

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**PROGRESSIVES ADVANCING UNITED LEADERSHIP (PAUL PAC)**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF LOIS CAPP**

Mailing Address P.O. BOX 23940

City State Zip Code  
SANTA BARBARA CA 93121

Purpose of Disbursement  
Contribution

011

Candidate Name

**LOIS CAPP**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 24

Date of Disbursement

MM / DD / YYYY  
05 / 15 / 2012

Transaction ID : **SB23.4113**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. GARAMENDI FOR CONGRESS**

Mailing Address C/O CALIFORNIA POLITICAL LAW, INC.  
3605 LONG BEACH BLVD., STE. 426

City State Zip Code  
LONG BEACH CA 90807

Purpose of Disbursement  
Contribution

011

Candidate Name

**JOHN GARAMENDI**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 03

Date of Disbursement

MM / DD / YYYY  
04 / 16 / 2012

Transaction ID : **SB23.4105**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. LOEBSACK FOR CONGRESS**

Mailing Address PO BOX 3013

City State Zip Code  
IOWA CITY IA 52244

Purpose of Disbursement  
Contribution

011

Candidate Name

**DAVID WAYNE LOEBSACK**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IA District: 02

Date of Disbursement

MM / DD / YYYY  
05 / 15 / 2012

Transaction ID : **SB23.4117**

Amount of Each Disbursement this Period

1000.00

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

3000.00

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