SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	3 / 3 FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)
HOME CARE ASSOCIATION OF AMERICA, INC. POLITICAL ACTION COMMITTEE, INC.

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Rely on Your Beliefs Fund Disbursement for: [ ] Primary [X] General [ ] Other (specify):	09/12/2022	1000.00

SUBTOTALS of Disbursements This Page (Optional)	
TOTALS This Period (last page this line number only)	1000.00