

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Eye of the Tiger Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF AMATA**

Mailing Address P.O. BOX 6171

City PAGO PAGO State AS Zip Code 96799

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

011

Candidate Name

**AUMUA AMATA**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AS District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 12 / 2016

Transaction ID : **SB23.I10789**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. JUSTIN FAREED FOR CONGRESS**

Mailing Address PO BOX 5068

City SANTA BARB State CA Zip Code 93105

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

011

Candidate Name

**JUSTIN FAREED**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 24

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2016

Transaction ID : **SB23.I10431**

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. KHOURI FOR CONGRESS**

Mailing Address PO BOX 9007

City AURORA State IL Zip Code 60598-9007

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

011

Candidate Name

**TONIA KHOURI**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 11

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2016

Transaction ID : **SB23.I10435**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

9000.00

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