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)
American Hospital Association PAC

A.
Full Name (Last, First, Middle Initial)
Friends of Lois Capps

Mailing Address
1724 Santa Barbara

City: Santa Barbara
State: CA
Zip Code: 93101

Purpose of Disbursement
YTD:$1,000.00

Category/Type: 011

Candidate Name
Rep. Lois Capps

Office Sought: X House / Senate / President
State: CA District: 23

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement
01 31 2002

Amount of Each Disbursement this Period
1000.00

Transaction ID: 5732860

B.

C.

SUBTOTAL of Disbursements This Page (optional) ..... ▶	**1000.00**
TOTAL This Period (last page this line number only) ..... ▶	**44050.00**