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

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A.
Full Name (Last, First, Middle Initial): FRIENDS OF LOIS CAPPS
Mailing Address: PO BOX 23940
City: SANTA BARBARA State: CA Zip Code: 93121
Purpose of Disbursement: Candidate Contribution
Candidate Name: Lois Capps
Category/Type: 011
Office Sought: X House / Senate / President
State: CA District: 22
Disbursement For: 2004 X Primary / General / Other (specify)
Transaction ID: 17658620
Date of Disbursement: 09/25/2003
Amount of Each Disbursement this Period: 1000.00
Candidate Contribution

B.
Full Name (Last, First, Middle Initial): Care PAC
Mailing Address: 929 2nd St NE
City: Washington State: DC Zip Code: 20002
Purpose of Disbursement: Contribution for Fundraising Event
Candidate Name:
Category/Type: 011
Office Sought: House / Senate / President
State: District: 0
Disbursement For: Primary / General / Other (specify)
Transaction ID: 17711107
Date of Disbursement: 10/09/2003
Amount of Each Disbursement this Period: 1000.00
Contribution for Fundraising Event

C.
Full Name (Last, First, Middle Initial): Care PAC
Mailing Address: 929 2nd St NE
City: Washington State: DC Zip Code: 20002
Purpose of Disbursement: Fundraising Event
Candidate Name:
Category/Type: 011
Office Sought: House / Senate / President
State: District: 0
Disbursement For: Primary / General / Other (specify)
Transaction ID: 17711093
Date of Disbursement: 11/20/2003
Amount of Each Disbursement this Period: 1000.00
Fundraising Event

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **3000.00**

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