SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use seperate 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 solicating 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)
Human Rights Campaign PAC

A.
Full Name (Last, First, Middle Initial): FRIENDS OF JOHN CONYERS
Mailing Address: P.O. Box 17204
City: Alexandria State: VA Zip Code: 22302
Purpose of Disbursement: Contribution: John Conyers, Jr. (MI-14-D
Candidate Name: John Conyers
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: MI District: 14
Disbursement For: 2006 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: D33988
Date of Disbursement: 09 / 08 / 2006
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): FRIENDS OF JOHN CONYERS
Mailing Address: P.O. Box 17204
City: Alexandria State: VA Zip Code: 22302
Purpose of Disbursement: in-kind:web communication
Candidate Name: John Conyers
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: MI District: 14
Disbursement For: 2006 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: D34159
Date of Disbursement: 09 / 25 / 2006
Amount of Each Disbursement this Period: 25.00

C.
Full Name (Last, First, Middle Initial): Friends Of Lois Capps
Mailing Address: 38 Ivy St SE
City: Washington State: DC Zip Code: 20003-4006
Purpose of Disbursement: In-kind:web communication
Candidate Name: Lois Capps
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: CA District: 23
Disbursement For: 2006 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: D34161
Date of Disbursement: 09 / 25 / 2006
Amount of Each Disbursement this Period: 25.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **1050.00**

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