

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 JUL 18 P 1:10

USE FEC MAILING LABEL
OR
TYPE OR PRINT

| | |
|---|--|
| 1. NAME OF COMMITTEE (in full) WOMEN'S ALLIANCE FOR ISRAEL | |
| ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 8306 WILSHIRE BLVD #1579 | |
| CITY, STATE and ZIP CODE BEVERLY HILLS, CA 90211 | |
| 2. FEC IDENTIFICATION NUMBER C - 00236596 | |
| 3. <input checked="" type="checkbox"/> This committee has qualified as a multi-candidate 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 4/1/2000 through 6/30/2000 | | |
| 6. (a) Cash on Hand January 1, ²⁰⁰⁰ 19 _____ | | \$ 83,406.14 |
| (b) Cash on Hand at Beginning of Reporting Period _____ | \$ 98,380.03 | |
| (c) Total Receipts (from Line 10) _____ | \$ 26,568.43 | \$ 67,076.41 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) _____ | \$ 124,948.46 | \$ 150,482.55 |
| 7. Total Disbursements (from Line 30) _____ | \$ 8,226.65 | \$ 33,760.74 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) _____ | \$ 116,721.81 | \$ 116,721.81 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) _____ | \$ _____ | For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 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
ROBERTA FIRESTONE, TREASURER

Signature of Treasurer
Roberta Firestone

Date
7/14/2000

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

| | | | | | | | | | |
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| | | | | | | | | | |
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FEC FORM 3X
(revised 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

| NAME OF COMMITTEE | REPORT COVERING PERIOD | | |
|---|-------------------------------|---------------------------|-----------|
| | FROM | TO | |
| | 4/1/2000 | 6/30/2000 | |
| | 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) | 15,826.- | 48,189.- | 11(a) |
| ii. Unitemized | 4,895.- | 12,351.- | 11(a)(i) |
| iii. Total (add i and ii) > | 20,721.- | 60,540.- | 11(a)(ii) |
| b. Political Party Committees | | | 11(b) |
| c. Other Political Committees (such as PACs) | | | 11(c) |
| d. Total Contributions (add a ii, b and c) > | 20,721.- | 60,540.- | 11(d) |
| 12. Transfers From Affiliated/Other Party Committees | | | 12 |
| 13. All Loans Received | | | 13 |
| 14. Loan Repayments Received | | | 14 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) | | | 15 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees | 5,000.- | 5,000.- | 16 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 847.43 | 1,536.41 | 17 |
| 18. Transfers from Nonfederal Account for Joint Activity | | | 18 |
| 19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) > | 26,568.43 | | 19 |
| 20. Total Federal Receipts (subtract line 16 from line 19) > | 26,568.43 | 67,076.41 | 20 |
| II. Disbursements | | | |
| 21. Operating Expenditures: | | | |
| a. Shared Federal/Non-Federal Activity (from Schedule H4) | | | 21(a)(i) |
| i. Federal Share | | | 21(a)(ii) |
| ii. Non-Federal Share | | | 21(b) |
| b. Other Federal Operating Expenditures | 3,226.65 | 6,760.74 | 21(c) |
| c. Total Operating Expenditures (add a ii, and b) > | 3,226.65 | 6,760.74 | 21(d) |
| 22. Transfers to Affiliated/Other Party Committees | | | 22 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 5,000.- | 27,000.- | 23 |
| 24. Independent Expenditures (use Schedule E) | | | 24 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) | | | 25 |
| 26. Loan Repayments Made | | | 26 |
| 27. Loans Made | | | 27 |
| 28. Refunds of Contributions To: | | | |
| a. Individuals/Persons Other Than Political Committees | | | 28(a) |
| b. Political Party Committees | | | 28(b) |
| c. Other Political Committees (such as PACs) | | | 28(c) |
| d. Total Contribution Refunds (add a, b and c) > | | | 28(d) |
| 29. Other Disbursements | | | 29 |
| 30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) > | 8,226.65 | 33,760.74 | 30 |
| 31. Total Federal Disbursements (subtract line 21 a ii from line 30) > | 8,226.65 | 33,760.74 | 31 |
| III. Net Contributions/Operating Expenditures | | | |
| 32. Total Contributions (other than loans) (from line 11d) | 20,721.- | 60,540.- | 32 |
| 33. Total Contribution Refunds (from line 28d) | | | 33 |
| 34. Net Contributions (other than loans) (subtract line 33 from 32) | 20,721.- | 60,540.- | 34 |
| 35. Total Federal Operating Expenditures (add 21 a i and 21 b) > | 3,226.65 | 6,760.74 | 35 |
| 36. Offsets to Operating Expenditures (from line 15) | | | 36 |
| 37. Net Operating Expenditures (subtract line 36 from 35) > | 3,226.65 | 6,760.74 | 37 |

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 6
FOR LINE NUMBER 11(a)

Any information copied from such Reports and Statements may not be sold or used by any person for the purposes 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 |
|---|----------------------------|-------------------------------------|------------------------------------|
| ALBERTS, VIVIAN A. 366 N LAUREL AVE. LOS ANGELES, CA 90048 | SELFEMPLOYED | 6/21/00 | 225.- |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: ATTORNEY | Aggregate Year-to-Date > \$ 225.- | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| ARTENSTEIN, LILLY 1520 SUNSET PLAZA DRIVE LOS ANGELES, CA 90069 | EUROSTAR, INC. | 5/25/00 | 1,000.- |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: VICE PRESIDENT | Aggregate Year-to-Date > \$ 1,000.- | |
| C. 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 | 6/29/00 | 10.- |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: RETIRED | Aggregate Year-to-Date > \$ 522.- | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| BERGER, EDITH 5113 BLUEBELL AVE NORTH HOLLYWOOD, CA 91607 | N/A | 6/1/00 | 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.- | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| BOLOTIN, CAROL 19244 LASSEN STREET NORTHRIDGE, CA 91324 | N/A | 5/25/00 6/29/00 | 500.- 10.- |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: HOMEMAKER | Aggregate Year-to-Date > \$ 510.- | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| CHEERNICK, JOYCE 253 A 26th STREET, PMB 305 SANTA MONICA, CA 90402 | N/A | 4/11/00 | 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.- | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| COHEN, MARILYN 19501 WEEBURN CT. TARZANA, CA 91356 | N/A | 6/21/00 | 225.- |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: HOMEMAKER | Aggregate Year-to-Date > \$ 225.- | |

SUBTOTAL of Receipts This Page (optional)

3,970.-

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 **6**
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 |
|---|-------------------------------------|-------------------------------------|------------------------------------|
| D'AGOSTINO, LEA PURWIN 2084 RIDGE DRIVE LOS ANGELES, CA 90049 | SELFEMPLOYED | 4/11/00 | 500.- |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation ATTORNEY | Aggregate Year-to-Date > \$ 522.- | |
| B. 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 CIELO LA JOLLA, CA 92037 | N/A | 6/21/00 | 225.- |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation HOMEMAKER | Aggregate Year-to-Date > \$ 225.- | |
| C. 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 DR STUDIO CITY, CA 91604 | N/A | 6/21/00 | 225.- |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation HOMEMAKER | Aggregate Year-to-Date > \$ 225.- | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| GLAZER, DIANE P. 601 MOUNTAIN DRIVE BEVERLY HILLS, CA 90210 | RETIRED | 5/25/00 | 1,000.- |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation ATTORNEY | 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 |
| HAUSNER, LEE 750 HOLMBY AVE. LOS ANGELES, CA 90024 | SELFEMPLOYED | 5/25/00 | 500.- |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation PSYCHOLOGIST | 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 |
| HERSCHER, MYNA 3276 LONGRIDGE AVE SHERMAN OAKS, CA 91423 | SELFEMPLOYED | 6/21/00 | 225.- |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation CLINICAL PSYCHOLOGIST | Aggregate Year-to-Date > \$ 375.- | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| HORNICH, ADA 524 N. REXFORD DR BEVERLY HILLS, CA 90210 | KENDALL & ASSOC EDUC CONSULTANTS | 4/11/00 | 1,000.- |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation SOCIAL WORKER | 6/29/00 | 100.- |
| | Aggregate Year-to-Date > \$ 2,122.- | | |

SUBTOTAL of Receipts This Page (optional)

3,775.-

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 6
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 |
|---|-----------------------------|-------------------------------------|------------------------------------|
| HORWICH, VICKI 1000 SKOKIE BLVD #225 WILMETTE, IL 60091 | N/A | 6/21/00 | 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 |
| KASIRER, DEBRA 611 N CANYON DR BEVERLY HILLS, CA 90210 | N/A | 4/11/00 | 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 |
| KASSAN, RONNIE 628 N HILLCREST RD BEVERLY HILLS, CA 90210 | N/A | 6/21/00 | 225.- |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation HOMEMAKER | Aggregate Year-to-Date > \$ 225.- | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| KEVES, ESTHER 13354 WEDDINGTON ST VAN NUYS, CA 91401 | N/A | 6/21/00 | 225.- |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation HOMEMAKER | Aggregate Year-to-Date > \$ 225.- | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| KLEMIENS, NANCY R 4400 NOGALES DR TARZANA, CA 91356 | WARNER BROS | 5/25/00 | 50.- |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation ADMIN ASSISTT | Aggregate Year-to-Date > \$ 1,082.- | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| KURTZMAN, WILMA 2131 CENTURY WOODS WAY #16 LOS ANGELES, CA 90067 | N/A | 5/25/00 | 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 |
| LEVIN, CAROL 16324 CELINDA PLACE ENCINO, CA 91436 | SELFEMPLOYED | 6/21/00 | 500.- |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation INVESTOR | Aggregate Year-to-Date > \$ 532.- | |

SUBTOTAL of Receipts This Page (optional)

2,500.-

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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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 |
|--|---------------------------|-------------------------------------|------------------------------------|
| LOFFMAN, SONIA 17173 STRAWBERRY DR ENCINO, CA 91436 | N/A | 6/29/00 | 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 |
| ROBINSON, ELAINE 4811 ENCINO TERRACE ENCINO, CA 91316 | N/A | 6/29/00 | 10.- |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation HOMEMAKER | Aggregate Year-to-Date > \$ 1,032.- | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| ROTH, WALTER 1422 ARMA COST AVE #2 LOS ANGELES, CA 90025 | CHARLES DUNN CO | 6/29/00 | 10.- |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation R.E. BROKER | Aggregate Year-to-Date > \$ 542.- | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| SCHWAB, MARY 19803 LINNET ST WOODLAND HILLS, CA 91364 | FLEURETTE COATS | 6/21/00 | 500.- |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation EXECUTIVE | 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 |
| SEIDEN, RIVKA 2198 CENTURY HILL LOS ANGELES, CA 90067 | SELF EMPLOYED | 5/25/00 | 1,000.- |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation INTERPRETER | 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 |
| SILVERMAN, SHIRLEY 22963 DARREN ST WOODLAND HILLS, CA 91364 | N/A | 5/25/00 | 225.- |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation HOMEMAKER | Aggregate Year-to-Date > \$ 225.- | |
| G. 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 | JHSIN CO | 5/25/00 | 36.- |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation R.E. BROKER | Aggregate Year-to-Date > \$ 1,068.- | |

SUBTOTAL of Receipts This Page (optional)

2,281.-

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE **5** OF **6**
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 |
|---|------------------------------|------------------------------------|------------------------------------|
| SINGER, RUTH 1001 LOMA VISTA DRIVE BEVERLY HILLS, CA 90210 | N/A | 6/21/00 | 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 |
| SOMMERS, BARBARA 723 N FOOTHILL RD BEVERLY HILLS, CA 90210 | N/A | 6/21/00 | 500.- |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: RETIRED | 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 |
| SUGARMAN, FRANKIE 1615 STRADELLA RD LOS ANGELES, CA 90077 | N/A | 6/29/00 | 250.- |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: RETIRED | 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 |
| TOVER, SHEILA 4839 HERMAND DR TARZANA, CA 91356 | N/A | 6/21/00 | 225.- |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: HOMEMAKER | Aggregate Year-to-Date > \$225.- | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| WELINSKY, HOWARD 6375 GREEN VALLEY CR #202 CULVER CITY, CA 90230 | WARNER BROS | 4/11/00 | 225.- |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: EXECUTIVE | Aggregate Year-to-Date > \$235.- | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| WINNICK, KAREN 360 N CRESCENT DR BEVERLY HILLS, CA 90210 | SELEMPLOYED | 6/29/00 | 100.- |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: AUTHOR | Aggregate Year-to-Date > \$1,100.- | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| WINSTON, JAN 3835 ENCINO HILLS PLACE ENCINO, CA 91436 | N/A | 5/25/00 | 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)

2,300.-

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 6 OF 6
FOR LINE NUMBER 11(a)

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NAME OF COMMITTEE (in Full)

WOMEN'S ALLIANCE FOR ISRAEL

| | | | |
|--|---|--|---|
| <p>A. Full Name, Mailing Address and ZIP Code ZIERING, MARILYN 720 N WALDEN DR BEVERLY HILLS, CA 90210</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer DIAGNOSTIC PROD. CORP.</p> <p>Occupation EXECUTIVE</p> <p>Aggregate Year-to-Date > \$ 1,000.-</p> | <p>Date (month, day, year) 6/29/00</p> | <p>Amount of Each Receipt this Period 1,000.-</p> |
| <p>B. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p> | <p>Date (month, day, year)</p> | <p>Amount of Each Receipt this Period</p> |
| <p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p> | <p>Date (month, day, year)</p> | <p>Amount of Each Receipt this Period</p> |
| <p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p> | <p>Date (month, day, year)</p> | <p>Amount of Each Receipt this Period</p> |
| <p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p> | <p>Date (month, day, year)</p> | <p>Amount of Each Receipt this Period</p> |
| <p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p> | <p>Date (month, day, year)</p> | <p>Amount of Each Receipt this Period</p> |
| <p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p> | <p>Date (month, day, year)</p> | <p>Amount of Each Receipt this Period</p> |

SUBTOTAL of Receipts This Page (optional)

1,000.-

TOTAL This Period (last page this line number only)

15,826.-

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 16

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 |
|---|--------------------------|-------------------------|------------------------------------|
| SENATOR BOB KERREY KERREY FOR US SENATE COMMITTEE 301 FOURTH ST. NE SUITE 201 WASHINGTON, DC 20002 | CONTRIBUTION RETURNED | 5/31/00 | 5,000.- |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | Aggregate Year-to-Date | \$ 5,000.- |
| B. 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 | \$ |
| C. 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 | \$ |
| 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)

TOTAL This Period (last page this line number only)

5,000.-

SCHEDULE A

ITEMIZED RECEIPTS

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

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 FIRST CHARTER BANK 9454 WILSHIRE BLVD. BEVERLY HILLS, CA 90212 | Name of Employer INTEREST | Date (month, day, year) 4/30/00 5/31/00 6/30/00 | Amount of Each Receipt This Period 257.75 283.13 306.55 |
|---|------------------------------|--|--|
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | Aggregate Year-to-Date > \$ 1,536.41 | |
| B. 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 > \$ | |
| C. 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 > \$ | |
| 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)

TOTAL This Period (last page this line number only)

847.43

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
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 |
|--|--|-------------------------|---|
| A1 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) | 4/17/00 #1566 | 833.42 |
| B. Full Name, Mailing Address and ZIP Code ORLY HALEVY PHOTOGRAPHY 359 N. OGDEN DRIVE LOS ANGELES, CA 91316 | PHOTOGRAPHS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 4/27/00 #1567 | 21.65 |
| C. Full Name, Mailing Address and ZIP Code ADA HORWICH 524 N REXFORD DRIVE BEVERLY HILLS, CA 90210 | REIMB POSTAGE STAMPS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 5/8/00 #1568 | 64.- |
| D. Full Name, Mailing Address and ZIP Code SECRETARY OF STATE STATE OF CALIFORNIA SACRAMENTO, CA 94244 | FILING FEE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 5/10/00 #1569 | 20.- |
| E. Full Name, Mailing Address and ZIP Code UNITED POSTAL CENTERS 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) | 5/10/00 #1570 | 109.50 |
| F. Full Name, Mailing Address and ZIP Code ELIZABETH MATTEONI 2206 OCEAN PARK BLVD SANTA MONICA, CA 90405 | PAYROLL & STAMPS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 5/10/00 #1571 | 300.62 |
| G. Full Name, Mailing Address and ZIP Code DIANA EZRA 359 OGDEN DRIVE LOS ANGELES, CA | PHOTOGRAPHER Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 5/10/00 #1572 | 162.37 |
| H. Full Name, Mailing Address and ZIP Code CORPORATE COMPLIANCE CTR SACRAMENTO, CA | MINUTES, FILINGS, ETC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 5/10/00 #1574 | 80.- |
| I. Full Name, Mailing Address and ZIP Code ELIZABETH MATTEONI 2206 OCEAN PARK BLVD SANTA MONICA, CA 90405 | PAYROLL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 6/10/00 #1575 | 101.31 |

SUBTOTAL of Disbursements This Page (optional)

1,692.87

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)

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 | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|-------------------------|---|
| A1 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) | 6/10/00 #1576 | 823.78 |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| US POSTAL SERVICE | STAMPS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 6/10/00 #1578 | 660.- |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| ELAN REYES 6513 KRAFT AVENUE NORTH HOLLYWOOD, CA 91606 | STUFFING ENVELOPES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 6/19/00 #1579 | 50.- |
| D. 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) | | |
| E. 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) | | |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

SUBTOTAL of Disbursements This Page (optional)

1,533.78

TOTAL This Period (last page this line number only)

3,226.65

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 |
|--|---|-------------------------|---|
| SENATOR DIANNE FEINSTEIN 331 HART SENATE BUILDING WASHINGTON, DC 20510 | CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 6/24/00 \$1580 | 5,000.- |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

5,000.-

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 (R/C) 9.14.00 |
| <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 | |
| <i>ORS</i> PREPARER | 9.18.00 DATE PREPARED |