25970927746

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	X 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)
American College of Nurse-Midwives Midwives-PAC

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

Mailing Address P.O. Box 23940

City: Santa Barbara
State: CA
Zip Code: 93121

Purpose of Disbursement: Contribution

Category/Type: 011

Candidate Name: Lois Capps

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

Disbursement For: X Primary / General / Other (specify)
2006

Transaction ID: 22494537
Date of Disbursement: 07 / 22 / 2005

Amount of Each Disbursement this Period: 1000.00

Contribution

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