SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 21

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NAME OF COMMITTEE (In Full)
LOFGREN FOR CONGRESS

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Lois Capps P.O. Box 23940 Santa Barbara, CA 93121-	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	03/02/200	$1000.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	/ /	
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	/ /	
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	/ /	
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	/ /	
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	/ /	
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	/ /	

SUBTOTAL of Disbursements This Page (optional)	$1000.00
TOTAL This Period (last page this line number only)	$1000.00