

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Friends of Lois Capps

ADDRESS (number and street) PO Box 23940
 Check if different than previously reported. (ACC)
Santa Barbara CA 93121

2. **FEC IDENTIFICATION NUMBER** C00331389
CITY **STATE** **ZIP CODE**
STATE **DISTRICT**
3. **IS THIS REPORT** **NEW (N)** **OR** **AMENDED (A)**
CA 23

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on [] [] [] in the State of []
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [] [] [] in the State of []

5. Covering Period 11 28 2006 through 12 31 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer David Powdrell

Signature of Treasurer Electronically Filed by David Powdrell Date 04 12 2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Friends of Lois Capps

Report Covering the Period: From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

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)).....	4920.00	4995.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	4920.00	4995.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	22208.04	50598.46
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	864.69
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	22208.04	49733.77
8. Cash on Hand at Close of Reporting Period (from Line 27).....	259248.93	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	126750.00	
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

Write or Type Committee Name
Friends of Lois Capps

Report Covering the Period: From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

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).....

250.00

250.00

(ii) Unitemized.....

1670.00

1745.00

(iii) TOTAL of contributions

1920.00

1995.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

3000.00

3000.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))

4920.00

4995.00

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

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.00

864.69

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

35.04

535.04

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

4955.04

6394.73

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	22208.04	50598.46
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	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	26262.00	27762.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	48470.04	78360.46

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	302763.93
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	4955.04
25. SUBTOTAL (add Line 23 and Line 24).....	307718.97
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	48470.04
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	259248.93

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 5 / 18
	(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

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

A. Full Name (Last, First, Middle Initial)
Waldo Tobler

Mailing Address 366 Ribera Road

City State Zip Code
Santa Barbara CA 93111

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

Name of Employer Occupation
UCSB Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	6	/	2	0	0	6

Transaction ID: SA11A1.31875

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)	▶	250.00
TOTAL This Period (last page this line number only)	▶	250.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 18
	(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)
ELECTRICAL CONSTRUCTION PAC

Mailing Address 3 Bethesda Metro Center

City	State	Zip Code
Bethesda	MD	20814

FEC ID number of contributing federal political committee. **C** C00113811

Name of Employer	Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 3000.00

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

Transaction ID: SA11C.31871

Amount of Each Receipt this Period
 3000.00

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)	▶	3000.00

**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: SB17.31840 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 6
Mailing Address 908 N. Hollywood Way		Amount of Each Disbursement this Period 3112.84 <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 expenses Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <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: SB17.31859 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 6
Mailing Address 400 Sibley Street #560		Amount of Each Disbursement this Period 210.00 <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 hosting Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Lois Capps		Transaction ID: SB17.31812 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6
Mailing Address 1724 Santa Barbara St.		Amount of Each Disbursement this Period 282.00 <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 reimbursement Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3604.84
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. House Gift Shop		Transaction ID: SB17.31812.0 Date of Disbursement 11 / 28 / 2006
Mailing Address US House of Representatives		Amount of Each Disbursement this Period 282.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Washington State DC Zip Code 20515	Category/ Type	
Purpose of Disbursement event supplies		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Lois Capps		Transaction ID: SB17.31822 Date of Disbursement 12 / 04 / 2006
Mailing Address 1724 Santa Barbara St.		Amount of Each Disbursement this Period 22.37 <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	Category/ Type	
Purpose of Disbursement reimbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <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: SB17.31822.0 Date of Disbursement 12 / 04 / 2006
Mailing Address PO Box 30001		Amount of Each Disbursement this Period 22.37 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Inglewood State CA Zip Code 90313	Category/ Type	
Purpose of Disbursement utilities		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	22.37
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. Lois Capps		Transaction ID: SB17.31846 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 0 6
Mailing Address 1724 Santa Barbara St.		Amount of Each Disbursement this Period 14.00 <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 travel reimbursement Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Lois Capps		Transaction ID: SB17.31852 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 6
Mailing Address 1724 Santa Barbara St.		Amount of Each Disbursement this Period 192.83 <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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Lois Capps		Transaction ID: SB17.31857 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 6
Mailing Address 1724 Santa Barbara St.		Amount of Each Disbursement this Period 1784.45 <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 travel reimbursement Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1991.28
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. Lois Capps Full Name (Last, First, Middle Initial) Mailing Address 1724 Santa Barbara St. City Santa Barbara State CA Zip Code 93101 Purpose of Disbursement reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.31864 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 6 Amount of Each Disbursement this Period 80.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. House Gift Shop Full Name (Last, First, Middle Initial) Mailing Address US House of Representatives City Washington State DC Zip Code 20515 Purpose of Disbursement event supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.31864.0 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 6 Amount of Each Disbursement this Period 80.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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C. Jennifer Cooper Full Name (Last, First, Middle Initial) Mailing Address 222 W Anapamu #1 City Santa Barbara State CA Zip Code 93101 Purpose of Disbursement management consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.31819 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6 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
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SUBTOTAL of Disbursements This Page (optional) ▶	4580.00
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 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. Jennifer Cooper Full Name (Last, First, Middle Initial) Mailing Address 222 W Anapamu #1 City Santa Barbara State CA Zip Code 93101 Purpose of Disbursement reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.31826 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 6 Amount of Each Disbursement this Period 1373.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. SoHo Full Name (Last, First, Middle Initial) Mailing Address 1221 State St. #205 City Santa Barbara State CA Zip Code 93101 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.31826.7 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 6 Amount of Each Disbursement this Period 426.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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C. Paradise Cafe Full Name (Last, First, Middle Initial) Mailing Address 702 Anacapa St. City Santa Barbara State CA Zip Code 93101 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.31826.8 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 6 Amount of Each Disbursement this Period 692.49 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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SUBTOTAL of Disbursements This Page (optional) ▶	1373.10
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)

PAGE 12 / 18

<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: SB17.31814 Date of Disbursement 11 / 28 / 2006
Mailing Address 38 Ivy Street SE		Amount of Each Disbursement this Period 3239.30
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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: 2008 <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: SB17.31858 Date of Disbursement 12 / 21 / 2006
Mailing Address 38 Ivy Street SE		Amount of Each Disbursement this Period 3099.20
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Randolph Harrison		Transaction ID: SB17.31824 Date of Disbursement 12 / 04 / 2006
Mailing Address 431 Sixth St NE		Amount of Each Disbursement this Period 253.28
City Washington State DC Zip Code 20002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement travel reimbursement Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6591.78
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)

PAGE 13 / 18

<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. Paychex		Transaction ID: SB17.31867 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 0 6
Mailing Address 5280 Valentine Road #120		Amount of Each Disbursement this Period 59.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Ventura State CA Zip Code 93003	Purpose of Disbursement payroll expenses Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Pro Moving		Transaction ID: SB17.31815 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6
Mailing Address 29 S. Soledad Street		Amount of Each Disbursement this Period 476.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Santa Barbara State CA Zip Code 93103	Purpose of Disbursement moving expenses Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Karen Quimby		Transaction ID: SB17.31845 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 0 6
Mailing Address 511 Oak Crek Lane		Amount of Each Disbursement this Period 532.22 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Ojai State CA Zip Code 93023	Purpose of Disbursement travel reimbursement Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1067.29
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: SB17.31860 Date of Disbursement
Mailing Address PO Box 30001		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/>
City Inglewood	State CA	Zip Code 90313
Purpose of Disbursement utilities	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="121.29"/>
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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Verizon CA		Transaction ID: SB17.31861 Date of Disbursement
Mailing Address PO Box 30001		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/>
City Inglewood	State CA	Zip Code 90313
Purpose of Disbursement utilities	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="831.59"/>
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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Verizon CA		Transaction ID: SB17.31863 Date of Disbursement
Mailing Address PO Box 30001		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/>
City Inglewood	State CA	Zip Code 90313
Purpose of Disbursement utilities	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="36.31"/>
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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="989.19"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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 Wireless		Transaction ID: SB17.31841 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 6
Mailing Address PO Box 4001		Amount of Each Disbursement this Period 56.99 <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 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

Full Name (Last, First, Middle Initial) B. Victor the Florist		Transaction ID: SB17.31847 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 0 6
Mailing Address 135 E Anapamu Street		Amount of Each Disbursement this Period 71.01 <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 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

Full Name (Last, First, Middle Initial) C. Victor the Florist		Transaction ID: SB17.31866 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 6
Mailing Address 135 E Anapamu Street		Amount of Each Disbursement this Period 71.01 <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 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶	199.01
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. Whole Foods

Mailing Address 1440 P Street NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
event expense

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.31811

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. Whole Foods

Mailing Address 1440 P Street NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
event expense

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.31851

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional)

1362.64

TOTAL This Period (last page this line number only)

21781.50

**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)

PAGE 17 / 18

<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. CIRO D. RODRIGUEZ FOR CONGRESS		Transaction ID: SB21.31820 Date of Disbursement 12 / 01 / 2006
Mailing Address PO Box 14528		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City San Antonio State TX Zip Code 78214	Category/ Type	
Purpose of Disbursement contribution Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 23		

Full Name (Last, First, Middle Initial) B. DCCC		Transaction ID: SB21.31843 Date of Disbursement 12 / 11 / 2006
Mailing Address 430 South Capitol St., SE		Amount of Each Disbursement this Period 25000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003	Category/ Type	
Purpose of Disbursement contribution Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. Goleta Valley Chamber of Commerce		Transaction ID: SB21.31818 Date of Disbursement 11 / 28 / 2006
Mailing Address PO Box 781		Amount of Each Disbursement this Period 242.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Goleta State CA Zip Code 93116	Category/ Type	
Purpose of Disbursement membership renewal contribution Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	26242.00
TOTAL This Period (last page this line number only) ▶	26242.00

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

(Use separate schedule(s) for each numbered line)	PAGE 18 / 18	
	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 ZIP Code Boise ID 83702	

Outstanding Balance Beginning This Period	Transaction ID: SD9.22725	
126750.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	126750.00

1) SUBTOTALS This Period This Page (optional).....	126750.00
2) TOTALS This Period (last page this line number only).....	126750.00
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)	