

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Friends of Lois Capps

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	104705.00	466311.80
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	2000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	104705.00	464311.80
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	50293.66	343133.13
(b) Total Offsets to Operating Expenditures (from Line 14).....	95.35	19400.82
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	50198.31	323732.31
8. Cash on Hand at Close of Reporting Period (from Line 27).....	450223.88	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	138000.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
Friends of Lois Capps

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

44920.00

168970.00

(ii) Unitemized.....

22785.00

83342.05

(iii) TOTAL of contributions

67705.00

252312.05

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

37000.00

213999.75

(c) Other Political Committees (such as PACS).....

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS (other than loans)

104705.00

466311.80

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

0.00

0.00

(add Lines 13(a) and (b)).....

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.).....

95.35

19400.82

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

3750.00

35489.67

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

108550.35

521202.29

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	50293.66	343133.13
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	2000.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	2000.00
21. OTHER DISBURSEMENTS.....	28920.00	125303.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	79213.66	470436.13

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	420887.19
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	108550.35
25. SUBTOTAL (add Line 23 and Line 24).....	529437.54
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	79213.66
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	450223.88

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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)
Friends of Lois Capps

Full Name (Last, First, Middle Initial) A. Christina Allison		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6		
Mailing Address 1385 School House Rd		Transaction ID: SA11A1.29057		
City State Zip Code Montecito CA 93108-1236	Amount of Each Receipt this Period 100.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C				
Name of Employer Self Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Singer/Actress Election Cycle-to-Date ▼ 350.00			

Full Name (Last, First, Middle Initial) B. Marsha Alpert		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6		
Mailing Address 285 South Street Ste. J c/o The Wilshire Foundation		Transaction ID: SA11A1.29154		
City State Zip Code San Luis Obispo CA 93401	Amount of Each Receipt this Period 250.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C				
Name of Employer Wilshire Foundation, Inc. Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation President Election Cycle-to-Date ▼ 250.00			

Full Name (Last, First, Middle Initial) C. David H. Anderson		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6		
Mailing Address PO Box 21757		Transaction ID: SA11A1.28867		
City State Zip Code Santa Barbara CA 93121	Amount of Each Receipt this Period 1000.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C				
Name of Employer Self Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Election Cycle-to-Date ▼ 3000.00			

SUBTOTAL of Receipts This Page (optional) ▶	1350.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

Full Name (Last, First, Middle Initial) A. Howard Arvey		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6	
Mailing Address 1410 E Mountain Drive		Transaction ID: SA11A1.29044	
City State Zip Code Santa Barbara CA 93108	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Wildman, Harrold Lawyer	Election Cycle-to-Date 250.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Else Schilling Bard		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6	
Mailing Address 1640 San Leandro Lane		Transaction ID: SA11A1.29314	
City State Zip Code Santa Barbara CA 93108	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Self-employed Businesswoman	Election Cycle-to-Date 1250.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. Grover Barnes		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 0 6	
Mailing Address 1318 East Gutierrez Street		Transaction ID: SA11A1.29049	
City State Zip Code Santa Barbara CA 93103	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation retired	Election Cycle-to-Date 300.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

Full Name (Last, First, Middle Initial) A. Bettina Barrett		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006
Mailing Address 128 W. Arrellaga Street Apt. D		Transaction ID: SA11A1.28751
City State Zip Code Santa Barbara CA 93101	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Election Cycle-to-Date ▼ 463.00	

Full Name (Last, First, Middle Initial) B. Diane Barrickman		Date of Receipt M M / D D / Y Y Y Y 02 / 27 / 2006
Mailing Address 402 Vista de la Playa		Transaction ID: SA11A1.28710
City State Zip Code Santa Barbara CA 93109	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation PT, MA, OCS Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Chuck Bartlett		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2006
Mailing Address 2510 Greencastle Court		Transaction ID: SA11A1.29188
City State Zip Code Oxnard CA 93035	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Realtor Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	550.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

A. Full Name (Last, First, Middle Initial)
Dr. Michael Behrman

Mailing Address 1930 Jelinda Dr.

City State Zip Code
Santa Barbara CA 93108

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self-Employed Ortho Surgeon

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 0 6

Transaction ID: SA11A1.28978

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Julie Biggs

Mailing Address P.O. Box 561

City State Zip Code
Redlands CA 92373

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Burke, Williams & Sorensen Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 0 7 / 2 0 0 6

Transaction ID: SA11A1.28918

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Jeff Bridges

Mailing Address 985 Hot Springs Road

City State Zip Code
Santa Barbara CA 93108

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Page & Ma Business Mgmt.C-o. Actor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.28740

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

A. Full Name (Last, First, Middle Initial)
David Broad

Mailing Address 2638 State St. Unit 12

City State Zip Code
Santa Barbara CA 93105

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 06 / 2006

Transaction ID: SA11A1.28823

Amount of Each Receipt this Period
300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Debra Campbell

Mailing Address 11300 Harborside Cluster

City State Zip Code
Reston VA 20191

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self Government relations

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 08 / 2006

Transaction ID: SA11A1.29210

Amount of Each Receipt this Period
200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Candace Carroll

Mailing Address 1939 Via Casa Alta

City State Zip Code
La Jolla CA 92037

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Sullivan Hill et al Attorney

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 13 / 2006

Transaction ID: SA11A1.28879

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

Full Name (Last, First, Middle Initial) A. Barbara Cartwright		Date of Receipt MM / DD / YYYY 02 / 11 / 2006
Mailing Address 900 Calle De Los Amigos		Transaction ID: SA11A1.28819
City State Zip Code Santa Barbara CA 93105-5414	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer Occupation Retired	Election Cycle-to-Date 250.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Abbie Chapman		Date of Receipt MM / DD / YYYY 03 / 21 / 2006
Mailing Address 1528 Richard Ave.		Transaction ID: SA11A1.29263
City State Zip Code Cambria CA 93428	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2000.00
Name of Employer Self Occupation TV consultant	Election Cycle-to-Date 2000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Margaret Chapman		Date of Receipt MM / DD / YYYY 02 / 13 / 2006
Mailing Address 4957 La Ramada Drive		Transaction ID: SA11A1.29313
City State Zip Code Santa Barbara CA 93111	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer Occupation Volunteer	Election Cycle-to-Date 600.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

A. Full Name (Last, First, Middle Initial)
Mary Cheadle

Mailing Address 211 W. Oak St.
Treyton Oaks Tower #823

City State Zip Code
Louisville KY 40203

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 08 / 2006

Transaction ID: SA11A1.28736

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Edith Clark

Mailing Address 3211 Beach Club Road

City State Zip Code
Carpinteria CA 93013

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 07 / 2006

Transaction ID: SA11A1.28952

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Gregory Cook

Mailing Address 680 Olive Road

City State Zip Code
Santa Barbara CA 93108

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self-employed Businessman

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 22 / 2006

Transaction ID: SA11A1.28712

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

Full Name (Last, First, Middle Initial) A. Sarah Craig		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 0 6	
Mailing Address 261 San Julian		Transaction ID: SA11A1.29032	
City State Zip Code Santa Barbara CA 93109	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer County of Santa Barbara Occupation Engineer	Election Cycle-to-Date 400.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Deanna Dehlisen		Date of Receipt M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6	
Mailing Address PO Box 5734		Transaction ID: SA11A1.29163	
City State Zip Code Santa Barbara CA 93150	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Housewife	Election Cycle-to-Date 1000.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. Michael de Martino		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6	
Mailing Address 5153 Wooley Road		Transaction ID: SA11A1.29129	
City State Zip Code Oxnard CA 93035	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Self Occupation Real Estate Appraiser	Election Cycle-to-Date 300.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)	1300.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

A. Full Name (Last, First, Middle Initial)
Ruth Jill Dexter

Mailing Address 320 Calle Elegante

City State Zip Code
Santa Barbara CA 93108

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation tv prod.

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2006

Transaction ID: SA11A1.29325

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Magdalena Duarte

Mailing Address 2830 Diamond Drive

City State Zip Code
Camarillo CA 93010

FEC ID number of contributing federal political committee. **C**

Name of Employer Duarte Enterprises Occupation President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 12 / 2006

Transaction ID: SA11A1.29134

Amount of Each Receipt this Period
50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Jeanette Duncan

Mailing Address 256 Puffin Way

City State Zip Code
Templeton CA 93465

FEC ID number of contributing federal political committee. **C**

Name of Employer People's Self Help Housing Occupation Executive Director

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt
MM / DD / YYYY
03 / 27 / 2006

Transaction ID: SA11A1.29252

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	800.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

Full Name (Last, First, Middle Initial) A. Lauraine Effress		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address 2831 Harbor Blvd.		Transaction ID: SA11A1.28848
City State Zip Code Oxnard CA 93035	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation retired Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Baroness Leni Fe Bland		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6
Mailing Address 2059 Boundry Drive		Transaction ID: SA11A1.28779
City State Zip Code Santa Barbara CA 93108	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self-employed Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Businesswoman Election Cycle-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) C. Steven Feinberg		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address 5383 Hollister Ave Ste. 140		Transaction ID: SA11A1.28979
City State Zip Code Santa Barbara CA 93111	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Century Equipment Sales Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vice President Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional) ▶	3650.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

Full Name (Last, First, Middle Initial) A. Steven Feinberg		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006	
Mailing Address 5383 Hollister Ave Ste. 140		Transaction ID: SA11A1.29280	
City State Zip Code Santa Barbara CA 93111	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Century Equipment Sales	Occupation Vice President		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) B. Paul Frick		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006	
Mailing Address 2911 29th Street NW		Transaction ID: SA11A1.28942	
City State Zip Code Washington DC 20008	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer self	Occupation Public Relations		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) C. Marilyn Gevirtz		Date of Receipt M M / D D / Y Y Y Y 02 / 14 / 2006	
Mailing Address 2929 E. Valley Road		Transaction ID: SA11A1.28875	
City State Zip Code Santa Barbara CA 93108	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer	Occupation retired		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00		

SUBTOTAL of Receipts This Page (optional) ▶	2750.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

Full Name (Last, First, Middle Initial) A. Gary Gillig		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6	
Mailing Address 4434 Antigua Way		Transaction ID: SA11A1.29297	
City State Zip Code Oxnard CA 93035	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer City of Oxnard	Occupation City Attorney		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) B. Ghita Ginberg		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 6	
Mailing Address 11 La Flecha Lane		Transaction ID: SA11A1.28986	
City State Zip Code Santa Barbara CA 93105	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation Community activist		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Marc Goldberg		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6	
Mailing Address 1380 Live Oak Road		Transaction ID: SA11A1.28997	
City State Zip Code Paso Robles CA 93446	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Windward Vineyard	Occupation Proprietors -owner		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1480.00		

SUBTOTAL of Receipts This Page (optional) ▶	450.00
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

Full Name (Last, First, Middle Initial) A. Peter Goldenring		Date of Receipt MM / DD / YYYY 02 / 13 / 2006
Mailing Address 6050 Seahawk Street		Transaction ID: SA11A1.28876
City Ventura	State CA	Zip Code 93003
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer self	Occupation attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Patricia Gregory		Date of Receipt MM / DD / YYYY 02 / 21 / 2006
Mailing Address 220 East Islay Street		Transaction ID: SA11A1.28956
City Santa Barbara	State CA	Zip Code 93101
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer	Occupation retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Anna Grotenhuis		Date of Receipt MM / DD / YYYY 03 / 07 / 2006
Mailing Address 2125 Ten Acre Road		Transaction ID: SA11A1.29097
City Santa Barbara	State CA	Zip Code 93108
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Grotenhuis Investments, Inc.	Occupation Real Estate Investor	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2050.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

Full Name (Last, First, Middle Initial) A. Jacob Gruver		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006
Mailing Address 3530 N. Halsted Apt. PH		Transaction ID: SA11A1.29246
City Chicago	State IL	Zip Code 60657
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Career Education Corp	Occupation Group President	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Richard Gunther		Date of Receipt M M / D D / Y Y Y Y 02 / 13 / 2006
Mailing Address 1901 Avenue of the Stars Ste 620		Transaction ID: SA11A1.28877
City Los Angeles	State CA	Zip Code 90067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self-employed	Occupation Investor	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Helena Hale		Date of Receipt M M / D D / Y Y Y Y 02 / 15 / 2006
Mailing Address 803 Paseo Alicante		Transaction ID: SA11A1.29045
City Santa Barbara	State CA	Zip Code 93103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer One Woman Theatre	Occupation Performer	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

A. Full Name (Last, First, Middle Initial)
Jean Harris

Mailing Address 4900 Telegraph Rd
Apt 334

City State Zip Code
Ventura CA 93003

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2006

Transaction ID: SA11A1.29186

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Laura Holtz

Mailing Address PO Box 7107

City State Zip Code
Oxnard CA 93031

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
370.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 07 / 2006

Transaction ID: SA11A1.29128

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Judith Hopkinson

Mailing Address 4172 Cresta Avenue

City State Zip Code
Santa Barbara CA 93110

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Investments-Real Estate

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 17 / 2006

Transaction ID: SA11A1.29330

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

Full Name (Last, First, Middle Initial) A. William Horton		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6
Mailing Address 222 Chaplin Lane		Transaction ID: SA11A1.28937
City State Zip Code San Luis Obispo CA 93405	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Cal Poly	Occupation Professor	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) B. Joanne Imura		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address PO Box 284		Transaction ID: SA11A1.29316
City State Zip Code Grover Beach CA 93483	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer People's Self Help Housing	Occupation Executive Assistant	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Lynette Jacquez		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address 525 9th Street NW Ste. 800		Transaction ID: SA11A1.29219
City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Copeland Lowery Jacquez	Occupation Government Relations	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional) ▶	850.00
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

A. Full Name (Last, First, Middle Initial)
Stewart Jenkins

Mailing Address 1336 Morro St.

City San Luis Obispo State CA Zip Code 93401

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1989.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 06 / 2006

Transaction ID: SA11A1.28971

Amount of Each Receipt this Period
20.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Harry Q. Johnson

Mailing Address 4777 Viejo Drive

City Santa Barbara State CA Zip Code 93110

FEC ID number of contributing federal political committee. **C**

Name of Employer self employed Occupation Insurance Broker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 04 / 2006

Transaction ID: SA11A1.29108

Amount of Each Receipt this Period
25.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Harry Q. Johnson

Mailing Address 4777 Viejo Drive

City Santa Barbara State CA Zip Code 93110

FEC ID number of contributing federal political committee. **C**

Name of Employer self employed Occupation Insurance Broker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 06 / 2006

Transaction ID: SA11A1.29109

Amount of Each Receipt this Period
25.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	70.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

A. Full Name (Last, First, Middle Initial)
James Johnson

Mailing Address 66 Woodhill Road

City State Zip Code
St. Cloud MN 56301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2006

Transaction ID: SA11A1.28839

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
James Karls

Mailing Address 2229 Vista del Campo

City State Zip Code
Santa Barbara CA 93101

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2006

Transaction ID: SA11A1.29091

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Paul King

Mailing Address 2072 Royal Way

City State Zip Code
San Luis Obispo CA 93405-6300

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
235.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2006

Transaction ID: SA11A1.29324

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

Full Name (Last, First, Middle Initial) A. Richard Lane		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6	
Mailing Address 158D Kingston Ave. Apt. D		Transaction ID: SA11A1.28724	
City State Zip Code Goleta CA 93117	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Indigo Systems Inc.	Occupation Digital Design Engineer		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Louise Latham		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 6	
Mailing Address 300 Hot Springs Road		Transaction ID: SA11A1.28939	
City State Zip Code Santa Barbara CA 93108	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self-employed	Occupation Actress		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 700.00		

Full Name (Last, First, Middle Initial) C. Eulah Laucks		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 0 6	
Mailing Address 8708 NE 20th St.		Transaction ID: SA11A1.28936	
City State Zip Code Bellevue WA 98004	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation Retired		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00		

SUBTOTAL of Receipts This Page (optional) ▶	1350.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

A. Full Name (Last, First, Middle Initial)
Dr. Mark Lisagor

Mailing Address 477 E. Calle Higuera

City State Zip Code
Camarillo CA 93010

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation
Pediatric Dentist

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.28958

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mary Looker

Mailing Address 405 Toro Canyon Road

City State Zip Code
Carpinteria CA 93013

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
housewife

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.29007

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Jon Lovelace

Mailing Address 780 El Bosque Road

City State Zip Code
Santa Barbara CA 93108

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 0 7 / 2 0 0 6

Transaction ID: SA11A1.29098

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

Full Name (Last, First, Middle Initial) A. Lillian Lovelace		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006
Mailing Address 780 El Bosque Road		Transaction ID: SA11A1.29099
City State Zip Code Montecito CA 93108	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) B. Eli Luria		Date of Receipt M M / D D / Y Y Y Y 02 / 17 / 2006
Mailing Address P.O. Box 3417		Transaction ID: SA11A1.29048
City State Zip Code Santa Barbara CA 93130	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Luria Development Company Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Owner Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. John MacFarlane		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006
Mailing Address 655 Park Lane		Transaction ID: SA11A1.28930
City State Zip Code Santa Barbara CA 93108	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Sonos Inc. Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CEO Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional) ▶	2100.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

A. Full Name (Last, First, Middle Initial)
Patricia MacFarlane

Mailing Address 655 Park Lane

City State Zip Code
Santa Barbara CA 93101

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 03 / 2006

Transaction ID: SA11A1.28931

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Diana Mason

Mailing Address 455 w 44th Street #22

City State Zip Code
New York NY 10036

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Wolters Kluwer Health nurse/editor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 21 / 2006

Transaction ID: SA11A1.29331

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Roxane Mattinson

Mailing Address 1150 N. Fairview

City State Zip Code
Goleta CA 93117

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
275.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 24 / 2006

Transaction ID: SA11A1.28723

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	1350.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

Full Name (Last, First, Middle Initial) A. Sara Miller McCune		Date of Receipt MM / DD / YYYY 02 / 17 / 2006
Mailing Address 2979 Eucalyptus Hill Road		Transaction ID: SA11A1.29022
City Montecito	State CA	Zip Code 93108
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 850.00
Name of Employer Sage Publishing, Inc.	Occupation CEO/Publisher	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00	

Full Name (Last, First, Middle Initial) B. Sara Miller McCune		Date of Receipt MM / DD / YYYY 02 / 17 / 2006
Mailing Address 2979 Eucalyptus Hill Road		Transaction ID: SA11A1.29279
City Montecito	State CA	Zip Code 93108
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Sage Publishing, Inc.	Occupation CEO/Publisher	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2250.00	

Full Name (Last, First, Middle Initial) C. Don McDermott		Date of Receipt MM / DD / YYYY 02 / 11 / 2006
Mailing Address 2510 Las Positas Road		Transaction ID: SA11A1.28847
City Santa Barbara	State CA	Zip Code 93105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Verizon California	Occupation Technician	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	▶	1150.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

Full Name (Last, First, Middle Initial) A. Allyn Ann McLerie		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address 3344 Campanil Drive		Transaction ID: SA11A1.28878
City State Zip Code Santa Barbara CA 93109	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation McLerie -Gaynes Actress	Election Cycle-to-Date 3000.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. Timothy McMahon		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6
Mailing Address 1089 Highland Road		Transaction ID: SA11A1.28820
City State Zip Code Santa Ynez CA 93460	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation retired	Election Cycle-to-Date 350.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. Peter Melnick		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 6
Mailing Address 116 Miramar Avenue		Transaction ID: SA11A1.28991
City State Zip Code Santa Barbara CA 93108	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Self-employed Composer	Election Cycle-to-Date 300.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional)	1350.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

A. Full Name (Last, First, Middle Initial)
Florence Michaelsen

Mailing Address 2661 Tallant Road #607

City Santa Barbara State CA Zip Code 93105

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
02 / 14 / 2006

Transaction ID: SA11A1.28845

Amount of Each Receipt this Period
200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Warren Miller

Mailing Address 980 Canon Road

City Santa Barbara State CA Zip Code 93110

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2006

Transaction ID: SA11A1.29148

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Of Mission Indians Morango Band

Mailing Address P.O. Box 366

City Cabazon State CA Zip Code 92230

FEC ID number of contributing federal political committee. **C**

Name of Employer Tribal Government Occupation Tribal Government

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2006

Transaction ID: SA11A1.29292

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	950.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

A. Full Name (Last, First, Middle Initial)
Lessie Sinclair Nixon

Mailing Address 1290 Mountain View Road

City State Zip Code
Santa Barbara CA 93109

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.29332

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Donald O'Dowd

Mailing Address 1550 La Vista Del Oceano

City State Zip Code
Santa Barbara CA 93109

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1250.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.29095

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Henry W. Offen

Mailing Address 1986 Paquita Drive

City State Zip Code
Carpinteria CA 93013

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UCSB Professor Emeritus

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 0 3 / 2 0 0 6

Transaction ID: SA11A1.28912

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

A. Full Name (Last, First, Middle Initial)
Robert Ogilvie

Mailing Address 3775 Modoc Rd. Apt. 238

City State Zip Code
Santa Barbara CA 93105-4457

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
450.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 1 / 2 0 0 6

Transaction ID: SA11A1.28880

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Allan Pacela

Mailing Address P.O. Box 1040

City State Zip Code
Solvang CA 93464

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self doctor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.28709

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Helen L. Pedotti

Mailing Address 1915 Laguna Street

City State Zip Code
Santa Barbara CA 93101

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 6 / 2 0 0 6

Transaction ID: SA11A1.28780

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

A. Full Name (Last, First, Middle Initial)
Richard Phelan

Mailing Address 2221 King Street # 35

City State Zip Code
San Luis Obispo CA 93401

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.28844

Amount of Each Receipt this Period
200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Robert Potter

Mailing Address 111 Skyline Circle

City State Zip Code
Santa Barbara CA 93109

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation writer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.28862

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Bonnie Raitt

Mailing Address PO Box 626

City State Zip Code
Hollywood CA 90078

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Musician/activist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 6

Transaction ID: SA11A1.29112

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	950.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

A. Full Name (Last, First, Middle Initial)
Carmen Ramirez

Mailing Address 1500 Colonia Rd. #20

City Oxnard State CA Zip Code 93030

FEC ID number of contributing federal political committee. **C**

Name of Employer Superior Court, Ventura County Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 10 / 2006

Transaction ID: SA11A1.29200

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
David Rodriguez

Mailing Address 5265 Clemson Street

City Ventura State CA Zip Code 93003

FEC ID number of contributing federal political committee. **C**

Name of Employer American Lung Association Occupation Health Educator

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 07 / 2006

Transaction ID: SA11A1.29196

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Charles Root

Mailing Address 1307 Mill Street

City San Luis Obispo State CA Zip Code 93401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2006

Transaction ID: SA11A1.28934

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **850.00**

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

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

A. Full Name (Last, First, Middle Initial)
Betty Rosness

Mailing Address 669 Larchmont Pl.

City State Zip Code
Goleta CA 93117

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation
Advertising/PR

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 1 / 2 0 0 6

Transaction ID: SA11A1.28807

Amount of Each Receipt this Period
50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Dr. Anthony Sances, Jr.

Mailing Address 3202 Campanil Dr.

City State Zip Code
Santa Barbara CA 93109

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation
Professor

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1100.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.29065

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Frank Sanitate

Mailing Address 1152 Camino Manadero

City State Zip Code
Santa Barbara CA 93111

FEC ID number of contributing federal political committee. **C**

Name of Employer Frank Sanitate Associates Occupation
owner

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.28938

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **400.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

A. Full Name (Last, First, Middle Initial)
Maryan Schall

Mailing Address 417 Ennisbrook Drive

City State Zip Code
Santa Barbara CA 93108

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 1 / 2 0 0 6

Transaction ID: SA11A1.29306

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Bart Schuman

Mailing Address 4936 Almalfi Way

City State Zip Code
Oxnard CA 93035

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self Lawyer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 0 8 / 2 0 0 6

Transaction ID: SA11A1.29127

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Renata Manasse Schwebel

Mailing Address 10 Dogwood Hills

City State Zip Code
Pound Ridge NY 10578

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self-employed sculptor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 0 3 / 2 0 0 6

Transaction ID: SA11A1.28911

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

A. Full Name (Last, First, Middle Initial)
Stanley Sheinbaum

Mailing Address 345 North Rockingham Street

City State Zip Code
Los Angeles CA 90049

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self-employed Economist

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt
MM / DD / YYYY
03 / 14 / 2006

Transaction ID: SA11A1.29269

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Steve Slavin

Mailing Address PO Box 5474

City State Zip Code
Santa Barbara CA 93150

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Coldwell Banker Realtor

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2006

Transaction ID: SA11A1.29093

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
E. Del Smith

Mailing Address 4712 N. 32nd St.

City State Zip Code
Arlington VA 22207-4202

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self-employed Gov't. Relations

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 08 / 2006

Transaction ID: SA11A1.29220

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	850.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

Full Name (Last, First, Middle Initial) A. Edgar Smith		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006
Mailing Address PO Box 989		Transaction ID: SA11A1.28748
City Morro Bay State CA Zip Code 93443-0989	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation retired		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 235.00	

Full Name (Last, First, Middle Initial) B. Greg Stathakis		Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2006
Mailing Address 408 E Islay St		Transaction ID: SA11A1.29101
City Santa Barbara State CA Zip Code 93101-1039	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation teacher		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) C. Roger Stettner		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2006
Mailing Address 305 E. Haley St.		Transaction ID: SA11A1.29351
City Santa Barbara State CA Zip Code 93101	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Owner		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	800.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

A. Full Name (Last, First, Middle Initial)
Paul Sweet

Mailing Address 914 Whann Ave

City State Zip Code
McLean VA 22101

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
U of Maryland University Admin.

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 08 / 2006

Transaction ID: SA11A1.29212

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Judge William Thomson

Mailing Address 970 Hillcrest Drive

City State Zip Code
Cambria CA 93428

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
State of CA Retired Judge

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 21 / 2006

Transaction ID: SA11A1.28941

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Jane Tolmach

Mailing Address 656 Douglas Avenue

City State Zip Code
Oxnard CA 93030

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 21 / 2006

Transaction ID: SA11A1.28921

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	1100.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

A. Full Name (Last, First, Middle Initial)
Jane Tolmach

Mailing Address 656 Douglas Avenue

City Oxnard State CA Zip Code 93030

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 02 / 2006

Transaction ID: SA11A1.29130

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Ann M. Tonkin

Mailing Address P. O. Box 3956

City Santa Barbara State CA Zip Code 93130

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Teacher

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 21 / 2006

Transaction ID: SA11A1.28922

Amount of Each Receipt this Period
200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
James Torres

Mailing Address 2525 State Street Apt. 12

City Santa Barbara State CA Zip Code 93105

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 17 / 2006

Transaction ID: SA11A1.28794

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	550.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

Full Name (Last, First, Middle Initial) A. Howard Welinsky		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6
Mailing Address 4000 Warner Blvd Bldg154 Rm2309		Transaction ID: SA11A1.28975
City State Zip Code Burbank CA 91522	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Warner Bros.	Occupation Management	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Haskell Wexler		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6
Mailing Address 240 Middle Road		Transaction ID: SA11A1.28711
City State Zip Code Santa Barbara CA 93108	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation retired	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Gary Wheeler		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6
Mailing Address 1878 North Grand Oaks Avenue		Transaction ID: SA11A1.28976
City State Zip Code Altadena CA 91001	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer California Lutheran Homes	Occupation CEO	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	1750.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 41 / 76
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

A. Full Name (Last, First, Middle Initial)
John Gustave Wolleschlaeger

Mailing Address 3463 State St. #306

City State Zip Code
Santa Barbara CA 93105

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Starbucks Barista

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1100.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.28992

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Councilmember John Zaragoza

Mailing Address 1940 Pamela Street

City State Zip Code
Oxnard CA 93030

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
City of Oxnard City Council member

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.29183

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	350.00
TOTAL This Period (last page this line number only)	44920.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 76
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

A. Full Name (Last, First, Middle Initial)
AMERICAN ACADEMY OF OTOLARYNGOLOGY PAC

Mailing Address One Prince Street

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00306449

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2006

Transaction ID: SA11C.29178

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND (CRNA-PAC)

Mailing Address 222 S PROSPECT AVENUE
C/O FINANCE DEPT

City State Zip Code
PARK RIDGE IL 60068

FEC ID number of contributing federal political committee. **C** C00173153

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 08 / 2006

Transaction ID: SA11C.29218

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
AMERICAN BANKERS ASSOCIATION

Mailing Address 1120 Connecticut Avenue NW

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 21 / 2006

Transaction ID: SA11C.29258

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 76
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

Full Name (Last, First, Middle Initial)
A. AMERICAN DIETETIC ASSOCIATION POLITICAL ACTION COMMITTEE (ADAPAC)
 Mailing Address 1120 CONNECTICUT AVENUE SUITE 480
 City State Zip Code
 WASHINGTON DC 20036
 FEC ID number of contributing federal political committee. **C** C00143560
 Name of Employer Occupation
 Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 08 / 2006
Transaction ID: SA11C.29232
 Amount of Each Receipt this Period
 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)
B. AMERICAN FEDERATION GOVERNMENT EMPLOYEES PAC
 Mailing Address 80 F Street N.W.
 City State Zip Code
 Washington DC 20001
 FEC ID number of contributing federal political committee. **C** C70000104
 Name of Employer Occupation
 Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 08 / 2006
Transaction ID: SA11C.29244
 Amount of Each Receipt this Period
 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)
C. AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE
 Mailing Address 1101 VERMONT AVENUE NW
 12TH FLOOR
 City State Zip Code
 WASHINGTON DC 20005
 FEC ID number of contributing federal political committee. **C** C00000422
 Name of Employer Occupation
 Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2006
Transaction ID: SA11C.29171
 Amount of Each Receipt this Period
 2000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 3500.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 44 / 76
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

A. Full Name (Last, First, Middle Initial)
AMERICAN POSTAL WORKERS UNION COMMITTEE ON POLITICAL ACTION

Mailing Address 1300 L Street NW

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00010322

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 08 / 2006

Transaction ID: SA11C.29214

Amount of Each Receipt this Period
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
ASSOCIATION OF TRIAL LAWYERS OF AMERICA POLITICAL ACTION COMMITTEE (ATLA PAC)

Mailing Address 1050 31st Street N.W.

City State Zip Code
Washington DC 20007

FEC ID number of contributing federal political committee. **C** C00024521

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2006

Transaction ID: SA11C.29177

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
AT&T PAC

Mailing Address 32 Avenue of the Americas

City State Zip Code
New York NY 10013

FEC ID number of contributing federal political committee. **C** C00185124

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 08 / 2006

Transaction ID: SA11C.29211

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	4000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 76
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

Full Name (Last, First, Middle Initial) A. CAPITAL ONE FINANCIAL CORP. ASSOC. POLITICAL FUND		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2006
Mailing Address 1680 Capital One Drive Attn: 19050-1204		Transaction ID: SA11C.29216
City McLean	State VA	Zip Code 22102
FEC ID number of contributing federal political committee. C C00326595		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) B. CAREMARK RX INC EMPLOYEES POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2006
Mailing Address 2211 Sanders Road		Transaction ID: SA11C.29276
City Northbrook	State IL	Zip Code 60062
FEC ID number of contributing federal political committee. C C00384818		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) C. CARPENTER'S LEGISLATIVE IMPROVEMENT COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006
Mailing Address 101 Constitution Ave. NW		Transaction ID: SA11C.29169
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. C C00001016		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)	▶	4500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 76
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

Full Name (Last, First, Middle Initial) A. CLEAR CHANNEL COMMUNICATIONS INC. POLITICAL ACTION COMMITTEE		Date of Receipt MM / DD / YYYY 03 / 08 / 2006
Mailing Address 200 E. Basse Road		Transaction ID: SA11C.29235
City San Antonio	State TX	Zip Code 78209
FEC ID number of contributing federal political committee.	C C00279216	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) B. DELOITTE & TOUCHE FEDERAL POLITICAL ACTION COMMITTEE		Date of Receipt MM / DD / YYYY 03 / 30 / 2006
Mailing Address P.O. Box 365		Transaction ID: SA11C.29173
City Washington	State DC	Zip Code 20044
FEC ID number of contributing federal political committee.	C C00211318	Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. HUMAN RIGHTS CAMPAIGN PAC		Date of Receipt MM / DD / YYYY 03 / 08 / 2006
Mailing Address 1640 Rhode Island Avenue NW		Transaction ID: SA11C.29243
City Washington	State DC	Zip Code 20036
FEC ID number of contributing federal political committee.	C C00235853	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	▶	4000.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 76
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

Full Name (Last, First, Middle Initial) A. INTERNATIONAL BROTHERHOOD OF BOILERMAKERS CAMPAIGN ASSISTANCE FUND		Date of Receipt M M / D D / Y Y Y Y Y 03 / 08 / 2006
Mailing Address 753 State Ave. Suite 565		Transaction ID: SA11C.29230
City Kansas City State KS Zip Code 66101	FEC ID number of contributing federal political committee. C C00005157	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS COMMITTEE ON POLITICAL EDUCATION		Date of Receipt M M / D D / Y Y Y Y Y 03 / 30 / 2006
Mailing Address 900 Seventh St. N.W.		Transaction ID: SA11C.29175
City Washington State DC Zip Code 20001	FEC ID number of contributing federal political committee. C C00027342	Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 10000.00	

Full Name (Last, First, Middle Initial) C. INTERNATIONAL UNION OF OPERATING ENGINEERS		Date of Receipt M M / D D / Y Y Y Y Y 02 / 23 / 2006
Mailing Address 1125 17 STREET NW		Transaction ID: SA11C.29209
City WASHINGTON State DC Zip Code 20036	FEC ID number of contributing federal political committee. C C70001037	Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)	▶	6000.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 48 / 76
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

Full Name (Last, First, Middle Initial) A. MICROSOFT CORPORATION POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 03 / 08 / 2006
Mailing Address 16011 NE 36th Way Box 97017		Transaction ID: SA11C.29227
City Redmond	State WA	Zip Code 98073
FEC ID number of contributing federal political committee. C C00227546		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCO)		Date of Receipt M M / D D / Y Y Y Y Y 03 / 08 / 2006
Mailing Address 1325 Massachusetts Ave. NW		Transaction ID: SA11C.29222
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C C00238725		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) C. NATIONAL EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 03 / 08 / 2006
Mailing Address 1125 Executive Circle		Transaction ID: SA11C.29224
City Irving	State TX	Zip Code 75038
FEC ID number of contributing federal political committee. C C00140061		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 76
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

A. Full Name (Last, First, Middle Initial)
PG&E CORPORATION EMPLOYEES ENERGY PAC

Mailing Address 77 Beale Street Mail Code: B29H

City State Zip Code
San Francisco CA 94105

FEC ID number of contributing federal political committee. **C** C00177469

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 08 / 2006

Transaction ID: SA11C.29240

Amount of Each Receipt this Period
 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
PHYSICAL THERAPY PAC

Mailing Address 1111 North Fairfax Street

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00012880

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 08 / 2006

Transaction ID: SA11C.29233

Amount of Each Receipt this Period
 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
PMA GROUP POLITICAL ACTION COMMITTEE

Mailing Address 2345 CRYSTAL DRIVE SUITE 300
Suite 1107

City State Zip Code
ARLINGTON VA 22202

FEC ID number of contributing federal political committee. **C** C00280321

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 08 / 2006

Transaction ID: SA11C.29278

Amount of Each Receipt this Period
 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 50 / 76
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

A. Full Name (Last, First, Middle Initial)
RAYTHEON COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1100 Wilson Boulevard
Suite 1500

City Arlington State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00097568

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 09 / 2006

Transaction ID: SA11C.29207

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
REEBOK INTERNATIONAL LTD PAC

Mailing Address 1201 PENNSYLVANIA AVE NW SUITE 315
SUITE 613

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00256313

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 08 / 2006

Transaction ID: SA11C.29237

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
TRANSPORT WORKERS UNION POLITICAL CONTRIBUTIONS COMMITTEE

Mailing Address 80 WEST END AVENUE

City NEW YORK State NY Zip Code 10023

FEC ID number of contributing federal political committee. **C** C00008268

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 11 / 2006

Transaction ID: SA11C.29205

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 51 / 76
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

A. Full Name (Last, First, Middle Initial)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Mailing Address 8000 EAST JEFFERSON

City State Zip Code
DETROIT MI 48214

FEC ID number of contributing federal political committee. **C** C00002840

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
MM / DD / YYYY
03 / 08 / 2006

Transaction ID: SA11C.29228

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
UNITED PARCEL SERVICE INC. POLITICAL ACTION COMMITTEE

Mailing Address 55 Glenlake Parkway N.E.

City State Zip Code
Atlanta GA 30328

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4500.00

Date of Receipt
MM / DD / YYYY
03 / 08 / 2006

Transaction ID: SA11C.29226

Amount of Each Receipt this Period
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	37000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 52 / 76
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input checked="" type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

A. Full Name (Last, First, Middle Initial)
American Direct Mail

Mailing Address 908 N. Hollywood Way

City State Zip Code
Burbank CA 91505

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
231.37

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	9	/	2	0	0	6

Transaction ID: SA14.29274

Amount of Each Receipt this Period

95.35

mailing expense refund

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	95.35
TOTAL This Period (last page this line number only)	▶	95.35

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 76
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

Full Name (Last, First, Middle Initial) A. Jennifer Severance		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 2 / 2 0 0 6
Mailing Address 1718 N. Harrison		Transaction ID: SA15.28703
City Boise	State ID	Amount of Each Receipt this Period 1250.00
Zip Code 83702	FEC ID number of contributing federal political committee. C	loan repayment
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) B. Jennifer Severance		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 6 / 2 0 0 6
Mailing Address 1718 N. Harrison		Transaction ID: SA15.28704
City Boise	State ID	Amount of Each Receipt this Period 1250.00
Zip Code 83702	FEC ID number of contributing federal political committee. C	loan repayment
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) C. Jennifer Severance		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 4 / 2 0 0 6
Mailing Address 1718 N. Harrison		Transaction ID: SA15.28705
City Boise	State ID	Amount of Each Receipt this Period 1250.00
Zip Code 83702	FEC ID number of contributing federal political committee. C	loan repayment
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1250.00	

SUBTOTAL of Receipts This Page (optional)	▶	3750.00
TOTAL This Period (last page this line number only)	▶	3750.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

Full Name (Last, First, Middle Initial) A. American Direct Mail		Transaction ID: SB17.28637 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6
Mailing Address 908 N. Hollywood Way		Amount of Each Disbursement this Period 4099.19 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Burbank State CA Zip Code 91505	Purpose of Disbursement mailing Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Avenet Solutions		Transaction ID: SB17.28614 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 6
Mailing Address 400 Sibley Street #560		Amount of Each Disbursement this Period 150.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City St. Paul State MN Zip Code 55101	Purpose of Disbursement web maintenance Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Avenet Solutions		Transaction ID: SB17.28686 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 400 Sibley Street #560		Amount of Each Disbursement this Period 150.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City St. Paul State MN Zip Code 55101	Purpose of Disbursement web maintenance Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4399.19
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

A. Full Name (Last, First, Middle Initial) beall and burkhardt		Transaction ID: SB17.28656 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address 1114 State St Suite 200		Amount of Each Disbursement this Period 1180.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Santa Barbara State CA Zip Code 93101		
Purpose of Disbursement legal services Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) beall and burkhardt		Transaction ID: SB17.28682 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 1114 State St Suite 200		Amount of Each Disbursement this Period 362.76 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Santa Barbara State CA Zip Code 93101		
Purpose of Disbursement legal expense Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Full Name (Last, First, Middle Initial) Bromwell Press		Transaction ID: SB17.28653 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address 6619-21 Harford Road		Amount of Each Disbursement this Period 869.77 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore State MD Zip Code 21214		
Purpose of Disbursement mailing Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

2412.53

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

Full Name (Last, First, Middle Initial) A. Deans and Homer		Transaction ID: SB17.28623 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6
Mailing Address PO Box 45688		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City San Francisco State CA Zip Code 94145		
Purpose of Disbursement insurance Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Erickson and Company		Transaction ID: SB17.29284 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 6
Mailing Address 38 Ivy Street SE		Amount of Each Disbursement this Period 3197.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003		
Purpose of Disbursement fundraising consulting Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Erickson and Company		Transaction ID: SB17.28626 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6
Mailing Address 38 Ivy Street SE		Amount of Each Disbursement this Period 3020.16 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003		
Purpose of Disbursement fundraising consulting Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6467.76
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

Full Name (Last, First, Middle Initial) A. Erickson and Company		Transaction ID: SB17.28675 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 38 Ivy Street SE		Amount of Each Disbursement this Period 3054.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003	Purpose of Disbursement fundraising consulting Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Fairfax Mailing		Transaction ID: SB17.28636 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6
Mailing Address 10807 Main Street Suite 200		Amount of Each Disbursement this Period 838.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fairfax State VA Zip Code 22030	Purpose of Disbursement mailing Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Fairfax Mailing		Transaction ID: SB17.28689 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 10807 Main Street Suite 200		Amount of Each Disbursement this Period 202.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fairfax State VA Zip Code 22030	Purpose of Disbursement mailing Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4094.92
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

Full Name (Last, First, Middle Initial) A. Jennifer Finley		Transaction ID: SB17.28618 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 6
Mailing Address 222 W Anapamu #1		Amount of Each Disbursement this Period 4500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Santa Barbara State CA Zip Code 93101	Purpose of Disbursement management consulting Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Jennifer Finley		Transaction ID: SB17.28635 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address 222 W Anapamu #1		Amount of Each Disbursement this Period 4500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Santa Barbara State CA Zip Code 93101	Purpose of Disbursement management consulting Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Jennifer Finley		Transaction ID: SB17.28667 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 222 W Anapamu #1		Amount of Each Disbursement this Period 747.73 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Santa Barbara State CA Zip Code 93101	Purpose of Disbursement reimbursement Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	9747.73
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

Full Name (Last, First, Middle Initial) A. US Postmaster		Transaction ID: SB17.28667.1 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 800 Anacapa Street		Amount of Each Disbursement this Period 111.00
City Santa Barbara State CA Zip Code 93101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement postage Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Tupelo Junction		Transaction ID: SB17.28667.2 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 1212 State Street		Amount of Each Disbursement this Period 191.99
City Santa Barbara State CA Zip Code 93101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement meeting Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. US Postmaster		Transaction ID: SB17.28667.3 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 800 Anacapa Street		Amount of Each Disbursement this Period 39.00
City Santa Barbara State CA Zip Code 93101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement postage Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

Full Name (Last, First, Middle Initial) A. Brouillards		Transaction ID: SB17.28667.4 Date of Disbursement 01 / 13 / 2006
Mailing Address 3987-B State Street		Amount of Each Disbursement this Period 344.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Santa Barbara State CA Zip Code 93105		
Purpose of Disbursement event Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Jennifer Finley		Transaction ID: SB17.28677 Date of Disbursement 03 / 01 / 2006
Mailing Address 222 W Anapamu #1		Amount of Each Disbursement this Period 4500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Santa Barbara State CA Zip Code 93101		
Purpose of Disbursement management consulting Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Food Fantasies		Transaction ID: SB17.28687 Date of Disbursement 03 / 15 / 2006
Mailing Address P.O. Box 24156		Amount of Each Disbursement this Period 334.62 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Ventura State CA Zip Code 93002		
Purpose of Disbursement event expense Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4834.62
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

A. Hatch and Parent Full Name (Last, First, Middle Initial) Hatch and Parent		Transaction ID: SB17.28616 Date of Disbursement 01 / 01 / 2006
Mailing Address 21 E Carillo PO Drawer 720		Amount of Each Disbursement this Period 1484.13
City Santa Barbara State CA Zip Code 93102	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement legal expenses Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Hatch and Parent Full Name (Last, First, Middle Initial) Hatch and Parent		Transaction ID: SB17.28631 Date of Disbursement 01 / 26 / 2006
Mailing Address 21 E Carillo PO Drawer 720		Amount of Each Disbursement this Period 418.37
City Santa Barbara State CA Zip Code 93102	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement legal expenses Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Hatch and Parent Full Name (Last, First, Middle Initial) Hatch and Parent		Transaction ID: SB17.28662 Date of Disbursement 02 / 28 / 2006
Mailing Address 21 E Carillo PO Drawer 720		Amount of Each Disbursement this Period 3.85
City Santa Barbara State CA Zip Code 93102	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement legal services Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1906.35
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

A. Hatch and Parent Full Name (Last, First, Middle Initial) Hatch and Parent Mailing Address 21 E Carillo PO Drawer 720 City Santa Barbara State CA Zip Code 93102 Purpose of Disbursement legal expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28685 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6 Amount of Each Disbursement this Period 84.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
--	--	--

B. Holmes and Holmes Insurance Full Name (Last, First, Middle Initial) Holmes and Holmes Insurance Mailing Address 299 N. Fairview, Second Floor City Goleta State CA Zip Code 93117 Purpose of Disbursement insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28661 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6 Amount of Each Disbursement this Period 1728.19 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
--	--	--

C. Jonathan's Valet Parking Full Name (Last, First, Middle Initial) Jonathan's Valet Parking Mailing Address 1482 East Valley Road City Montecito State CA Zip Code 93108 Purpose of Disbursement event expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28681 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6 Amount of Each Disbursement this Period 400.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	2212.64
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

Full Name (Last, First, Middle Initial) A. Kingsmill		Transaction ID: SB17.28627 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6
Mailing Address 1010 Kingsmill Road		Amount of Each Disbursement this Period 925.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Williamsburg State VA Zip Code 23185	Purpose of Disbursement travel expenses Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Precision Printing		Transaction ID: SB17.28659 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address 14544 Keswick Street		Amount of Each Disbursement this Period 3756.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Van Nuys State CA Zip Code 91405	Purpose of Disbursement mailing Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Santa Barbara Bank and Trust		Transaction ID: SB17.28697 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6
Mailing Address 20 E. Carrillo Street		Amount of Each Disbursement this Period 20.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Santa Barbara State CA Zip Code 93101	Purpose of Disbursement bank charge Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4702.03
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

Full Name (Last, First, Middle Initial) A. Santa Barbara Bank and Trust		Transaction ID: SB17.28698 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6	
Mailing Address 20 E. Carrillo Street		Amount of Each Disbursement this Period 15.00	
City Santa Barbara State CA Zip Code 93101	Purpose of Disbursement bank charge	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Santa Barbara Bank and Trust		Transaction ID: SB17.28699 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6	
Mailing Address 20 E. Carrillo Street		Amount of Each Disbursement this Period 15.00	
City Santa Barbara State CA Zip Code 93101	Purpose of Disbursement bank charge	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Santa Barbara Bank and Trust		Transaction ID: SB17.28696 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6	
Mailing Address 20 E. Carrillo Street		Amount of Each Disbursement this Period 6.00	
City Santa Barbara State CA Zip Code 93101	Purpose of Disbursement bank charge	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	36.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

Full Name (Last, First, Middle Initial) A. Secretary of the State		Transaction ID: SB17.28654 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address 700 Anacapa Street		Amount of Each Disbursement this Period 1621.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Santa Barbara State CA Zip Code 93101	Purpose of Disbursement filing fee Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Tuttle and Tuttle		Transaction ID: SB17.28619 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 6
Mailing Address 12 Fort Williams Parkway		Amount of Each Disbursement this Period 6190.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22304	Purpose of Disbursement mailing Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. UPS		Transaction ID: SB17.28613 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 6
Mailing Address PO Box 505820		Amount of Each Disbursement this Period 22.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City The Lakes State NV Zip Code 88905	Purpose of Disbursement mailing Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	7833.78
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

A. UPS Full Name (Last, First, Middle Initial) Mailing Address PO Box 505820 City The Lakes State NV Zip Code 88905 Purpose of Disbursement mailing expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28621 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 61.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. UPS Full Name (Last, First, Middle Initial) Mailing Address PO Box 505820 City The Lakes State NV Zip Code 88905 Purpose of Disbursement mailing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28665 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6 Amount of Each Disbursement this Period 207.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. UPS Full Name (Last, First, Middle Initial) Mailing Address PO Box 505820 City The Lakes State NV Zip Code 88905 Purpose of Disbursement mailing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.28680 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6 Amount of Each Disbursement this Period 10.48 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	278.91
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

Full Name (Last, First, Middle Initial) A. US Treasury		Transaction ID: SB17.28684 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 607 15th St NW		Amount of Each Disbursement this Period 469.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20005		
Purpose of Disbursement taxes Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Verizon CA		Transaction ID: SB17.28610 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 6
Mailing Address PO Box 30001		Amount of Each Disbursement this Period 108.02 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Inglewood State CA Zip Code 90313		
Purpose of Disbursement utilities Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Verizon CA		Transaction ID: SB17.28611 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 6
Mailing Address PO Box 30001		Amount of Each Disbursement this Period 35.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Inglewood State CA Zip Code 90313		
Purpose of Disbursement utilities Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	612.63
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

Full Name (Last, First, Middle Initial) A. Verizon CA		Transaction ID: SB17.28629
Mailing Address PO Box 30001		Date of Disbursement 01 / 26 / 2006
City Inglewood	State CA	Zip Code 90313
Purpose of Disbursement utilities	Amount of Each Disbursement this Period 35.68	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) B. Verizon CA		Transaction ID: SB17.28630
Mailing Address PO Box 30001		Date of Disbursement 01 / 26 / 2006
City Inglewood	State CA	Zip Code 90313
Purpose of Disbursement utilities	Amount of Each Disbursement this Period 37.13	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) C. Verizon CA		Transaction ID: SB17.28660
Mailing Address PO Box 30001		Date of Disbursement 02 / 28 / 2006
City Inglewood	State CA	Zip Code 90313
Purpose of Disbursement utilities	Amount of Each Disbursement this Period 35.68	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type	

SUBTOTAL of Disbursements This Page (optional)	108.49
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

Full Name (Last, First, Middle Initial) A. Verizon CA		Transaction ID: SB17.28664 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address PO Box 30001		Amount of Each Disbursement this Period 37.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Inglewood State CA Zip Code 90313	Purpose of Disbursement utilities Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: SB17.28622 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6
Mailing Address PO Box 4001		Amount of Each Disbursement this Period 77.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Inglewood State CA Zip Code 90313	Purpose of Disbursement cell phone Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: SB17.28638 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6
Mailing Address PO Box 4001		Amount of Each Disbursement this Period 80.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Inglewood State CA Zip Code 90313	Purpose of Disbursement utilities Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	195.37
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: SB17.28676 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address PO Box 4001		Amount of Each Disbursement this Period 75.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Inglewood State CA Zip Code 90313	Purpose of Disbursement utilities Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Victor the Florist		Transaction ID: SB17.28615 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 6
Mailing Address 135 E Anapamu Street		Amount of Each Disbursement this Period 142.02 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Santa Barbara State CA Zip Code 93101	Purpose of Disbursement flowers Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Victor the Florist		Transaction ID: SB17.28620 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6
Mailing Address 135 E Anapamu Street		Amount of Each Disbursement this Period 142.02 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Santa Barbara State CA Zip Code 93101	Purpose of Disbursement flowers Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	359.70
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

Full Name (Last, First, Middle Initial)

A. Victor the Florist

Mailing Address 135 E Anapamu Street

City Santa Barbara State CA Zip Code 93101

Purpose of Disbursement
flowers

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.28678

Date of Disbursement

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
0	3		1	5		2	0	0	6

Amount of Each Disbursement this Period

71.01

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

71.01

TOTAL This Period (last page this line number only)

50273.66

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

A. DCCC Full Name (Last, First, Middle Initial) Mailing Address 430 South Capitol St., SE City Washington State DC Zip Code 20003 Purpose of Disbursement contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21.28695 Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2006 Amount of Each Disbursement this Period 15000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Democratic Club of Santa Maria Full Name (Last, First, Middle Initial) Mailing Address PO Box 5205 City Santa Maria State CA Zip Code 93456 Purpose of Disbursement contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21.28646 Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2006 Amount of Each Disbursement this Period 20.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Democratic Club of Santa Maria Full Name (Last, First, Middle Initial) Mailing Address PO Box 5205 City Santa Maria State CA Zip Code 93456 Purpose of Disbursement contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21.28666 Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2006 Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	15270.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

Full Name (Last, First, Middle Initial) A. FILSON, STEVE N		Transaction ID: SB21.29283 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address 703 ENDSLEIGH COURT		Amount of Each Disbursement this Period 1000.00
City DANVILLE State CA Zip Code 94506	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement contribution Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Goleta Valley Chamber of Commerce		Transaction ID: SB21.28644 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 6
Mailing Address PO Box 781		Amount of Each Disbursement this Period 242.00
City Goleta State CA Zip Code 93116	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement contribution Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. No on 77		Transaction ID: SB21.28640 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6
Mailing Address 6380 Wilshire Blvd #1612		Amount of Each Disbursement this Period 10000.00
City Los Angeles State CA Zip Code 90048	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement contribution Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	11242.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

Full Name (Last, First, Middle Initial) A. Santa Barbara Chamber of Commerce		Transaction ID: SB21.28658 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address PO Box 299		Amount of Each Disbursement this Period 345.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Santa Barbara State CA Zip Code 93102	<input type="checkbox"/> Category/Type	
Purpose of Disbursement contribution Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Santa Maria Vly Chamber of Commerce		Transaction ID: SB21.28683 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 614 S. Broadway		Amount of Each Disbursement this Period 125.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Santa Maria State CA Zip Code 93454	<input type="checkbox"/> Category/Type	
Purpose of Disbursement contribution Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. SLO Chamber of Commerce		Transaction ID: SB21.28642 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6
Mailing Address 1039 Chorro Street		Amount of Each Disbursement this Period 205.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City San Luis Obispo State CA Zip Code 93401	<input type="checkbox"/> Category/Type	
Purpose of Disbursement contribution Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	675.00
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

Full Name (Last, First, Middle Initial) A. SPRATT FOR CONGRESS COMMITTEE		Transaction ID: SB21.28693
Mailing Address PO BOX 830		Date of Disbursement MM / DD / YYYY 03 / 24 / 2006
City YORK	State SC	Zip Code 29745
Purpose of Disbursement contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name	Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: SC	District: 05	

Full Name (Last, First, Middle Initial) B. Ventura Chamber of Commerce		Transaction ID: SB21.28655
Mailing Address 801 S. Victoria Ave. Ste. 200		Date of Disbursement MM / DD / YYYY 02 / 13 / 2006
City Ventura	State CA	Zip Code 93003
Purpose of Disbursement contribution		Amount of Each Disbursement this Period 348.00
Candidate Name	Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional)	▶	1348.00
TOTAL This Period (last page this line number only)	▶	28535.00

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 76 / 76	
	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 Friends of Lois Capps

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Jennifer Severance	Nature of Debt (Purpose): Restitution for Unauth. Expenditures
Mailing Address 1718 N. Harrison	
City State ID ZIP Code Boise ID 83702	

Outstanding Balance Beginning This Period	Transaction ID: SD9.22725	
141750.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	3750.00	138000.00

1) SUBTOTALS This Period This Page (optional).....	138000.00
2) TOTALS This Period (last page this line number only).....	138000.00
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	