

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Authorized Committees  
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

1. NAME OF COMMITTEE (in full) Bob Matsui for Congress		2. FEC IDENTIFICATION NUMBER 2000 APR 18 P 12 3 C000085688
ADDRESS (number and street)   Check if different than previously reported. 555 Capitol Mall, Suite 1425		
CITY, STATE and ZIP CODE Sacramento, CA 95814	STATE/DISTRICT CA/05	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

## 4. TYPE OF REPORT

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)

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 \_\_\_\_\_

This report contains activity for  Primary Election  General Election  Special Election  Runoff Election

## SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>02/17/00</u> through <u>03/31/00</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (From Line 11(a))	113,440.00	172,086.50
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	113,440.00	172,086.50
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	32,491.76	74,543.18
(b) Total Offsets to Operating Expenditures (from Line 14)	25.00	40.00
(c) Net Operating Expenditures (Subtract Line 7(b) from 7(a))	32,466.76	74,503.18
8. Cash on Hand at Close of Reporting Period (from Line 27)	358,381.69	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	6,111.79	

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

Signature of Treasurer

*David K. Hilly*

Date

4-13-00

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

**FEC FORM 3**  
(REVISED 4/87)

# DETAILED SUMMARY PAGE

## of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full) Bob Matsui for Congress	Report Covering the Period: From: 02/17/2000 To: 03/31/2000	
<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-To-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
<b>(a) Individuals/Persons Other Than Political Committees</b>		
(i) Itemized (use Schedule A) . . . . .	23,650.00	
(ii) Unitemized . . . . .	29,390.00	
(iii) Total of contributions from Individuals . . . . .	53,040.00	71,286.50
<b>(b) Political Party Committees . . . . .</b>	0.00	0.00
<b>(c) Other Political Committees (such as PACs) . . . . .</b>	60,400.00	100,800.00
<b>(d) The Candidate . . . . .</b>	0.00	0.00
<b>(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))</b>	<b>113,440.00</b>	<b>172,086.50</b>
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES . . . . .</b>	0.00	0.00
<b>13. LOANS:</b>		
<b>(a) Made or Guaranteed by the Candidate . . . . .</b>	0.00	0.00
<b>(b) All Other Loans . . . . .</b>	0.00	0.00
<b>(c) TOTAL LOANS (add 13(a) and (b)) . . . . .</b>	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) . . . . .</b>	25.00	40.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) . . . . .</b>	623.77	1,560.60
<b>16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) . . . . .</b>	<b>114,088.77</b>	<b>173,687.10</b>
<b>II. DISBURSEMENTS</b>		
<b>17. OPERATING EXPENDITURES . . . . .</b>	32,491.76	74,543.18
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES . . . . .</b>	0.00	0.00
<b>19. LOANS REPAYMENTS:</b>		
<b>(a) Of Loans Made or Guaranteed by the Candidate . . . . .</b>	0.00	0.00
<b>(b) Of All Other Loans . . . . .</b>	0.00	0.00
<b>(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) . . . . .</b>	0.00	0.00
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
<b>(a) Individuals/Persons Other Than Political Committees . . . . .</b>	0.00	0.00
<b>(b) Political Party Committees . . . . .</b>	0.00	0.00
<b>(c) Other Political Committees (such as PACs) . . . . .</b>	0.00	0.00
<b>(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) . . . . .</b>	0.00	0.00
<b>21. OTHER DISBURSEMENTS . . . . .</b>	20,410.00	26,375.00
<b>22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) . . . . .</b>	<b>52,901.76</b>	<b>100,918.18</b>
<b>III. CASH SUMMARY</b>		
<b>23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD . . . . .</b>	<b>\$ 297,194.68</b>	
<b>24. TOTAL RECEIPTS THIS PERIOD (from Line 16) . . . . .</b>	<b>\$ 114,088.77</b>	
<b>25. SUBTOTAL (add Line 23 and Line 24) . . . . .</b>	<b>\$ 411,283.45</b>	
<b>26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) . . . . .</b>	<b>\$ 52,901.76</b>	
<b>27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) . . . . .</b>	<b>\$ 358,381.69</b>	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

Contributions From Individuals/Persons

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 purpose, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full) Bob Matsui for Congress (02/17/2000 - 03/31/2000) CDD0085688

<b>A. Full Name, Mailing Address and ZIP Code</b> Julianne M. Angelides 2424 K Street, 2nd Floor Sacramento, CA 95816	Name of Employer Homemaker  Occupation Homemaker	Date (month, day, year) 03/07/2000	Amount of Each Receipt this Period 300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$ 300.00	
<b>B. Full Name, Mailing Address and ZIP Code</b> Roger J. Baccigaluppi 660 Morris Way Sacramento, CA 95864	Name of Employer RB International  Occupation Executive	Date (month, day, year) 03/03/2000	Amount of Each Receipt this Period 400.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$ 400.00	
<b>C. Full Name, Mailing Address and ZIP Code</b> Joan C. Barram 1905 47th Street, NW Washington, DC 20007-1902	Name of Employer Executive  Occupation GSA	Date (month, day, year) 03/21/2000	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$ 300.00	
<b>D. Full Name, Mailing Address and ZIP Code</b> Alan Brodovsky 2856 Arden Way, Suite 200 Sacramento, CA 95826	Name of Employer Self (Brodovsky & Brodovsky)  Occupation Attorney	Date (month, day, year) 03/03/2000	Amount of Each Receipt this Period 300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$ 300.00	
<b>E. Full Name, Mailing Address and ZIP Code</b> David Chan, M.D. 15 Lookout Ct. Sacramento, CA 95831	Name of Employer Self  Occupation Physician	Date (month, day, year) 03/17/2000	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$ 300.00	
<b>F. Full Name, Mailing Address and ZIP Code</b> David T. Clark 34 River Bluff Lane Carmichael, CA 95608	Name of Employer Retired  Occupation Retired	Date (month, day, year) 03/07/2000	Amount of Each Receipt this Period 300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$ 300.00	
<b>G. Full Name, Mailing Address and ZIP Code</b> Esther Lipsan Coopersmith 2230 S Street, NW Washington, DC 20008	Name of Employer ELC Real Estate  Occupation Real Estate	Date (month, day, year) 02/23/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$ 250.00	

SUBTOTAL of Receipts This Page (optional)	2,150.00
TOTAL This Period (last page this line number only)	2,150.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**Contributions From Individuals/Persons**

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**NAME OF COMMITTEE (in Full)** Bob Matsui for Congress **(02/17/2000 - 03/31/2000)**  
**Committee ID:** C000085688

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pamela Darracq 960 Los Molinos Way Sacramento, CA 95864	Self (Darracq & Assoc.)	03/03/2000	300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance & Investments	Aggregate Year-to-Date \$ 300.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John L. Dowdell 1701 8th Avenue Sacramento, CA 95818-4204	Dowdell Financial Services	03/17/2000	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President/CEO	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
Jerry J. Enomoto 7751 Sleepy River Way Sacramento, CA 95831	U.S. Department of Justice	03/07/2000	300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation U.S. Marshal	Aggregate Year-to-Date \$ 300.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Erbe 4161 Greenview Drive El Dorado Hills, CA 95762	Mercy Healthcare Sacramento	03/20/2000	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President/CEO	Aggregate Year-to-Date \$ 300.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alexander Fahn 2679 American River Dr. Sacramento, CA 95864	Retired	03/07/2000	300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date \$ 300.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jayne T. Fitzgerald 6612 North 24th Road Arlington, VA 22205	Washington Counsel, P.C.	03/28/2000	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Y. Fong 1175 Vols Drive Sacramento, CA 95822	Self Employed	03/07/2000	300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date \$ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional)	2,800.00
<b>TOTAL</b> This Period (last page this line number only)	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (in Full)** (03/17/2000 - 03/31/2000)  
 Bob Matsui for Congress CDD0085688

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary C. Gallo 865 Claus Rd. Modesto, CA 95354	Homemaker	03/20/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	Aggregate Year-to-Date \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James P. Gilwee, Jr. 700 E Street Sacramento, CA 95814-1230	The Crow Law Firm	02/29/2000	300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	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
Greater Sacramento Surgery Center 2288 Auburn Blvd., Ste. 301 Sacramento, CA 95821		03/07/2000	300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$ 300.00	No Partner Exceeds \$200
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Green & Azevedo 1234 H Street Sacramento, CA 95814		03/07/2000	300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$ 300.00	No Partner Exceeds \$200
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jackson R. Gualco 770 L St., suite 1440 Sacramento, CA 95814	Self (Gualco Group)	03/20/2000	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Consultant	Aggregate Year-to-Date \$ 300.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert D. Haas 1155 Battery Street, LS7 San Francisco, CA 94111	Levi Strauss & Company	03/30/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Business Executive	Aggregate Year-to-Date \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Inaba Brothers 3969 Industrial Boulevard West Sacramento, CA 95691		03/07/2000	300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$ 300.00	No Partner Exceeds \$200

**SUBTOTAL** of Receipts This Page (optional) ..... 3,500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (in Full)** (02/17/2000 - 03/31/2000)  
 Bob Matsui for Congress C000085688

<b>A. Full Name, Mailing Address and ZIP Code</b> Warren P. Kashiwagi 7686 Del Oak Way Sacramento, CA 95831  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Perry-Smith Co.	Date (month, day, year) 03/03/2000	Amount of Each Receipt this Period 300.00
	Occupation Partner-CPA Aggregate Year-to-Date \$ 300.00		
<b>B. Full Name, Mailing Address and ZIP Code</b> Sevinh Larsen 4104 Crondall Dr. Sacramento, CA 95864  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Lyon & Assoc.	Date (month, day, year) 03/17/2000	Amount of Each Receipt this Period 300.00
	Occupation Real Estate Sales Aggregate Year-to-Date \$ 300.00		
<b>C. Full Name, Mailing Address and ZIP Code</b> Lawrence Lee D.D.S. 955 Somersby Way Sacramento, CA 95864  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Lawrence Lee, D.D.S.	Date (month, day, year) 03/17/2000	Amount of Each Receipt this Period 250.00
	Occupation Dentist Aggregate Year-to-Date \$ 250.00		
<b>D. Full Name, Mailing Address and ZIP Code</b> Robert J. Leonard 1150 17th Street, N.W., Suite 501 Washington, DC 20036  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Washington Counsel, P.C.	Date (month, day, year) 02/28/2000	Amount of Each Receipt this Period 800.00
	Occupation Attorney Aggregate Year-to-Date \$ 1,000.00		
<b>E. Full Name, Mailing Address and ZIP Code</b> Reginald Low, M.D. 24 Watercrest Court Sacramento, CA 95831  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed	Date (month, day, year) 02/25/2000	Amount of Each Receipt this Period 300.00
	Occupation Cardiologist Aggregate Year-to-Date \$ 300.00		
<b>F. Full Name, Mailing Address and ZIP Code</b> Marty S. Mancebo 1629 Bellflower Place Walnut Creek, CA 94596  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Alameda Company	Date (month, day, year) 03/15/2000	Amount of Each Receipt this Period 1,000.00
	Occupation Management Consultant Aggregate Year-to-Date \$ 1,000.00		
<b>G. Full Name, Mailing Address and ZIP Code</b> Nancy S. Marks 64 Covered Bridge Road Carmichael, CA 95608  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired	Date (month, day, year) 03/07/2000	Amount of Each Receipt this Period 300.00
	Occupation Retired Aggregate Year-to-Date \$ 300.00		

**SUBTOTAL** of Receipts This Page (optional) ..... 3,250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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FOR LINE NUMBER

11(a) (i)

**Contributions From Individuals/Persons**

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**NAME OF COMMITTEE (in Full)**

(02/17/2000 - 03/31/2000)

Bob Matsui for Congress

0000085698

A. Full Name, Mailing Address and ZIP Code George Matsuoka 133 Fortado Circle Sacramento, CA 95831  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self (Matsuoka Realty Company)  Occupation Realtor  Aggregate Year-to-Date \$ 600.00	Date (month, day, year) 02/25/2000	Amount of Each Receipt this Period 600.00
B. Full Name, Mailing Address and ZIP Code John D. Menke 170 Estates Dr. Piedmont, CA 94611  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Menke & Assoc.  Occupation Attorney  Aggregate Year-to-Date \$ 300.00	Date (month, day, year) 03/06/2000	Amount of Each Receipt this Period 300.00
C. Full Name, Mailing Address and ZIP Code Samuel Merksamer 1549 Elsdon Circle Carmichael, CA 95608  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Information Requested - No Response  Occupation Information Requested - No Response  Aggregate Year-to-Date \$ 300.00	Date (month, day, year) 03/07/2000	Amount of Each Receipt this Period 300.00
D. Full Name, Mailing Address and ZIP Code John T. Miller 25 Crescent Street, Apt. 435 Waltham, MA 02154  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Information Requested - No Response  Occupation Information Requested - No Response  Aggregate Year-to-Date \$ 1,000.00	Date (month, day, year) 03/28/2000	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and ZIP Code David K. Murphy 700 Selsey Court Sacramento, CA 95864-6130  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self (Pickett-Rothholz & Murphy)  Occupation Insurance Broker  Aggregate Year-to-Date \$ 300.00	Date (month, day, year) 02/25/2000	Amount of Each Receipt this Period 300.00
F. Full Name, Mailing Address and ZIP Code Robert E. Murphy 809 Cobble Cove Lane Sacramento, CA 95831  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Kronick, Moskowitz et al  Occupation Attorney  Aggregate Year-to-Date \$ 300.00	Date (month, day, year) 03/03/2000	Amount of Each Receipt this Period 300.00
G. Full Name, Mailing Address and ZIP Code Robert Ross Peabody, M.D. 1700 Alhambra Blvd., Ste. 202 Sacramento, CA 95816  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Medical Vision Technology  Occupation Physician  Aggregate Year-to-Date \$ 300.00	Date (month, day, year) 03/06/2000	Amount of Each Receipt this Period 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	3,100.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**Contributions From Individuals/Persons**

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**NAME OF COMMITTEE (in Full)** (02/17/2000 - 03/31/2000)  
 Bob Matsui for Congress C000085688

<b>A. Full Name, Mailing Address and ZIP Code</b> Steve Pleau 4001 Pretense Court Fair Oaks, CA 95629  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Future Ford, Inc.	<b>Date (month, day, year)</b> 03/03/2000	<b>Amount of Each Receipt this Period</b> 300.00
	<b>Occupation</b> Auto Dealer  <b>Aggregate Year-to-Date \$</b> 300.00		
<b>B. Full Name, Mailing Address and ZIP Code</b> Jeffrey M. Raimundo 2229 Boyer Dr. Carmichael, CA 95608  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Townsend Raimundo Besler & Usher	<b>Date (month, day, year)</b> 03/03/2000	<b>Amount of Each Receipt this Period</b> 300.00
	<b>Occupation</b> Political Consultant  <b>Aggregate Year-to-Date \$</b> 300.00		
<b>C. Full Name, Mailing Address and ZIP Code</b> Law Offices of Remy, Thomas & Moore, LLP 455 Capitol Mall, Ste. 210 Sacramento, CA 95814  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Law Firm	<b>Date (month, day, year)</b> 03/03/2000	<b>Amount of Each Receipt this Period</b> 300.00  No Partner Exceeds \$200
	<b>Occupation</b> Partnership  <b>Aggregate Year-to-Date \$</b> 300.00		
<b>D. Full Name, Mailing Address and ZIP Code</b> Claude N. Rosenberg, Jr. 2465 Pacific Ave. San Francisco, CA 94115  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> RCM Capital Management	<b>Date (month, day, year)</b> 02/28/2000	<b>Amount of Each Receipt this Period</b> 1,000.00
	<b>Occupation</b> Investment Advisor  <b>Aggregate Year-to-Date \$</b> 1,000.00		
<b>E. Full Name, Mailing Address and ZIP Code</b> Sarvan Singh P.O. Box 1627 Williams, CA 95987  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Pirelli Cable	<b>Date (month, day, year)</b> 03/06/2000	<b>Amount of Each Receipt this Period</b> 150.00
	<b>Occupation</b> Cable Tester  <b>Aggregate Year-to-Date \$</b> 300.00		
<b>F. Full Name, Mailing Address and ZIP Code</b> Sarvan Singh P.O. Box 1627 Williams, CA 95987  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Pirelli Cable	<b>Date (month, day, year)</b> 03/06/2000	<b>Amount of Each Receipt this Period</b> 150.00
	<b>Occupation</b> Cable Tester  <b>Aggregate Year-to-Date \$</b> 300.00		
<b>G. Full Name, Mailing Address and ZIP Code</b> Robert J. Slobe 551 Southgate Road Sacramento, CA 95815  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> North Sacramento Land Company	<b>Date (month, day, year)</b> 03/07/2000	<b>Amount of Each Receipt this Period</b> 300.00
	<b>Occupation</b> Real Estate  <b>Aggregate Year-to-Date \$</b> 300.00		

<b>SUBTOTAL of Receipts This Page (optional)</b> .....	2,500.00
<b>TOTAL This Period (last page this line number only)</b> .....	



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

**Contributions From Individuals/Persons**

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 purpose, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) (02/17/2000 - 03/31/2000)  
Bob Matsui for Congress C000085688

A. Full Name, Mailing Address and ZIP Code May Takayanagi 12 Oakwood Road Auburndale, MA 02466  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer American Travels Service Ctte.  Occupation Accountant  Aggregate Year-to-Date \$ 300.00	Date (month, day, year) 03/20/2000	Amount of Each Receipt this Period 300.00
B. Full Name, Mailing Address and ZIP Code Gregory D. Thatch 1730 I Street, Suite 220 Sacramento, CA 95814  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Employed  Occupation Attorney  Aggregate Year-to-Date \$ 300.00	Date (month, day, year) 03/20/2000	Amount of Each Receipt this Period 300.00
C. Full Name, Mailing Address and ZIP Code Steven Thompson 1782 11th Street Sacramento, CA 95818  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CA Medical Association  Occupation Legislative Advocate  Aggregate Year-to-Date \$ 300.00	Date (month, day, year) 03/20/2000	Amount of Each Receipt this Period 300.00
D. Full Name, Mailing Address and ZIP Code Angelo K. Tsakopoulos 7700 College Town Dr., Ste. 101 Sacramento, CA 95826  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer AKT Development  Occupation Developer  Aggregate Year-to-Date \$ 1,000.00	Date (month, day, year) 03/20/2000	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and ZIP Code Stan Umeda 6868 Westmoreland Way Sacramento, CA 95831  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired  Occupation Retired  Aggregate Year-to-Date \$ 300.00	Date (month, day, year) 03/07/2000	Amount of Each Receipt this Period 300.00
F. Full Name, Mailing Address and ZIP Code Carol Velarde 5658 Laguna Quail Way Elk Grove, CA 95758  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self  Occupation Consulting  Aggregate Year-to-Date \$ 300.00	Date (month, day, year) 03/17/2000	Amount of Each Receipt this Period 300.00
G. Full Name, Mailing Address and ZIP Code Darleene J. Vetter 2118 Morley Way Sacramento, CA 95864  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Medical Practice Administration  Occupation Physician  Aggregate Year-to-Date \$ 300.00	Date (month, day, year) 03/17/2000	Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) .....	2,300.00
TOTAL This Period (last page this line number only) .....	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

**Contributions From Individuals/Persons**

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NAME OF COMMITTEE (in Full) (02/17/2000 - 03/31/2000)  
 Bob Matsui for Congress C000085688

<b>A. Full Name, Mailing Address and ZIP Code</b> Weil Gotshal & Manges, LLP 1615 Sutter Street, NW, Suite 700 Washington, DC 20036-5610	Name of Employer  Occupation	Date (month, day, year) 03/30/2000	Amount of Each Receipt this Period 1,000.00  No Partner Exceeds \$200
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 1,000.00		
<b>B. Full Name, Mailing Address and ZIP Code</b> Stephen Weinberg 4654 Cabana Way Sacramento, CA 95822	Name of Employer Self (Plumbing store)  Occupation Businessman	Date (month, day, year) 03/20/2000	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 300.00		
<b>C. Full Name, Mailing Address and ZIP Code</b> Robert Whitehead 2080 Hallmark Drive Sacramento, CA 95825	Name of Employer Retired  Occupation Retired	Date (month, day, year) 03/07/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 250.00		
<b>D. Full Name, Mailing Address and ZIP Code</b> John M. Whitelaw, M.D. 2800 L Street, 7th Floor Sacramento, CA 95816	Name of Employer Sutter Medical Group  Occupation Physician	Date (month, day, year) 02/25/2000	Amount of Each Receipt this Period 300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 300.00		
<b>E. Full Name, Mailing Address and ZIP Code</b> Nancy M. Wiener 1412 Jerrilyn Court Carmichael, CA 95608	Name of Employer Retired  Occupation Retired	Date (month, day, year) 02/25/2000	Amount of Each Receipt this Period 300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 300.00		
<b>F. Full Name, Mailing Address and ZIP Code</b> Wiley, Rein & Fielding 1776 K Street, N.W. Washington, DC 20006	Name of Employer  Occupation	Date (month, day, year) 03/30/2000	Amount of Each Receipt this Period 500.00  No Partner Exceeds \$200
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 500.00		
<b>G. Full Name, Mailing Address and ZIP Code</b> Masa Yamamoto, M.D. 6464 Fordham Way Sacramento, CA 95831	Name of Employer Self  Occupation Physician	Date (month, day, year) 03/03/2000	Amount of Each Receipt this Period 300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 300.00		

<b>SUBTOTAL of Receipts This Page (optional)</b>	2,950.00
<b>TOTAL This Period (last page this line number only)</b>	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

**Contributions From Individuals/Persons**

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**NAME OF COMMITTEE (in Full)** (02/17/2000 - 03/31/2000)  
 Bob Matsui for Congress C000085688

<b>A. Full Name, Mailing Address and ZIP Code</b> Tohru Yamanaka 2640 Lycoming Ct. Sacramento, CA 95826  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired  Occupation Retired  Date (month, day, year) 03/03/2000  Aggregate Year-to-Date \$ 300.00	Amount of Each Receipt this Period 300.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Barbara Hiyama Zweig 1117 Swanston Drive Sacramento, CA 95818  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer DMV Legal Office  Occupation Staff Counsel  Date (month, day, year) 02/25/2000  Aggregate Year-to-Date \$ 300.00	Amount of Each Receipt this Period 300.00
<b>C. Full Name, Mailing Address and ZIP Code</b>   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer   Occupation   Date (month, day, year)   Aggregate Year-to-Date \$	Amount of Each Receipt this Period
<b>D. Full Name, Mailing Address and ZIP Code</b>   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer   Occupation   Date (month, day, year)   Aggregate Year-to-Date \$	Amount of Each Receipt this Period
<b>E. Full Name, Mailing Address and ZIP Code</b>   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer   Occupation   Date (month, day, year)   Aggregate Year-to-Date \$	Amount of Each Receipt this Period
<b>F. Full Name, Mailing Address and ZIP Code</b>   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer   Occupation   Date (month, day, year)   Aggregate Year-to-Date \$	Amount of Each Receipt this Period
<b>G. Full Name, Mailing Address and ZIP Code</b>   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer   Occupation   Date (month, day, year)   Aggregate Year-to-Date \$	Amount of Each Receipt this Period

<b>SUBTOTAL of Receipts This Page (optional)</b>	600.00
<b>TOTAL This Period (last page this line number only)</b>	23,650.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

**Contributions From Other Political Committees**

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**NAME OF COMMITTEE (in Full)** (02/17/2000 - 03/31/2000)  
 Bob Matsui for Congress C000065688

<b>A. Full Name, Mailing Address and ZIP Code</b> 80/20 PAC P.O. Box 100 Newark, DE 19715	Name of Employer  Occupation	Date (month, day, year) 03/17/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$	100.00	
<b>B. Full Name, Mailing Address and ZIP Code</b> AFLAC Incorporated Federal PAC AFLAC Center Columbus, GA 31999	Name of Employer  Occupation	Date (month, day, year) 03/06/2000	Amount of Each Receipt this Period 3,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$	3,000.00	
<b>C. Full Name, Mailing Address and ZIP Code</b> AICPA Effective Legislation Comm. 1700 Pennsylvania Ave., NW Washington, DC 20004-1001	Name of Employer  Occupation	Date (month, day, year) 03/20/2000	Amount of Each Receipt this Period 2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$	2,000.00	
<b>D. Full Name, Mailing Address and ZIP Code</b> ALPA-PAC Air Line Pilots Assn. PAC 1625 Massachusetts Ave., NW Washington, DC 20036	Name of Employer  Occupation	Date (month, day, year) 03/15/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$	1,000.00	
<b>E. Full Name, Mailing Address and ZIP Code</b> American Federation of Teachers-COPE 555 New Jersey Ave., NW Washington, DC 20001	Name of Employer  Occupation	Date (month, day, year) 02/18/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$	2,000.00	
<b>F. Full Name, Mailing Address and ZIP Code</b> American Federation of Teachers-COPE 555 New Jersey Ave., NW Washington, DC 20001	Name of Employer  Occupation	Date (month, day, year) 03/03/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$	2,000.00	
<b>G. Full Name, Mailing Address and ZIP Code</b> American Nurses Assn. PAC 600 Maryland Avenue, NW, Suite 100 West Washington, DC 20024-2571	Name of Employer  Occupation	Date (month, day, year) 03/07/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$	500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	8,600.00
<b>TOTAL</b> 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 OF

2 10

FOR LINE NUMBER

11 (c)

**Contributions From Other Political Committees**

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NAME OF COMMITTEE (in Full)

(02/17/2000 - 03/31/2000)

Bob Matsui for Congress

C000085688

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
America Online, Inc PAC (AOL PAC) 1101 Connecticut Avenue, NW, Suite 400 Washington, DC 20036		03/27/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American President Companies Federal PAC 1111 Broadway Oakland, CA 94607		02/23/2000	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ASAPAC American Society of Anesthesiologists 520 N. Northwest Highway Park Ridge, IL 60068-2573		02/24/2000	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$ 2,500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ASAPAC American Society of Anesthesiologists 520 N. Northwest Highway Park Ridge, IL 60068-2573		02/24/2000	1,500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$ 2,500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Society of Asen. Executives PAC 1575 I Street, NW Washington, DC 20005		02/29/2000	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Sugarbeet Growers Assn. PAC 1156 15th Street, NW, Ste. 1020 Washington, DC 20005		03/18/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$ 1,500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Wholesale Marketers Whole-PAC 1128 1th Street, NW Washington, DC 20036		03/20/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$ 500.00	

SUBTOTAL of Receipts This Page (optional) ..... 6,000.00

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

**Contributions From Other Political Committees**

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NAME OF COMMITTEE (in Full) (02/17/2000 - 03/31/2000)  
 Bob Matsui for Congress C000005688

<b>A. Full Name, Mailing Address and ZIP Code</b> America's Community Bankers FED PAC (COMPAC) 900 19th Street, NW, Suite 400 Washington, DC 20006	Name of Employer  Occupation	Date (month, day, year) 03/15/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 1,000.00		
<b>B. Full Name, Mailing Address and ZIP Code</b> Arthur Andersen/Andersen Consulting PAC 1666 K Street, NW Washington, DC 20006	Name of Employer  Occupation	Date (month, day, year) 03/15/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 1,000.00		
<b>C. Full Name, Mailing Address and ZIP Code</b> Baker & Hostetler PAC 1050 Connecticut Ave., NW Washington, DC 20036	Name of Employer  Occupation	Date (month, day, year) 03/30/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 500.00		
<b>D. Full Name, Mailing Address and ZIP Code</b> BankAmerica Corporation PAC (BACPAC) P.O. Box 37000 San Francisco, CA 94137	Name of Employer  Occupation	Date (month, day, year) 02/18/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 1,000.00		
<b>E. Full Name, Mailing Address and ZIP Code</b> Bell Atlantic PAC 1717 Arch Street 46th Floor Philadelphia, PA 19103	Name of Employer  Occupation	Date (month, day, year) 03/27/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 1,000.00		
<b>F. Full Name, Mailing Address and ZIP Code</b> Blue Diamond Growers PAC 1802 C Street Sacramento, CA 95814	Name of Employer  Occupation	Date (month, day, year) 03/03/2000	Amount of Each Receipt this Period 150.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 150.00		
<b>G. Full Name, Mailing Address and ZIP Code</b> Boeing PAC Federal Account 1200 Wilson Boulevard Arlington, VA 22209	Name of Employer  Occupation	Date (month, day, year) 02/18/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 1,000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5,650.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

**Contributions From Other Political Committees**

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**NAME OF COMMITTEE (in Full)** (02/17/2000 - 03/31/2000)  
 Bob Matsui for Congress C000095688

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Brotherhood Locomotive Engineers Legis. PAC 1370 Ontario St. Cleveland, OH 44113		02/28/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CA Healthcare Assn. PAC-FED Sponsored CA Hlth P.O. Box 1252 Sacramento, CA 95812-1252		03/17/2000	150.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$ 150.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Caterpillar Employees PAC 100 Northeast Adams Street Peoria, IL 61629-1430		03/27/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Clorox Employees' Political Action Comm 1221 Broadway Oakland, CA 94612		03/15/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Drive Political Fund 25 Louisiana Ave., NW Washington, DC 20001		03/17/2000	2,500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$ 2,500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DaimlerChrysler Corporation Political Support 1000 Chrysler Drive/CIMS 485-09-82 Auburn Hills, MI 48326-2766		03/07/2000	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Earmarked through: New Democrat Network 501 Capitol Court, NE, Suite 200 Washington, DC 20002		03/07/2000	1,000.00 (memo)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	TOTAL FROM CONDUIT

**SUBTOTAL** of Receipts This Page (optional) ..... 6,650.00

**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 5 OF 10  
FOR LINE NUMBER 11 (c)

**Contributions From Other Political Committees**

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NAME OF COMMITTEE (In Full) (02/17/2000 - 03/31/2000)  
Bob Matsui for Congress C000085688

<b>A. Full Name, Mailing Address and ZIP Code</b> Friends of Roger Dickinson '98 555 Capitol Mall, Suite 1425 Sacramento, CA 95814  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	03/07/2000	150.00
Aggregate Year-to-Date \$		150.00	federally permissible
<b>B. Full Name, Mailing Address and ZIP Code</b> Edison International PAC 2244 Walnut Grove Avenue Rosemead, CA 91770  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	03/20/2000	1,000.00
Aggregate Year-to-Date \$		1,000.00	
<b>C. Full Name, Mailing Address and ZIP Code</b> Farmers' Rice Cooperative Fund P.O. Box 15223 Sacramento, CA 95851  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	03/20/2000	500.00
Aggregate Year-to-Date \$		500.00	
<b>D. Full Name, Mailing Address and ZIP Code</b> Federal Express Political Action Committee 2005 Corporate Avenue Memphis, TN 38132  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	03/30/2000	1,000.00
Aggregate Year-to-Date \$		1,000.00	
<b>E. Full Name, Mailing Address and ZIP Code</b> Ford Motor Company Civic Action Fund PAC The American Road Dearborn, MI 48121  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	03/06/2000	1,000.00
Aggregate Year-to-Date \$		1,000.00	
<b>F. Full Name, Mailing Address and ZIP Code</b> Genentech, Inc. Federal PAC 460 Point San Bruno Blvd. So. San Francisco, CA 94080  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	02/28/2000	1,000.00
Aggregate Year-to-Date \$		1,000.00	
<b>G. Full Name, Mailing Address and ZIP Code</b> GM Civic Involvement Program PAC-General Mtrs 3044 West Grand Boulevard Detroit, MI 48202  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	02/28/2000	1,000.00
Aggregate Year-to-Date \$		1,000.00	

**SUBTOTAL** of Receipts This Page (optional) ..... 5,650.00

**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

**Contributions From Other Political Committees**

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NAME OF COMMITTEE (in Full) (02/17/2000 - 03/31/2000)  
 Bob Matsui for Congress C000085688

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Johnson & Johnson Employees' Good Gov't PAC One Johnson & Johnson Plaza New Brunswick, NJ 08933-7204		03/15/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MAYPAC 611 Olive St. St. Louis, MO 63101		03/30/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MCI WorldCom, Inc. PAC 500 Clinton Center Drive-Bldg. 2, 4th Fl Clinton, MS 39056		02/23/2000	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$ 2,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MCI WorldCom, Inc. PAC 500 Clinton Center Drive-Bldg. 2, 4th Fl Clinton, MS 39056		03/27/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$ 2,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Massachusetts Mutual Life Insurance Comp. PAC 1295 State Street Springfield, MA 01111-0001		02/18/2000	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Microsoft Corporation P.A.C. 16011 N. S. 36th Way/Box 97017 Redmond, WA 98073-9717		03/07/2000	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Monsanto Citizenship Fund 800 N. Lindbergh Blvd. St. Louis, MO 63167		02/28/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$ 500.00	

SUBTOTAL of Receipts This Page (optional) 6,500.00

TOTAL This Period (last page this line number only) 6,500.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

**Contributions From Other Political Committees**

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NAME OF COMMITTEE (in Full) [02/17/2000 - 03/31/2000]  
 Bob Matsui for Congress C000085688

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NARFE-PAC Nat'l Assn. of Retired Federal Emp. 1533 New Hampshire Ave., NW Washington, DC 20036		02/28/2000	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NEA Fund for Children & Public Education 1201 16th Street, NW Washington, DC 20036		02/23/2000	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NEMPAC/Nat'l Emergency Medicine PAC 1125 Executive Circle Irving, TX 75038-2522		03/07/2000	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ogden Corporation PAC 277 Park Avenue New York, NY 10017		03/15/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Orriek, Herrington & Sutcliffe PAC 400 Sansome St. San Francisco, CA 94111		03/20/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$ 1,500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PG & B Employees Federal PAC 77 Beale St. San Francisco, CA 94106		03/28/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pacific Life Insurance Company Federal PAC 700 Newport Center Drive Newport Beach, CA 92660		02/28/2000	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional)	6,000.00
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

**Contributions From Other Political Committees**

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(02/17/2000 - 03/31/2000)

**NAME OF COMMITTEE (in Full)**

Bob Matsui for Congress

C000085600

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peach PAC-CA Canning Peach Assn. PAC P.O. Box 7001 Lafayette, CA 94549		03/07/2000	150.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$ 150.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Penny PAC - J.C. Penney Company Inc. PAC P.O. Box 227481 Dallas, TX 75222-7481		03/03/2000	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Plumbers & Pipefitters Local 447 FED PAC 5841 Newman Court Sacramento, CA 95819		03/20/2000	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$ 300.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PAC of the Employees of Dow Chemical Comp. 2030 Dow Center Midland, MI 48674		03/20/2000	450.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$ 450.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Professionals In Advertising PAC 40 West 23rd St. New York, NY 10010		03/07/2000	150.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$ 1,150.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Qualcomm Inc. PAC-QPAC 2000 R Street, Suite 375 Washington, DC 20006		03/31/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RETAIL PAC-National Retail Federation, Inc. 325 7th Street, NW, Suite 1000 Washington, DC 20004		03/30/2000	2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$ 3,000.00	

SUBTOTAL of Receipts This Page (optional)

5,050.00

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

**Contributions From Other Political Committees**

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NAME OF COMMITTEE (in Full) (02/17/2000 - 03/31/2000)  
 Bob Matsui for Congress C000085688

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SBC Communications, Inc. Employee Federal PAC 175 East Houston, Room 4-R-R San Antonio, TX 78205	Occupation	03/07/2000	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$	1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SEIU COPE FUND PAC 1313 L Street, NW Washington, DC 20005	Occupation	03/06/2000	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$	1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Salt River Project Political Involvement Comm P.O. Box 52025 Phoenix, AZ 85072-2025	Occupation	02/25/2000	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$	1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Shaw-Pittman PAC 2300 N Street, NW Washington, DC 20037	Occupation	03/02/2000	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$	1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sunkist PAC P.O. Box 5576 Sherman Oaks, CA 91413	Occupation	02/18/2000	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$	1,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Transportation Political Education League 14600 Detroit Ave. Cleveland, OH 44107	Occupation	02/18/2000	3,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$	3,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
United Airlines, Inc. PAC P.O. Box 66423 Chicago, IL 60666	Occupation	03/01/2000	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$	1,000.00	

**SUBTOTAL** of Receipts This Page (optional) 9,000.00

**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

**Contributions From Other Political Committees**

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**NAME OF COMMITTEE (in Full)** (02/17/2000 - 03/31/2000)

Bob Matsui for Congress

C000085688

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
UPS PAC - United Parcel Service P.A.C. 55 Glenlake Parkway, NE Atlanta, GA 30328  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	_____ Occupation _____  Aggregate Year-to-Date \$ 300.00	03/20/2000	300.00
B. Full Name, Mailing Address and ZIP Code United Technologies Corp. PAC - Federal 1401 Eye St., NW, Ste. 600 Washington, DC 20005  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	_____ Occupation _____  Aggregate Year-to-Date \$ 1,000.00	03/30/2000	1,000.00
C. Full Name, Mailing Address and ZIP Code   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   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   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   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   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	_____ Occupation _____  Aggregate Year-to-Date \$	_____ _____	_____ _____

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1,300.00
<b>TOTAL</b> This Period (last page this line number only) .....	60,400.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

Other Receipts

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NAME OF COMMITTEE (in Full) [02/17/2000 - 03/31/2000]  
 Bob Matsui for Congress C000025688

<b>A. Full Name, Mailing Address and ZIP Code</b> The Merchants National Bank 1015 7th Street Sacramento, CA 95804  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	02/29/2000	63.61
Aggregate Year-to-Date \$		1,398.64	Interest earned
<b>B. Full Name, Mailing Address and ZIP Code</b> The Merchants National Bank 1015 7th Street Sacramento, CA 95804  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	03/16/2000	383.54
Aggregate Year-to-Date \$		1,398.64	Interest earned
<b>C. Full Name, Mailing Address and ZIP Code</b> The Merchants National Bank 1015 7th Street Sacramento, CA 95804  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	03/31/2000	58.13
Aggregate Year-to-Date \$		1,398.64	Interest earned
<b>D. Full Name, Mailing Address and ZIP Code</b>   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Aggregate Year-to-Date \$			
<b>E. Full Name, Mailing Address and ZIP Code</b>   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Aggregate Year-to-Date \$			
<b>F. Full Name, Mailing Address and ZIP Code</b>   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Aggregate Year-to-Date \$			
<b>G. Full Name, Mailing Address and ZIP Code</b>   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Aggregate Year-to-Date \$			

SUBTOTAL of Receipts This Page (optional)	515.28
TOTAL This Period (last page this line number only)	515.28

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE	OF
1	6
FOR LINE NUMBER	
17	

**Operating Expenditures**

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**NAME OF COMMITTEE (in Full)** Bob Matsui for Congress (02/17/2000 - 03/31/2000)  
 C000085600

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
B B E C Productions, Inc. 5429 24th Street, N Arlington, VA 22205	fundraising expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/24/2000	150.00
B. Full Name, Mailing Address and ZIP Code Bank of America NT&SA P.O. Box 53132 Phoenix, AZ 85072-3132	Purpose of Disbursement see below Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 03/20/2000	Amount of Each Disbursement This Period 577.84
C. Full Name, Mailing Address and ZIP Code U.S House of Representatives Washington, DC	Purpose of Disbursement meals Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 03/20/2000	Amount of Each Disbursement This Period 378.30 (memo)
D. Full Name, Mailing Address and ZIP Code Bank of America NT&SA P.O. Box 53132 Phoenix, AZ 85072-3132	Purpose of Disbursement see below Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 03/20/2000	Amount of Each Disbursement This Period 1,372.92
E. Full Name, Mailing Address and ZIP Code United Airlines Arlington, VA	Purpose of Disbursement travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 03/20/2000	Amount of Each Disbursement This Period 1,094.00 (memo)
F. Full Name, Mailing Address and ZIP Code Hertz Rent a Car Local Edition Sacramento, CA	Purpose of Disbursement travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 03/20/2000	Amount of Each Disbursement This Period 248.79 (memo)
G. Full Name, Mailing Address and ZIP Code Bank of America NT&SA P.O. Box 53132 Phoenix, AZ 85072-3132	Purpose of Disbursement fundraising expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 03/20/2000	Amount of Each Disbursement This Period 179.14
H. Full Name, Mailing Address and ZIP Code Bank of America NT&SA P.O. Box 53132 Phoenix, AZ 85072-3132	Purpose of Disbursement gifts for constituents Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 03/20/2000	Amount of Each Disbursement This Period 42.96
I. Full Name, Mailing Address and ZIP Code Bank of America NT&SA P.O. Box 53132 Phoenix, AZ 85072-3132	Purpose of Disbursement phones Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 03/20/2000	Amount of Each Disbursement This Period 24.73

**SUBTOTAL of Disbursements This Page (optional)** ..... 2,347.59

**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

**Operating Expenditures**

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**NAME OF COMMITTEE (in Full)**

(02/17/2000 - 03/31/2000)

Bob Matsui for Congress

C000085600

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bank of America NTE&A P.O. Box 53132 Phoenix, AZ 85072-3132	books Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/20/2000	62.50
B. Full Name, Mailing Address and ZIP Code Bell Atlantic Mobile P.O. Box 41556 Philadelphia, PA 19101-1556	phones Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/13/2000	53.15
C. Full Name, Mailing Address and ZIP Code Bell Atlantic Mobile P.O. Box 41556 Philadelphia, PA 19101-1556	phones Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/27/2000	62.61
D. Full Name, Mailing Address and ZIP Code Bell Atlantic Mobile P.O. Box 41556 Philadelphia, PA 19101-1556	phones Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/01/2000	95.16
E. Full Name, Mailing Address and ZIP Code Bell Atlantic P.O. Box 646 Baltimore, MD 21265-0646	phones Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/03/2000	37.84
F. Full Name, Mailing Address and ZIP Code Bell Atlantic P.O. Box 646 Baltimore, MD 21265-0646	phones Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/13/2000	27.13
G. Full Name, Mailing Address and ZIP Code Bell Atlantic P.O. Box 646 Baltimore, MD 21265-0646	phones Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/31/2000	37.84
H. Full Name, Mailing Address and ZIP Code Bonner Group, Inc. P.O. Box 523523 Springfield, VA 22152	fundraising expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/17/2000	806.27
I. Full Name, Mailing Address and ZIP Code Bonner Group, Inc. P.O. Box 523523 Springfield, VA 22152	fundraising consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/29/2000	2,750.00

**SUBTOTAL** of Disbursements This Page (optional)

3,952.50

**TOTAL** This Period (last page this line number only)



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Operating Expenditures

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 purpose, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

{02/17/2000 - 03/31/2000}

Bob Matsui for Congress

C000085688

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bonner Group, Inc. P.O. Box 523523 Springfield, VA 22152	fundraising consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/29/2000	2,750.00
B. Full Name, Mailing Address and ZIP Code Citadel Press 3300 Business Drive Sacramento, CA 95820	printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/17/2000	1,670.13
C. Full Name, Mailing Address and ZIP Code Downtown Plaza Association File #55894 Los Angeles, CA 90074-5569	rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/10/2000	355.75
D. Full Name, Mailing Address and ZIP Code Michael L. Dutilly 8324 Honeycomb Way Sacramento, CA 95828	fundraising expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/23/2000	101.90
E. Full Name, Mailing Address and ZIP Code Michael L. Dutilly 8324 Honeycomb Way Sacramento, CA 95828	salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/29/2000	227.43
F. Full Name, Mailing Address and ZIP Code Michael L. Dutilly 8324 Honeycomb Way Sacramento, CA 95828	salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/15/2000	266.11
G. Full Name, Mailing Address and ZIP Code Michael L. Dutilly 8324 Honeycomb Way Sacramento, CA 95828	salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/15/2000	342.91
H. Full Name, Mailing Address and ZIP Code Michael L. Dutilly 8324 Honeycomb Way Sacramento, CA 95828	salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/31/2000	342.91
I. Full Name, Mailing Address and ZIP Code Brad Figel c/o Nike, Inc. 507 Second Street, NE Washington, DC 20002	see below Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/24/2000	825.00

SUBTOTAL of Disbursements This Page (optional)	6,882.14
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

**Operating Expenditures**

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**NAME OF COMMITTEE (in Full)**

(02/17/2000 - 03/31/2000)

Bob Matsui for Congress

CO00085688

<b>A. Full Name, Mailing Address and ZIP Code</b> Equinox Restaurant 818 Connecticut Avenue, NW Washington, DC 20008	<b>Purpose of Disbursement</b> fundraising expense  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 03/24/2000	<b>Amount of Each Disbursement This Period</b> 825.00 (memo)
<b>B. Full Name, Mailing Address and ZIP Code</b> Franchise Tax Board P.O. Box 942857 Sacramento, CA 94257-0501	<b>Purpose of Disbursement</b> taxes  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 03/10/2000	<b>Amount of Each Disbursement This Period</b> 543.92
<b>C. Full Name, Mailing Address and ZIP Code</b> Harpe, Ltd. 4352 Fair Oaks Boulevard Sacramento, CA 95864	<b>Purpose of Disbursement</b> fundraising expense  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 03/27/2000	<b>Amount of Each Disbursement This Period</b> 275.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Internal Revenue Service Odgen, UT 84201-2222	<b>Purpose of Disbursement</b> taxes  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 03/10/2000	<b>Amount of Each Disbursement This Period</b> 820.20
<b>E. Full Name, Mailing Address and ZIP Code</b> Makoto Restaurant 4822 Macarthur Blvd., N. W. Washington, DC 20007	<b>Purpose of Disbursement</b> fundraising expense  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 03/24/2000	<b>Amount of Each Disbursement This Period</b> 6,079.15
<b>F. Full Name, Mailing Address and ZIP Code</b> Robert T. Matsui 2308 Rayburn HOB Washington, DC 20515	<b>Purpose of Disbursement</b> meals  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 03/14/2000	<b>Amount of Each Disbursement This Period</b> 250.10
<b>G. Full Name, Mailing Address and ZIP Code</b> Meals from The Heart 102 Virginia Avenue Rockville, MD 20850-1659	<b>Purpose of Disbursement</b> fundraising expense  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 02/29/2000	<b>Amount of Each Disbursement This Period</b> 1,318.00
<b>H. Full Name, Mailing Address and ZIP Code</b> Olson Hagel Leidigh Waters & Fishburn LLP 555 Capitol Mall, Ste. 1425 Sacramento, CA 95814	<b>Purpose of Disbursement</b> legal services and expenses  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 03/15/2000	<b>Amount of Each Disbursement This Period</b> 1,993.84
<b>I. Full Name, Mailing Address and ZIP Code</b> Pacific Bell Payment Center Sacramento, CA 95887-0001	<b>Purpose of Disbursement</b> phones  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 02/28/2000	<b>Amount of Each Disbursement This Period</b> 53.09

**SUBTOTAL** of Disbursements This Page (optional) .....

11,333.30

**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

Operating Expenditures

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 purpose, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

{02/17/2000 - 03/31/2000}

Bob Matesui for Congress

0000085688

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pacific Bell Payment Center Sacramento, CA 95887-0001	phones Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/28/2000	82.40
Pacific Bell Payment Center Sacramento, CA 95887-0001	phones Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/20/2000	52.47
Pacific Bell Payment Center Sacramento, CA 95887-0001	phones Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/27/2000	63.34
River City Business Services 5435 Madison Avenue Sacramento, CA 95841	payroll taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/29/2000	57.20
River City Business Services 5435 Madison Avenue Sacramento, CA 95841	payroll services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/29/2000	29.00
River City Business Services 5435 Madison Avenue Sacramento, CA 95841	payroll taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/15/2000	75.44
River City Business Services 5435 Madison Avenue Sacramento, CA 95841	payroll services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/15/2000	10.00
River City Business Services 5435 Madison Avenue Sacramento, CA 95841	payroll taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/15/2000	112.49
River City Business Services 5435 Madison Avenue Sacramento, CA 95841	payroll services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/15/2000	29.00

SUBTOTAL of Disbursements This Page (optional)	511.34
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	OF
6	6
FOR LINE NUMBER	
17	

**Operating Expenditures**

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 purpose, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (in Full)** Bob Matsui for Congress (02/17/2000 - 03/31/2000)  
**ACCOUNT NUMBER** C000085688

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
River City Business Services 5435 Madison Avenue Sacramento, CA 95841	payroll taxes Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/31/2000	112.49
River City Business Services 5435 Madison Avenue Sacramento, CA 95841	payroll services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	03/31/2000	29.00
Sacramento Urban League 4900 Broadway, Ste. 1600 Sacramento, CA 95820	advertisement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/03/2000	300.00
Sterling Hotel/Elizabethan Inn Associates 1300 H Street Sacramento, CA 95814	fundraising expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/27/2000	4,709.97
Toshi Tombara 1111 Sherburn Avenue Sacramento, CA 95822	fundraising expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/27/2000	268.95
United Airlines L Street Sacramento, CA 95814	travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/01/2000	250.00
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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5,670.41
<b>TOTAL</b> This Period (last page this line number only) .....	30,697.28

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Other Disbursements

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 purpose, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (in Full)** (02/17/2000 - 03/31/2000)  
 Bob Matsui for Congress C000085688

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hillary Rodham Clinton for U.S. Senate 450 Seventh Avenue, Suite 804 New York, NY 10123-0073	Contribution to Hillary Clinton US Senate, New York Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	03/13/2000	1,000.00
B. Full Name, Mailing Address and ZIP Code Susan Davis for Congress P.O. Box 84049 San Diego, CA 92138-4049	Purpose of Disbursement Contribution to Susan Davis CD-49, California Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year) 02/17/2000	Amount of Each Disbursement This Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Democratic Congressional Campaign Committee 430 South Capitol Street, SE Washington, DC 20003	Purpose of Disbursement Contribution to federal committee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year) 03/28/2000	Amount of Each Disbursement This Period 15,000.00
D. Full Name, Mailing Address and ZIP Code Schiff for Congress 35 South Raymond Avenue, #206 Pasadena, CA 91105	Purpose of Disbursement Contribution to Adam Schiff CD-27, California Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year) 02/23/2000	Amount of Each Disbursement This Period 1,000.00
E. Full Name, Mailing Address and ZIP Code Schiff for Congress 35 South Raymond Avenue, #206 Pasadena, CA 91105	Purpose of Disbursement Contribution to Adam Schiff CD-27, California Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	Date (month, day, year) 02/23/2000	Amount of Each Disbursement This Period 1,000.00
F. Full Name, Mailing Address and ZIP Code Bob Wise for Governor Committee P.O. Box 3870 Charleston, WV 25338	Purpose of Disbursement Contribution to non-federal committee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year) 03/13/2000	Amount of Each Disbursement This Period 1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General 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 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 Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

<b>SUBTOTAL</b> of Disbursements This Page (optional)	20,000.00
<b>TOTAL</b> This Period (last page this line number only)	20,000.00

**SCHEDULE D**  
(Revised 3/80)


**DEBTS AND OBLIGATIONS**  
Excluding Loans

Name of Committee (in Full) (02/17/2000 - 03/31/2000)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Bob Matsui for Congress C000085688				
<b>A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor</b> The Bonner Group 7623 Fullerton Rd. Springfield, VA 22153	806.27	663.87	806.27	663.87
<b>Nature of Debt (Purpose):</b> fundraising expenses				
<b>B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor</b> Fong & Fong Printers and Lithographers 3009 65th St. Sacramento, CA 95820	2,564.45	0.00	0.00	2,564.45
<b>Nature of Debt (Purpose):</b> printing				
<b>C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor</b> Horizon Communications Corporation 4501 Western Avenue, NW Washington, DC 20016	0.00	2,598.27	0.00	2,598.27
<b>Nature of Debt (Purpose):</b> printing				
<b>D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor</b> Laser Communication Company 12413 Clifton Hunt Drive Clifton, VA 20124	0.00	200.40	0.00	200.40
<b>Nature of Debt (Purpose):</b> direct mail services				
<b>E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor</b> Washington Counsel 1150 17th Street, NW, Suite 601 Washington, DC 20035	0.00	84.80	0.00	84.80
<b>Nature of Debt (Purpose):</b> fundraising expense				
<b>F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor</b>				
<b>Nature of Debt (Purpose):</b>				
1) SUBTOTALS This Period This Page (optional) . . . . .				6,111.79
2) TOTAL This Period (last page in this line only) . . . . .				6,111.79
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) . . . . .				0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) . . . . .				6,111.79

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

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