

# 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) <b>West Los Angeles Health PAC</b>		2. FEC IDENTIFICATION NUMBER <b>000198861</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <b>777 S. Figueroa St., Suite 3400</b>		
CITY, STATE and ZIP CODE <b>Los Angeles, CA 90017</b>		
3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 181)		

## 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 checked="" type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31  |

- Twelfth day report preceding \_\_\_\_\_ (Type of Election) election on \_\_\_\_\_ in the State of \_\_\_\_\_
- Thirtieth day report following the General Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>4/1/94</u> through <u>4/30/94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ 8,757.45
(b) Cash on Hand at Beginning of Reporting Period	\$ 12,408.04	
(c) Total Receipts (from Line 19)	\$ -0-	\$ 4,300.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 12,408.04	\$ 13,057.45
7. Total Disbursements (from Line 30)	\$ 1,009.06	\$ 1,658.47
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 11,398.98	\$ 11,398.98
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	For further information contact Federal Election Commission 888 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer <b>CARY DAVIDSON</b>	
Signature of Treasurer 	Date <b>5/20/94</b>

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

3900J4240



SCHEDULE B

ITEMIZED DISBURSEMENTS  
 (Contributions to Federal Candidates/  
 Committees and Other Political Committees)

Use separate schedule(s) PAGE | OF  
 for each category of the 1 1  
 Detailed Summary Page FOR LINE NUMBER  
 23

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)

WEST LOS ANGELES HEALTH PAC 000198861

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period	Disb. for
BOB MATSUI FOR CONGRESS 300 CAPITOL MALL SUITE 350 SACRAMENTO, CA 95814	ROBERT T. MATSUI HOUSE CA-15	04-05-96	1,000.00	Primary
	Aggregate Year to date:		\$1,000.00	

SUBTOTAL of Disbursements This Page (optional).....> \$1,000.00

TOTAL This Period (last page this line number only).....> \$1,000.00

0 1 2 3 4 5 6 7 8 9 0

**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.

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

5-20-94

No Postmark

Postmark Illegible

Received from the House Office of Records  
 and Registration

DATE OF RECEIPT

Received from the Senate Office of Public  
 Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

*AGS*  
 PREPARER

5-25-94  
 DATE PREPARED

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