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

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NAME OF COMMITTEE (In Full)
OPERATING ENGINEERS LOCAL 12 VOLUNTARY LEGISLATVE FUND

A.

Full Name (Last, First, Middle Initial)
Friends Of Lois Capps

Mailing Address
PO Box 23940

City: Santa Barbara
State: CA
Zip Code: 93121

Purpose of Disbursement
Contribution

Candidate Name
Lois Capps

Category/Type

Office Sought: X House / Senate / President
State: CA District: 22

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

Date of Disbursement
10 10 2002

Amount of Each Disbursement this Period
4000.00

Transaction ID: SB23.5093

B.

C.

SUBTOTAL of Disbursements This Page (optional) ..... ▶	**4000.00**
TOTAL This Period (last page this line number only) ..... ▶	**4000.00**