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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Clear Channel Communications Inc Political Action Committee

A.
Full Name (Last, First, Middle Initial): Friends of Jim Inhofe Committee
Mailing Address: PO Box 13300
City: Oklahoma City | State: OK | Zip Code: 73113
Purpose of Disbursement: 2008 Primary
Candidate Name: James Inhofe
Category/Type
Office Sought: House / X Senate / President / State: OK District
Disbursement For: 2008 / X Primary / General / Other (specify)
Transaction ID: D6553-925D146746635
Date of Disbursement: 09 / 14 / 2005
Amount of Each Disbursement this Period: 2000.00

B.
Full Name (Last, First, Middle Initial): Friends of Jim Inhofe Committee
Mailing Address: PO Box 13300
City: Oklahoma City | State: OK | Zip Code: 73113
Purpose of Disbursement: 2008 General
Candidate Name: James Inhofe
Category/Type
Office Sought: House / X Senate / President / State: OK District
Disbursement For: 2008 / Primary / X General / Other (specify)
Transaction ID: D6553-3373834490776
Date of Disbursement: 09 / 14 / 2005
Amount of Each Disbursement this Period: 500.00

C.
Full Name (Last, First, Middle Initial): Friends of Lois Capps
Mailing Address: PO Box 23840
City: Santa Barbara | State: CA | Zip Code: 93121
Purpose of Disbursement: 2006 Primary
Candidate Name: Lois Capps
Category/Type
Office Sought: X House / Senate / President / State: CA District: 23
Disbursement For: 2006 / X Primary / General / Other (specify)
Transaction ID: 76920-8863794207573
Date of Disbursement: 09 / 21 / 2005
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **3500.00**

TOTAL This Period (last page this line number only) ..... ▶