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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)
American Health Care Association Political Action Committee

A.
Full Name (Last, First, Middle Initial)
Matsui For Congress

Mailing Address 729 15th Street, NW Third Floor

City: Washington
State: DC
Zip Code: 20005

Purpose of Disbursement

Candidate Name
Mrs Doris Matsui

011
Category/Type

Office Sought: X House / Senate / President
State: CA District: 5

Disbursement For: 2006
X Primary / General / Other (specify)

Transaction ID: 23282245
Date of Disbursement
12 / 20 / 2005

Amount of Each Disbursement this Period
2000.00

B.
Full Name (Last, First, Middle Initial)
ROYB Fund (Rely on Your Beliefs Fund)

Mailing Address 1300 Pennsylvania Avenue NW #700

City: Washington
State: DC
Zip Code: 20004

Purpose of Disbursement

Candidate Name

011
Category/Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 23289289
Date of Disbursement
12 / 22 / 2005

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶	3000.00
TOTAL This Period (last page this line number only) ..... ▶	43000.00