

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE WOMEN FOR:	REPORT COVERING PERIOD FROM 4/1/00 TO 6/30/00	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	2050.00	4580.00
ii. Unitemized	6434.00	36733.50
iii. Total (add i and ii) >	8484.00	41313.50
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) >	8484.00	41313.50
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	- 1179.85	2021.84
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	241.48	407.59
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	9905.33	43742.87
20. Total Federal Receipts (subtract line 18 from line 19) >	9905.33	43742.87
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures	13131.78	27284.91
c. Total Operating Expenditures (add a i, a ii, and b) >	13131.78	27284.91
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	750.00	1000.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) >		
29. Other Disbursements	600.00	4330.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	14481.78	32614.91
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	14481.78	32614.91
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	8484.00	41313.50
33. Total Contribution Refunds (from line 28d)	-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from 32)	8484.00	41313.50
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	12881.78	27034.91
36. Offsets to Operating Expenditures (from line 15)	1179.85	2021.84
37. Net Operating Expenditures (subtract line 36 from 35) >	11701.93	25013.07

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (In Full)

WOMEN FOR:

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Susan Adelman 329 23rd Street Santa Monica, CA 90402		5/18/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Education	Occupation: RETIRED		Aggregate Year-to-Date > \$ 250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elli Golub 359 Veteran Avenue Los Angeles, CA 90024		4/19/00	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Education	Occupation: RETIRED		Aggregate Year-to-Date > \$ 300.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Myrna Greenberg 1120 Fifth Avenue New York, NY 10128	SELF	6/9/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Education	Occupation: ATTORNEY		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
Judy and Sam Hellinger 1670 San Remo Drive Pacific Palisades, CA 90272		5/4/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Education	Occupation: RETIRED		Aggregate Year-to-Date > \$ 250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph Hittelman, MD 6209 Pacific Avenue, #303 Playa Del Rey, CA 90293		4/19/00	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Education	Occupation: RETIRED		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)

TOTAL This Period (last page this line number only)

2050.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER 21b

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NAME OF COMMITTEE (In Full)

WOMEN FOR:

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jeanette Bello 1950 S. Beverly Glen, #303 Los Angeles, CA 90025	Reimbursement for Certified Mail	5/15/00	7.06
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
B. Full Name, Mailing Address and ZIP Code Pacific Bell Payment Center Van Nuys, CA 91388	Telephone Service	4/3/00	78.48
		5/2/00	61.31
		5/30/00	76.46
		6/26/00	77.63
C. Full Name, Mailing Address and ZIP Code Marilyn Kizziah 107 Foxtail Drive Santa Monica, CA 90402	Fees	4/3/00	833.33
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/25/00	833.67
D. Full Name, Mailing Address and ZIP Code Marilyn Kizziah 107 Foxtail Drive Santa Monica, CA 90402	Office Expense	4/6/00	99.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/3/00	52.50
E. Full Name, Mailing Address and ZIP Code Lucie Bava 2946 Motor Avenue Los Angeles, CA 90064	Net Salary	5/30/00	536.85
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/29/00	715.81
F. Full Name, Mailing Address and ZIP Code Philip Bartmasser 8913 W. Olympic Blvd., #205 Beverly Hills, CA 90211	Office Rent	4/11/00	800.00
		5/2/00	800.00
		6/1/00	800.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code Phones USA 2304 Sawtelle Los Angeles, CA 90064	Phone System Rent	4/3/00	178.60
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code PIP 9401 Venice Blvd. CulverCity, CA 90230	Printing	4/3/00	79.59
		5/2/00	364.42
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code Sarah McMichael 1315 Appleton Way. Venice, CA 90291	Salary (net)	4/6/00	400.06
		4/19/00	400.06
		5/9/00	400.06
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

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 21b

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NAME OF COMMITTEE (In Full)

WOMEN FOR:

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sarah McMichael 1315 Appleton Way Venice, CA 90291	Salary (net)	5/18/00	400.06
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	6/1/00	400.06
	<input type="checkbox"/> Other (specify)	6/15/00	400.06
B. Full Name, Mailing Address and ZIP Code Sarah McMichael 1315 Appleton Way Venice, CA 90291	Purpose of Disbursement Salary (net)	Date (month, day, year) 6/30/00	Amount of Each Disbursement This Period 400.06
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code Staples Credit Plan P.O. Box 2979 Omaha, NE 68103-2979	Purpose of Disbursement Office Supplies	Date (month, day, year) 4/3/00	Amount of Each Disbursement This Period 116.71
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	4/20/00	3.47
	<input type="checkbox"/> Other (specify)	5/15/00	226.82
D. Full Name, Mailing Address and ZIP Code State Compensation Insurance Fund P.O. Box 7980 San Francisco, CA 94120-7980	Purpose of Disbursement Payroll: Worker's Comp	Date (month, day, year) 4/25/00	Amount of Each Disbursement This Period 65.64
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code Wells Fargo Bank 1801 Avenue of the Stars Los Angeles, CA 90067	Purpose of Disbursement Office Supplies	Date (month, day, year) 4/13/00	Amount of Each Disbursement This Period 46.76
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	6/8/00	26.09
	<input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code Wells Fargo Bank 1801 Avenue of the Stars Los Angeles, CA 90067	Purpose of Disbursement Payroll withholding	Date (month, day, year) 4/25/00	Amount of Each Disbursement This Period 218.88
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	5/30/00	346.00
	<input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code U.S. Postmaster	Purpose of Disbursement Postage	Date (month, day, year) 4/6/00	Amount of Each Disbursement This Period 660.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

10905.50

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 FOR:

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Adam Schiff for Congress, 27th CD 35 S. Raymond Avenue, #206 Pasadena, CA 91105 ID # C00343871	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/8/00	500.00
B. Full Name, Mailing Address and ZIP Code Gerrie Schipake for Congress, 38th CD P.O. Box 50038 Long Beach, CA 90815 ID # C00348136	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/8/00	250.00
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)

TOTAL This Period (last page this line number only)

750.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

WOMEN FOR:

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Fran Pavley for Assembly, 41st AD 4050 Jim Bowie Road Agoura Hills, CA 91301 ID # 99-1379	Contribution to Local Candidate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/8/00	500.00
B. Full Name, Mailing Address and ZIP Code LA Women's Appointment Collaboration P.O. Box 41774 Los Angeles, CA 90041	Purpose of Disbursement Miscellaneous Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/4/00	50.00
C. Full Name, Mailing Address and ZIP Code LA Physicians for Social Responsibility 1316 3rd Street Promenade, #B1 Santa Monica, CA 90401	Purpose of Disbursement Membership Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/5/00	50.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

600.00

