REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

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USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full): Friends of Lois Capps

ADDRESS (number and street) [ ] Check if different than previously reported.
PO Box 23940

CITY, STATE and ZIP CODE: Santa Barbara, CA 93121

STATE/DISTRICT: CA-H22

2. FEC IDENTIFICATION NUMBER: C00331389

3. IS THIS REPORT AN AMENDMENT? [X] YES [ ] 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)
- [ ] 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____
- [X] 30-Day Post-Election Report following the General Election on _____ in the State of _____
- [ ] Termination Report

This report contains activity for: [X] Primary Election [X] General Election [ ] Special Election [ ] Runoff Election

SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 10/19/00 through 11/27/00		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	$128818.82	$1120131.66
(b) Total Contribution Refunds (from Line 20(d))	0	$3325.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	$128818.82	$1116806.66
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	$473796.68	$1300524.75
(b) Total Offsets to Operating Expenditures (from Line 14)	$400.00	$2912.88
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	$473396.68	$1297611.87
8. Cash on Hand at Close of Reporting Period (from Line 27)	$302382.89	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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: David Powdrell, Treasurer

Signature of Treasurer: [signature]

Date: 1/26/01

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

FE1/7/94

FEC FORM 3
(revised 4/87)