

**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
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

Full Name (Last, First, Middle Initial)  
**A. National Democratic Club**

Mailing Address 30 Ivy St SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Event Expense

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB17.25977  
Date of Disbursement  
03 / 15 / 2005

Amount of Each Disbursement this Period  
446.33

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

Full Name (Last, First, Middle Initial)  
**B. NEW DEMOCRAT COALITION POLITICAL ACTION COMMITTEE AKA  
NDC PAC**

Mailing Address 607 FOURTEENTH STREET NW SUITE 800

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB17.25987  
Date of Disbursement  
03 / 22 / 2005

Amount of Each Disbursement this Period  
1000.00

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

Full Name (Last, First, Middle Initial)  
**C. Ogilvy Hill Insurance**

Mailing Address PO Box 92B

City Santa Barbara State CA Zip Code 93102

Purpose of Disbursement  
Insurance

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB17.25873  
Date of Disbursement  
01 / 06 / 2005

Amount of Each Disbursement this Period  
1390.44

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

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

**2836.77**

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