ALLIANCE FOR ISRAEL

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COLKER, DYORAH 2721 S. BEVERLY DR. LOS ANGELES, CA 90034	N/A	2/17/99 3/2/99 6/16/99	48.- 500.- 15.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: HOMEMAKER	Aggregate Year-to-Date > \$ 563	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CRUKER, SUZANNE 8383 WILSHIRE BLVD #634 BEVERLY HILLS, CA 90211	SELF-EMPLOYED	1/27/99 3/18/99	500.- 48.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: INTERIOR DESIGNER	Aggregate Year-to-Date > \$ 548.	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
D'AGOSTINO, LEA PURWIN 2084 RIDGE DR. BRENTWOOD, CA 90049	LOS ANGELES COUNTY	3/18/99	250.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DEP. DIST. ATTORNEY	Aggregate Year-to-Date > \$ 250	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DIMENSTEIN, SANDRA 8308 CALLE DEL CALI LA JOLLA, CA 92037	N/A	3/10/99	200.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: HOMEMAKER	Aggregate Year-to-Date > \$ 200.-	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DONATY, IRIS 3149 DONA SOFIA DRIVE STUDIO CITY, CA 91604	N/A	4/2/99	248.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: HOMEMAKER	Aggregate Year-to-Date > \$ 248.-	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DRASIN, MARLENE 18800 PASEO NUEVO DR TARZANA, CA 91356	SELFEMPLOYED	4/21/99	200.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: MARKETING CONSULTANT	Aggregate Year-to-Date > \$ 200.-	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ELLIOT, ARLYNE 13320 MONTANA AVE # 304 LOS ANGELES, CA 90049	SELFEMPLOYED	1/27/99 3/2/99 6/1/99 6/16/99	125.- 125.- 15.- 15.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: INTERIOR DESIGNER	Aggregate Year-to-Date > \$ 280.-	

SUBTOTAL of Receipts This Page (optional)

2,289.-

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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FOR LINE NUMBER 11 (9)

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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
FIELD, ERIS 433 N. CAMDEN DRIVE #820 BEVERLY HILLS, CA 90210	N/A	1/27/99 2/17/99	500.- 125.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	Aggregate Year-to-Date > \$ 635.-	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FIRESTONE, ROBERTA J 16741 RAYEN ST NORTHRIDGE, CA 91343	SELFEMPLOYED	3/18/99 4/21/99	48.- 500.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PSYCHOTHERAPIST	Aggregate Year-to-Date > \$ 548.-	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FRIEDMAN, JEAN 807 N. ELM DRIVE BEVERLY HILLS, CA 90210	N/A	2/17/99 3/18/99	500.- 125.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	Aggregate Year-to-Date > \$ 625.-	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GITTELSON, ANITA 1200 N. FLORES ST. #308 LOS ANGELES, CA 90069	WENSO INT'L	1/18/99	200.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SR. V.P.	Aggregate Year-to-Date > \$ 200.-	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GLOUSMAN, ERIKA ESTHER 169 N THURSTON AVE LOS ANGELES, CA 90049	N/A	5/24/99	200.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	Aggregate Year-to-Date > \$ 200.-	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GOLDMAN-WEINGARTEN, LYNNE 707 N. TRENTON DR BEVERLY HILLS, CA 90210	N/A	1/27/99 4/21/99 5/24/99 6/1/99	200.- 200.- 100.- 15.- 20.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	Aggregate Year-to-Date > \$ 535.- 6/16/99	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GREENFIELD, HELENE 2795 McCONNELL DR LOS ANGELES, CA 90064	N/A	3/2/99 6/1/99	625.- 15.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	Aggregate Year-to-Date > \$ 640.-	

SUBTOTAL of Receipts This Page (optional)

3,375.-

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE **5** OF **13**
FOR LINE NUMBER **11 (9)**

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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
HENDLER, SALLY 961 MALCOLM AVE LOS ANGELES, CA 90024	N/A	3/4/99 3/18/99	48.- 500.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	Aggregate Year-to-Date > \$548.-	
HERSCHER DIANNE 2443 CENTURY HILL LOS ANGELES, CA 90067	N/A	3/11/99 4/21/99	48.- 500.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	Aggregate Year-to-Date > \$548.-	
HINDIN, MARION 420 N. BRISTOL AVENUE LOS ANGELES, CA 90049	N/A	1/27/99 6/10/99	1,000.- 15.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	Aggregate Year-to-Date > \$1,015.-	
HORWICH, ADA 524 N REXFORD DRIVE BEVERLY HILLS, CA 90210	KENDALL & ASSOC. EDUC. CONSULTANTS	3/2/99 3/18/99 6/16/99	1,000.- 125.- 150.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SOCIAL WORKER	Aggregate Year-to-Date > \$1,305.-	
HORWICH, VICKI 1000 SKOKIE BLVD. #225 WILHETTE, IL, 60091	N/A	5/7/99	500.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	Aggregate Year-to-Date > \$500.-	
HYMAN, SHEILA 216 S. LINDEN DR BEVERLY HILLS, CA 90212	SELFEMPLOYED	3/3/99 3/11/99	200.- 48.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PSYCHOLOGIST	Aggregate Year-to-Date > \$248.-	
JUBAS, FERN 951 OCEAN AVE #401 SANTA MONICA, CA 90403	N/A	3/2/99	200.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	Aggregate Year-to-Date > \$200.-	

SUBTOTAL of Receipts This Page (optional)

4,364.-

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 13
FOR LINE NUMBER 11(9)

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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
KASSAN, RONNIE 628 N. HILLCREST ROAD BEVERLY HILLS, CA 90210	N/A	1/18/99	200.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	Aggregate Year-to-Date > \$ 200.-	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KENT HANKA 18607 KIPTON PLACE TARZANA, CA 91356	N/A	1/18/99 3/10/99 4/2/99 6/16/99	125.- 48.- 48.- 15.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	Aggregate Year-to-Date > \$ 236.-	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KEYES, ESTHER 13354 WEDDINGTON ST VAN NUYS, CA 91401	N/A	3/2/99	296.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	Aggregate Year-to-Date > \$ 296.-	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KLEMENS NANCY R 4400 NOBLES DR TARZANA, CA 91356	WARNER BROS.	2/10/99 6/1/99	625.- 30.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ADM. ASSIST	Aggregate Year-to-Date > \$ 655.-	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KRIEGER, BERTIE 300 N SWALL DR #158 BEVERLY HILLS, CA 90211	N/A	3/18/99 5/7/99	50.- 1,000.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	Aggregate Year-to-Date > \$ 1,050.-	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LABOUE, TRANA K. 1631 BEVERLY BLVD, 2nd Floor LOS ANGELES, CA 90026	N/A	6/16/99	215.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	Aggregate Year-to-Date > \$ 215.-	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LAINER, ALICE L 38 BEVERLY PARK TERRACE BEVERLY HILLS, CA 90210	N/A	3/18/99	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)

3,152.-

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 13

FOR LINE NUMBER 11 (9)

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LAUB, DEBORAH 2743 MONTE MAR TER. LOS ANGELES, CA 90064	N/A	5/7/99	500.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>HOMEMAKER</u>	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
LEAVITT, MIRIAM 10660 WILSHIRE BLVD #1507 LOS ANGELES, CA 90024	N/A	1/27/99	500.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>HOMEMAKER</u>	Aggregate Year-to-Date > \$ 500.-	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LERNER, SHIRLEY 4401 NOGAVES DRIVE THERESA, CA 91357	N/A	4/8/99	200.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>HOMEMAKER</u>	Aggregate Year-to-Date > \$ 200.-	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LESIN, TAMARA 5114 HAIESTCY AVE ENCINO, CA 91316	N/A	4/2/99 5/7/99	49.- 300.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>HOMEMAKER</u>	Aggregate Year-to-Date > \$ 349.-	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LEVIN, CAROL 16324 GELINDA PLACE ENCINO, CA 91436	N/A	3/18/99 6/16/99	125.- 515.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>HOMEMAKER</u>	Aggregate Year-to-Date > \$ 640.-	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LEVINE, DEANIE C 347 SOUTH LUCERNE BLVD. LOS ANGELES, CA 90020	N/A	5/7/99	500.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>HOMEMAKER</u>	Aggregate Year-to-Date > \$ 500.-	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LEWITT, KIMI 16633 VENTURA BLVD #14500 ENCINO, CA 91436	N/A	1/18/99 3/11/99	125.- 125.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>HOMEMAKER</u>	Aggregate Year-to-Date > \$ 250.-	

SUBTOTAL of Receipts This Page (optional)

2,939.-

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 **8** OF **13**
FOR LINE NUMBER **11(a)**

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LINDELL-LEVY, ROCHELLE 3457 RED ROSE ENCINO, CA 91436	SELF EMPLOYED	3/10/99 6/1/99	96.- 390.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CONSULTANT	Aggregate Year-to-Date > \$ 486.-	
LIPSON, MARJORIE 4112 STANSBURY AVE SHERMAN OAKS, CA 91423	N/A	6/1/99	515.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	Aggregate Year-to-Date > \$ 515.-	
LUBITZ, LINDA 12558 THE VISTA LOS ANGELES, CA 90049	N/A	1/27/99 3/10/99 5/24/99	1,000.- 48.- 15.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	Aggregate Year-to-Date > \$ 1,063.-	
MATZA, ROCHELLE 4271 MOONCREST PL ENCINO, CA 91436	SKIRBALL CULTURAL CENTER	3/2/99 6/1/99	250.- 15.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DOCENT	Aggregate Year-to-Date > \$ 265.-	
MILLER, JUDITH 908 N. REXFORD DR. BEVERLY HILLS, CA 90210	N/A	1/27/99 3/2/99	125.- 96.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	Aggregate Year-to-Date > \$ 221.-	
MOSTER, E. MURIEL 10452 LE CONTE AVE. LOS ANGELES, CA 90024	N/A	1/18/99 3/2/99 6/1/99	500.- 125.- 15.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	Aggregate Year-to-Date > \$ 640.-	
PETERS, SANDRA KAROLE 610 N BEDFORD DR BEVERLY HILLS, CA 90210	N/A	3/18/99	200.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	Aggregate Year-to-Date > \$ 200.-	

SUBTOTAL of Receipts This Page (optional)

3,390.-

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 9 OF 13
FOR LINE NUMBER 11 (9)

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

A. Full Name, Mailing Address and ZIP Code PRITIKIN, ROSALIND 631 N. ELM DRIVE BEVERLY HILLS, CA 90210 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELFEMPLOYED Occupation ATTORNEY Aggregate Year-to-Date > \$ 250.-	Date (month, day, year) 1/27/99 2/1/99	Amount of Each Receipt this Period 125.- 125.-
B. Full Name, Mailing Address and ZIP Code PRUSAN, LILIAN 2587 HUTTON DRIVE BEVERLY HILLS, CA 90210 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer HAVEN HOUSE SHELTER FOR BATTERED WOMEN & CHILDREN Occupation DEV. DIRECTOR Aggregate Year-to-Date > \$ 375.-	Date (month, day, year) 1/18/99 3/18/99 4/21/99	Amount of Each Receipt this Period 125.- 225.- 25.-
C. Full Name, Mailing Address and ZIP Code RAPHAEL, JUDITH 2222 CANYON BACK ROAD LOS ANGELES, CA 90049 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation HOMEMAKER Aggregate Year-to-Date > \$ 515.-	Date (month, day, year) 6/1/99	Amount of Each Receipt this Period 515.-
D. Full Name, Mailing Address and ZIP Code RAWITT, LOIS 23415 PALM DRIVE CALABASAS, CA 91302 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation HOMEMAKER Aggregate Year-to-Date > \$ 215.-	Date (month, day, year) 6/1/99	Amount of Each Receipt this Period 215.-
E. Full Name, Mailing Address and ZIP Code ROBINSON, ELAINE 4811 ENCINO TERRACE ENCINO, CA 91316 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation HOME MAKER Aggregate Year-to-Date > \$ 1,140.-	Date (month, day, year) 1/27/99 3/2/99 6/1/99	Amount of Each Receipt this Period 1,000.- 125.- 15.-
F. Full Name, Mailing Address and ZIP Code ROSEN, FAY M 10433 WILSHIRE BLVD. PH. B. LOS ANGELES, CA 90024 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation HOMEMAKER Aggregate Year-to-Date > \$ 500.-	Date (month, day, year) 1/27/99	Amount of Each Receipt this Period 500.-
G. Full Name, Mailing Address and ZIP Code ROTH, WALTER 1422 ARMAGOST AVE #2 LOS ANGELES, CA 90025 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CHARLES DUNNE COMPANY Occupation COMM. R.E. BROKER Aggregate Year-to-Date > \$ 563	Date (month, day, year) 1/18/99 3/10/99 6/1/99	Amount of Each Receipt this Period 500.- 48.- 15.-

SUBTOTAL of Receipts This Page (optional)

3,558.-

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 10 OF 13
FOR LINE NUMBER 11(9)

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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
RUBAUM, ROSALIE 732 N RODEO DR BEVERLY HILLS, CA 90210	N/A	6/16/99	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.-	
B. Full Name, Mailing Address and ZIP Code SCHECHTER, BARBARA 605 N. LINDEN DRIVE BEVERLY HILLS, CA 90210	N/A	2/2/99	500.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	Aggregate Year-to-Date > \$500.-	
C. Full Name, Mailing Address and ZIP Code SCHOENFELD, ALICE 604 N OAKHURST DR BEVERLY HILLS, CA 90210	ACADEMY MFG	3/4/99	798.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SECRETARY	6/1/99	30.-
Aggregate Year-to-Date > \$828.-			
D. Full Name, Mailing Address and ZIP Code SCHRAGER, ALIZIA GUR 9440 EDEN DR BEVERLY HILLS, CA 90210	N/A	1/27/99	200.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	6/1/99	15.-
Aggregate Year-to-Date > \$215.-			
E. Full Name, Mailing Address and ZIP Code SCHWARTZ, BARBARA J. 246 N. KENYER LOS ANGELES, CA 90049	FRED SANDS	2/2/99	300.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation R. E. BROKER	Aggregate Year-to-Date > \$200.-	
F. Full Name, Mailing Address and ZIP Code SCHWARTZ, MARY 19803 LINNET ST WOODLAND HILLS, CA 91364	FLEURETTE COATS	3/17/99	48.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT	6/1/99	500.-
Aggregate Year-to-Date > \$548.-			
G. Full Name, Mailing Address and ZIP Code SHAPIO, JAYNE 16743 OAKVIEW DRIVE ENCINO, CA 91436	KIDS SAFE	2/1/99	125.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT	4/8/99	100.-
Aggregate Year-to-Date > \$265.-	5/24/99	25.-	15.-

SUBTOTAL of Receipts This Page (optional)

3,556.-

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 11 OF 13
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
SHARPE, VIRGINIA B. 10543 GARWOOD PLACE LOS ANGELES, CA 90024	N/A	3/2/99 3/18/99	200. - 48. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	Aggregate Year-to-Date > \$248. -	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
SHINE, LORETTA H 5301 ALDRE AVE ENCINO, CA 91316	N/A	5/24/99	200. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	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
SILVERMAN, SHIRLEY 22963 DARIEN ST WOODLAND HILLS, CA 91364	N/A	5/24/99	200. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	Aggregate Year-to-Date > \$200. -	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
SINDER, RITA 15925 HIGH KNOLL RD ENCINO, CA 91436	JASIN CO.	2/17/99 6/16/99	1,125. - 15. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation R. E. BROKER	Aggregate Year-to-Date > \$1,140. -	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
SINGER, RUTH 2301 COLDWATER CANY BEVERLY HILLS, CA 90210	N/A	6/16/99	215. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	Aggregate Year-to-Date > \$215. -	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
SINGER, RUTH 1001 LOMA VISTA DR BEVERLY HILLS, CA 90210	N/A	6/16/99	500. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	Aggregate Year-to-Date > \$500. -	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
SISKIN, PRISCILLA F. 36 SOUTH CREST RD. CHATTAHOOCHEE, TN 37404	N/A	3/18/99	500. -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation COMMUNITY ACTIVIST	Aggregate Year-to-Date > \$500. -	

SUBTOTAL of Receipts This Page (optional)

3,003. -

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 12 OF 13
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
SLOMOVIC, RENA 506 N REXFORD DRIVE BEVERLY HILLS, CA 90210	SELF EMPLOYED	1/27/99 2/11/99 4/8/99 6/1/99	1,000.- 125.- 48.- 15.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation R.E. BROKER	Aggregate Year-to-Date > \$ 1,188.-	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SMITH, PAMELA J. 5241 ROUND MEADOW ROAD HIDDEN HILLS, CA 91302	N/A	1/18/99	500.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	Aggregate Year-to-Date > \$ 500.-	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SOMMERS, BARBARA 723 N FOOTHILL RD BEVERLY HILLS, CA 90210	N/A	6/1/99	215.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	Aggregate Year-to-Date > \$ 215.-	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SPIWAK, SARA 12678 MOUNTAIN CREST LN. LOS ANGELES, CA 90049	N/A	5/7/99	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.-	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TEICHMAN, RUTH 5323 GENESTA AVE ENCINO, CA 91316	N/A	4/21/99	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.-	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WEINBACH, HELGA B 341 S. BEDFORD DR BEVERLY HILLS, CA	SELF EMPLOYED	3/18/99 6/1/99	248.- 15.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation WRITER	Aggregate Year-to-Date > \$ 263.-	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WEINBERG, BARBARA 409 DRURY LANE BEVERLY HILLS, CA 90212	N/A	6/16/99	5,000.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	Aggregate Year-to-Date > \$ 5,000.-	

SUBTOTAL of Receipts This Page (optional)

9,166.-

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 13 OF 13
FOR LINE NUMBER 11 (9)

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NAME OF COMMITTEE (In Full)

WOMEN'S ALLIANCE FOR ISRAEL

A. Full Name, Mailing Address and ZIP Code WEINBERG, LAWRENCE J. 9595 WILSHIRE BLVD. BEVERLY HILLS, CA 90212 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 5,000. -	Date (month, day, year) 6/16/99	Amount of Each Receipt this Period 5,000. -
B. Full Name, Mailing Address and ZIP Code WOLFF, CLAUDIA B. 13274 GALEWOOD ST SHERMAN OAKS, CA 91423 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer MENDELSON/ZION ADV Occupation ADV. COPYWRITER Aggregate Year-to-Date > \$ 250. -	Date (month, day, year) 5/24/99	Amount of Each Receipt this Period 250. -
C. Full Name, Mailing Address and ZIP Code ZALIS, ROSALIE 5251 WOODMAN AVE SHERMAN OAKS, CA 91401 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation HOMEMAKER Aggregate Year-to-Date > \$ 1,140. -	Date (month, day, year) 3/4/99 3/10/99 6/1/99	Amount of Each Receipt this Period 1,000. - 125. - 15. -
D. Full Name, Mailing Address and ZIP Code ZIERING, MARYLIN 720 N WALDEN DR BEVERLY HILLS, CA 90210 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer DIAGNOSTIC PROD. CORP. Occupation EXECUTIVE Aggregate Year-to-Date > \$	Date (month, day, year) 6/16/99	Amount of Each Receipt this Period 1,000. -
E. Full Name, Mailing Address and ZIP Code 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
F. Full Name, Mailing Address and ZIP Code 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
G. Full Name, Mailing Address and ZIP Code 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)

7,390. -

TOTAL This Period (last page five line number only)

54,707. -

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

WOMEN'S ALLIANCE FOR ISRAEL

A. Full Name, Mailing Address and ZIP Code

**FIRST CHARTER BANK
265 BEVERLY DRIVE
BEVERLY HILLS, CA 90212**

Name of Employer

Date (month, day, year)

**11/99
THROUGH
6/30/99**

Amount of Each Receipt this Period

976.68

Receipt For: Primary General

Other (specify):

Occupation

Aggregate Year-to-Date > \$

B. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Receipt For: Primary General

Other (specify):

Occupation

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

Receipt For: Primary General

Other (specify):

Occupation

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

Receipt For: Primary General

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: Primary General

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: Primary General

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: Primary General

Other (specify):

Occupation

Aggregate Year-to-Date > \$

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

976.68

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 3
FOR LINE NUMBER 21 (b)

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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
U.S. POST OFFICE	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/9/99 #1504	374.-
B. Full Name, Mailing Address and ZIP Code A-1 COPY CAT PRINTING 16025 VENTURA BLVD #100 ENCINO, CA 91316	PURPOSE OF DISBURSEMENT PRINTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 1/9/99 #1505	Amount of Each Disbursement This Period 576.98
C. Full Name, Mailing Address and ZIP Code UNITED POSTAL CENTER 8306 WILSHIRE BLVD BEVERLY HILLS, CA 90211	PURPOSE OF DISBURSEMENT PO BOX RENTAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 1/9/99 #1506	Amount of Each Disbursement This Period 154.50
D. Full Name, Mailing Address and ZIP Code U.S. POST OFFICE	PURPOSE OF DISBURSEMENT POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 2/2/99 #1507	Amount of Each Disbursement This Period 331.-
E. Full Name, Mailing Address and ZIP Code PRINTING PLUS	PURPOSE OF DISBURSEMENT PRINTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 2/3/99 #1508	Amount of Each Disbursement This Period 1,455.96
F. Full Name, Mailing Address and ZIP Code U.S. POST OFFICE	PURPOSE OF DISBURSEMENT POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 2/19/99 #1509	Amount of Each Disbursement This Period 374.-
G. Full Name, Mailing Address and ZIP Code A-1 COPY CAT PRINTING	PURPOSE OF DISBURSEMENT PRINTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/3/99 #1510	Amount of Each Disbursement This Period 927.15
H. Full Name, Mailing Address and ZIP Code ALICE SCHENFELD 604 N CARMICHAEL DR BEVERLY HILLS, CA 90210	PURPOSE OF DISBURSEMENT REIMBURSE FOR PASTRIES FOR MEETING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/23/99 #1511	Amount of Each Disbursement This Period 325.-
I. Full Name, Mailing Address and ZIP Code RITA SINDER 15925 HIGH KNOLL RD ENCINO, CA 91436	PURPOSE OF DISBURSEMENT REIMBURSE FOR EQUIPMENT RENTAL FOR MEETING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/18/99 #1512	Amount of Each Disbursement This Period 175.-

SUBTOTAL of Disbursements This Page (optional)

4,693.59

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 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
U S POST OFFICE	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/25/99 #1513	330.-
BEVERLY HILLS HILTON WILSHIRE BLVD BEVERLY HILLS, CA 90211	LUNCHEON MEETINGS OF MEMBERS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/25/99 #1514	8,193.43
NETTIE BECNER 2292 CENTURY HILL LOS ANGELES, CA 90067	REIMBURSE FOR FLOWERS FOR MEETING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/14/99 #1517	116.34
SECRETARY OF STATE STATE OF CALIFORNIA SACRAMENTO, CA	FILING FEE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/14/99 #1518	10.-
UNITED POSTAL CENTER 8306 WILSHIRE BLVD BEVERLY HILLS, CA 90211	PO BOX RENTAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/14/99 #1519	154.50
INTERNAL REVENUE SERVICE FRESNO, CA	TAXES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/15/99 #1520	130.-
FRANCHISE TAX BOARD SACRAMENTO, CA	TAXES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/15/99 #1521	479.-
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)	4/14/99 #1522	1,463.37
INTERNAL REVENUE SERVICE FRESNO, CA	TAXES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/4/99 #1524	356.10

SUBTOTAL of Disbursements This Page (optional)

11,232.74

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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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
US POST OFFICE	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/11/99 #1525	660. -
B. Full Name, Mailing Address and ZIP Code A-1 COPY CAT PRINTING 16025 VENTURA BLVD #100 ENCINO, CA 91316	Purpose of Disbursement PRINTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/25/99 #1526	Amount of Each Disbursement This Period 811.87
C. Full Name, Mailing Address and ZIP Code US POST OFFICE	Purpose of Disbursement POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/15/99 #1529	Amount of Each Disbursement This Period 660. -
D. Full Name, Mailing Address and ZIP Code A-1 COPY CAT PRINTING	Purpose of Disbursement PRINTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/22/99 #1530	Amount of Each Disbursement This Period 639.75
E. Full Name, Mailing Address and ZIP Code ELEANOR HALPERN 15510 AGUA VERDE DRIVE LOS ANGELES, CA 90077	Purpose of Disbursement ADMINISTRATION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 1/3/99 #1503	Amount of Each Disbursement This Period 520. -
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)

3,291.62

TOTAL This Period (last page this line number only)

19,217.95

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	Date (month, day, year)	Amount of Each Disbursement This Period
ROBB FOR US SENATE	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/9/99 #1516	5,000.-
CITIZENS FOR SABANEL	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/1/99 #1527	5,000.-
HEBERMAN 2000	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/2/99 #1528	5,000.-
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)	
TOTAL This Period (last page this line number only)	15,000.-

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
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<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input checked="" 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 <hr/> and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 20 PREPARER	 8/21/99 DATE PREPARED