

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) Friends of Lois Capps

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

ADDRESS (number and street) PO Box 23940 Santa Barbara CA 93121

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00331389 CITY STATE ZIP CODE STATE DISTRICT CA 23

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
[X] 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 07 01 2008 through 09 30 2008

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 10 15 2008

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

Table with 8 columns for Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Friends of Lois Capps

Report Covering the Period:

From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	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)).....	161968.78	934850.71
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	850.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	161968.78	934000.71
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	125434.39	518889.46
(b) Total Offsets to Operating Expenditures (from Line 14).....	36.00	3799.94
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	125398.39	515089.52
8. Cash on Hand at Close of Reporting Period (from Line 27).....	437340.04	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	125600.00	
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 12/2003)

Write or Type Committee Name
Friends of Lois Capps

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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).....

66963.59

378382.59

(ii) Unitemized.....

15555.19

121933.19

(iii) TOTAL of contributions

82518.78

500315.78

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

79450.00

434534.93

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

161968.78

934850.71

(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

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

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES

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

36.00

3799.94

15. OTHER RECEIPTS

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

385.17

2126.19

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

162389.95

940776.84

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	125434.39	518889.46
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	350.00
(b) Political Party Committees.....	0.00	500.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	850.00
21. OTHER DISBURSEMENTS.....	23095.00	314912.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	148529.39	834651.46

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	423479.48
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	162389.95
25. SUBTOTAL (add Line 23 and Line 24).....	585869.43
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	148529.39
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	437340.04

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 135
(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
							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)
Lesley Alexander

Mailing Address 605 San Roque Rd

City State Zip Code
Santa Barbara CA 93105-2766

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

Name of Employer Occupation
retired retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period
100.00

Transaction ID: SA11AI.36123

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

B.

Full Name (Last, First, Middle Initial)
William Allaway

Mailing Address 2661 Tallant Rd. #871

City State Zip Code
Santa Barbara CA 93105

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

Name of Employer Occupation
retired retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period
200.00

Transaction ID: SA11AI.36410

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

C.

Full Name (Last, First, Middle Initial)
William Allaway

Mailing Address 2661 Tallant Rd. #871

City State Zip Code
Santa Barbara CA 93105

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

Name of Employer Occupation
retired retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period
250.00

Transaction ID: SA11AI.36723

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 135
(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) Aris Anagnos		Date of Receipt MM / DD / YYYY 08 / 21 / 2008
Mailing Address 8124 West 3rd Street Ste. 200		Transaction ID: SA11AI.36639
City Los Angeles	State CA	Zip Code 90048
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self-employed	Occupation Realtor	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

B.

Full Name (Last, First, Middle Initial) Paul Angelo		Date of Receipt MM / DD / YYYY 09 / 01 / 2008
Mailing Address 2572 Pierpont Blvd		Transaction ID: SA11AI.36407
City Ventura	State CA	Zip Code 93001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer BST Lift Systems	Occupation Consultant	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 240.00	

C.

Full Name (Last, First, Middle Initial) Bruce Anticouni		Date of Receipt MM / DD / YYYY 09 / 23 / 2008
Mailing Address 17 El Paseo		Transaction ID: SA11AI.36824
City Santa Barbara	State CA	Zip Code 93101
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self-employed	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	2025.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 7 / 135
(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)
Allyn Arnold

Mailing Address 777 North Ocean Avenue

City State Zip Code
Cayucos CA 93430

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

Name of Employer Occupation
Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
09 / 04 / 2008

Transaction ID: SA11AI.36572

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)
John Ashbaugh

Mailing Address 193 Los Cerros Drive

City State Zip Code
San Luis Obispo CA 93401

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

Name of Employer Occupation
Allan Hancock College Instructor

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
09 / 29 / 2008

Transaction ID: SA11AI.36725

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)
Lawrence Badash

Mailing Address 489 Paso Robles 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: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
07 / 15 / 2008

Transaction ID: SA11AI.36186

Amount of Each Receipt this Period
50.00

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

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 135
(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)
Ross Bagdasarian

Mailing Address 1192 E. Mountain Drive

City State Zip Code
Santa Barbara CA 93108

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

Name of Employer Bagdasarian Productions Occupation CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 18 / 2008

Transaction ID: SA11AI.36183

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)
Ross Bagdasarian

Mailing Address 1192 E. Mountain Drive

City State Zip Code
Santa Barbara CA 93108

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

Name of Employer Bagdasarian Productions Occupation CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2008

Transaction ID: SA11AI.36771

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)
Virginia Baker

Mailing Address 1716 Bath St. Apt. 3

City State Zip Code
Santa Barbara CA 93101

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

Name of Employer none Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 14 / 2008

Transaction ID: SA11AI.36199

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) ► **1350.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 135 (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

<p>A. Full Name (Last, First, Middle Initial) Grover Barnes</p> <p>Mailing Address 1318 East Gutierrez Street</p> <p>City State Zip Code <u>Santa Barbara</u> CA 93103</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation retired</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 775.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Transaction ID: SA11AI.36130</p> <p>Amount of Each Receipt this Period 100.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	1		2	0	0	8												

<p>B. Full Name (Last, First, Middle Initial) Grover Barnes</p> <p>Mailing Address 1318 East Gutierrez Street</p> <p>City State Zip Code <u>Santa Barbara</u> CA 93103</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation retired</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 875.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Transaction ID: SA11AI.36405</p> <p>Amount of Each Receipt this Period 100.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	7		2	0	0	8												

<p>C. Full Name (Last, First, Middle Initial) Diane Barrickman</p> <p>Mailing Address 402 Vista de la Playa</p> <p>City State Zip Code <u>Santa Barbara</u> CA 93109</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Robert Huhn Physical Therapist</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 750.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Transaction ID: SA11AI.36159</p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	3		2	0	0	8												

SUBTOTAL of Receipts This Page (optional)	700.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 135
(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)
Susanne Barrymore

Mailing Address 33 San Marcos Trout Club

City State Zip Code
Santa Barbara CA 93105

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

Name of Employer Occupation
homemaker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
09 / 06 / 2008

Transaction ID: SA11AI.36581

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)
Gary Becker

Mailing Address 1354 Plaza Pacifica

City State Zip Code
Santa Barbara CA 93108

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

Name of Employer Occupation
retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
09 / 17 / 2008

Transaction ID: SA11AI.36774

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)
Gary Becker

Mailing Address 1354 Plaza Pacifica

City State Zip Code
Santa Barbara CA 93108

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

Name of Employer Occupation
retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
09 / 17 / 2008

Transaction ID: SA11AI.36775

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) ► **2100.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 135
(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)
Dr. Michael Behrman

Mailing Address 1930 Jelinda Drive

City State Zip Code
Santa Barbara CA 93108

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

Name of Employer Self-Employed Occupation
Ortho Surgeon

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

4300.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 24 / 2008

Transaction ID: SA11AI.36115

Amount of Each Receipt this Period
2300.00

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

B.

Full Name (Last, First, Middle Initial)
Robert Bellah

Mailing Address 10 Mosswood Road

City State Zip Code
Berkeley CA 94704-1820

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

Name of Employer self Occupation
writer/lecturer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

300.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 08 / 2008

Transaction ID: SA11AI.36582

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)
Patricia Bennett

Mailing Address 3775 Modoc Rd.
Apt 270

City State Zip Code
Santa Barbara CA 93105

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

Name of Employer Retired Occupation
Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2008

Transaction ID: SA11AI.36158

Amount of Each Receipt this Period
50.00

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

SUBTOTAL of Receipts This Page (optional) ► **2450.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 135
(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)
Glenna Berry-Horton

Mailing Address 222 Chaplin Lane

City San Luis Obispo State CA Zip Code 93405

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

Name of Employer Occupation retired

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

570.00

Date of Receipt: 08 / 28 / 2008

Transaction ID: SA11AI.36425

Amount of Each Receipt this Period: 70.00

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

B.

Full Name (Last, First, Middle Initial)
Cory Black

Mailing Address 2210 San Ramon Road

City Atascadero State CA Zip Code 93422

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

Name of Employer Kenyon Black Occupation Public Relations Consultant

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

508.59

Date of Receipt: 08 / 28 / 2008

Transaction ID: SA11AI.36882

Amount of Each Receipt this Period: 333.59

In-kind - printing expense

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

C.

Full Name (Last, First, Middle Initial)
Cory Black

Mailing Address 2210 San Ramon Road

City Atascadero State CA Zip Code 93422

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

Name of Employer Kenyon Black Occupation Public Relations Consultant

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

758.59

Date of Receipt: 09 / 18 / 2008

Transaction ID: SA11AI.36766

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) ▶ **653.59**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 135
(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
							15

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

A.

Full Name (Last, First, Middle Initial)
Barbara Bonadeo

Mailing Address 1002 Arbolado Road

City State Zip Code
Santa Barbara CA 93103

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

Name of Employer Occupation
retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
08 / 25 / 2008

Transaction ID: SA11AI.36530

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)
Merna Braun

Mailing Address 1035 Alston Road

City State Zip Code
Montecito CA 93108

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

Name of Employer Occupation
mother

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 03 / 2008

Transaction ID: SA11AI.36165

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)
James E. Brodhead

Mailing Address 506 Yankee Farm Road

City State Zip Code
Santa Barbara CA 93109

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

Name of Employer Occupation
Self-employed Retired Actor/Writer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
07 / 07 / 2008

Transaction ID: SA11AI.36625

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) ► **1100.00**

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

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

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

FOR LINE NUMBER: PAGE 14 / 135
(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)
Norman Brooks

Mailing Address 815 S. McClelland St.

City Santa Maria State CA Zip Code 93454

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

Name of Employer Retired Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt: 08 / 18 / 2008
Transaction ID: SA11AI.36467
 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)
Nancy Brown

Mailing Address PO Box 1710

City Pismo Beach State CA Zip Code 93448

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

Name of Employer Self-employed-Brown Resources Inc. Occupation Investor

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt: 09 / 26 / 2008
Transaction ID: SA11AI.36768
 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)
Rinaldo Brutoco

Mailing Address 408 Bryant Cir. Suite 109

City Ojai State CA Zip Code 93023

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

Name of Employer The Shangila Group Occupation Executive

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt: 09 / 29 / 2008
Transaction ID: SA11AI.36792
 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) ► **1550.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 135
(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
							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)
Roland Bryan

Mailing Address 745 Las Alturas Road

City State Zip Code
Santa Barbara CA 93103

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

Name of Employer MachineTalker, Inc. Occupation CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2008

Transaction ID: SA11AI.36151

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)
Jeff Buckingham

Mailing Address 994 Mill Street Suite 200

City State Zip Code
San Luis Obispo CA 93405

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

Name of Employer Call America Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 19 / 2008

Transaction ID: SA11AI.36769

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)
Robert Burns

Mailing Address 899 Park Lane

City State Zip Code
Santa Barbara CA 93108

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

Name of Employer Kinkos Occupation Founding Partner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 07 / 2008

Transaction ID: SA11AI.36626

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional) ► **3300.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 135
(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)
Jack Canfield

Mailing Address P.O. Box 30880

City State Zip Code
Santa Barbara CA 93130

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

Name of Employer Occupation
Chicken Soup for the Soul Author

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.36518

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)
Lynne Cantlay, Ph.D.

Mailing Address 2910 Holly Road

City State Zip Code
Santa Barbara CA 93103

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

Name of Employer Occupation
Self Psychotherapist

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.36223

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)
Jesus Manuel Casas

Mailing Address 317 E. Padre Road

City State Zip Code
Santa Barbara CA 93105

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

Name of Employer Occupation
UCSB Professor

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.36170

Amount of Each Receipt this Period
200.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 135
(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)
Jesus Manuel Casas
Mailing Address 317 E. Padre Road
City Santa Barbara State CA Zip Code 93105
FEC ID number of contributing federal political committee. **C**
Name of Employer UCSB Occupation Professor
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00
Date of Receipt 09 / 30 / 2008
Transaction ID: SA11AI.36755
Amount of Each Receipt this Period 150.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Carnzu Clark
Mailing Address 4850 Via Los Santos Street
City Santa Barbara State CA Zip Code 93111-1330
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation Retired
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00
Date of Receipt 08 / 14 / 2008
Transaction ID: SA11AI.36195
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)
James Copeland
Mailing Address 525 9th Street NW Suite 500
City Washington State DC Zip Code 20004
FEC ID number of contributing federal political committee. **C**
Name of Employer CJ Strategies Occupation Consultant
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 09 / 29 / 2008
Transaction ID: SA11AI.36850
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) ▶ 700.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 135
(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)
William Cornfield

Mailing Address 1855 San Leandro Lane

City State Zip Code
Santa Barbara CA 93108

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

Name of Employer Occupation
Bill Cornfield Gallery Designer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
07 / 23 / 2008

Transaction ID: SA11AI.36142

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)
Bruce Corwin

Mailing Address 8727 West Third Street

City State Zip Code
Los Angeles CA 90048

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

Name of Employer Occupation
Metropolitan Theatres chairman/CEO

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
07 / 22 / 2008

Transaction ID: SA11AI.36157

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)
Nancy Davidson

Mailing Address 400 E. Pedregosa Unit L

City State Zip Code
Santa Barbara CA 93103

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

Name of Employer Occupation
retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
08 / 25 / 2008

Transaction ID: SA11AI.36533

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) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 135
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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) William Denneen		Date of Receipt
	Mailing Address 1040 Cielo Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 8 / 1 6 / 2 0 0 8
	City	State	Zip Code
	Nipomo	CA	93444
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.36246
Name of Employer		Occupation	Amount of Each Receipt this Period
		Retired	<input type="text"/> 20.00
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="text"/> 225.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) William Denneen		Date of Receipt
	Mailing Address 1040 Cielo Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 9 / 0 2 / 2 0 0 8
	City	State	Zip Code
	Nipomo	CA	93444
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.36426
Name of Employer		Occupation	Amount of Each Receipt this Period
		Retired	<input type="text"/> 35.00
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="text"/> 260.00	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Jill Dexter		Date of Receipt
	Mailing Address 320 Calle Elegante		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 8 / 0 3 / 2 0 0 8
	City	State	Zip Code
	Santa Barbara	CA	93108
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.36167
Name of Employer self		Occupation	Amount of Each Receipt this Period
		tv prod.	<input type="text"/> 250.00
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="text"/> 2100.00	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 305.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 20 / 135
(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)
James Diani
Mailing Address 1320 Foxenwood Dr.
City Santa Maria State CA Zip Code 93455
FEC ID number of contributing federal political committee. **C**
Name of Employer A.J. Diani Construction Co., Inc. Occupation Construction
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 09 / 08 / 2008
Transaction ID: SA11AI.36585
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)
Allen W. Dirrim
Mailing Address 760 Kentwood Dr.
City Oxnard State CA Zip Code 93030
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation retired
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 09 / 22 / 2008
Transaction ID: SA11AI.36784
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)
Elaine Duffens
Mailing Address 1034 Camino del Retiro
City Santa Barbara State CA Zip Code 93110
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation retired
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 3000.00
Date of Receipt 08 / 27 / 2008
Transaction ID: SA11AI.36538
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) ▶ **700.00**
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 21 / 135
(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)
Jacqueline Dyson
Mailing Address 3435 Richard Drive # 22
City Santa Barbara State CA Zip Code 93105
FEC ID number of contributing federal political committee. **C**
Name of Employer Santa Barbara Beautiful Occupation VP, Public Relations
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 280.00
Date of Receipt 09 / 02 / 2008
Transaction ID: SA11AI.36565
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)
Jane M. Eagleton
Mailing Address 301 San Ysidro Rd.
City Santa Barbara State CA Zip Code 93108
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation community volunteer
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 07 / 29 / 2008
Transaction ID: SA11AI.36144
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)
Frances Edwards
Mailing Address 50 Concord Park E
City Nashville State TN Zip Code 37205
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation retired
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00
Date of Receipt 09 / 02 / 2008
Transaction ID: SA11AI.36566
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) ► 370.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 135
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 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)
Lauraine Effress

Mailing Address 2831 Harbor Blvd.

City Oxnard State CA Zip Code 93035

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

Name of Employer Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt 09 / 08 / 2008
Transaction ID: SA11AI.36780
 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)
Judy Egenolf

Mailing Address 130 E. Carrillo

City Santa Barbara State CA Zip Code 93101

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

Name of Employer Self-employed Occupation Intermediary

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

Date of Receipt 09 / 17 / 2008
Transaction ID: SA11AI.36822
 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)
Mercedes Eichholz

Mailing Address 212 Equestrian Ave.

City Santa Barbara State CA Zip Code 93101

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

Name of Employer Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt 07 / 30 / 2008
Transaction ID: SA11AI.36148
 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) ► **1250.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 135
(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)
Garold Faber

Mailing Address 10053 Halifax St

City State Zip Code
Ventura CA 93004

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

Name of Employer Occupation
retired retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period
250.00

Transaction ID: SA11AI.36189

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

B. Full Name (Last, First, Middle Initial)
Garold Faber

Mailing Address 10053 Halifax St

City State Zip Code
Ventura CA 93004

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

Name of Employer Occupation
retired retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period
50.00

Transaction ID: SA11AI.36785

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

C. Full Name (Last, First, Middle Initial)
Richard Falk

Mailing Address 723 Alston Road

City State Zip Code
Santa Barbara CA 93108

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

Name of Employer Occupation
UCSB educator

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period
250.00

Transaction ID: SA11AI.36466

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 135
(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)
Tomaso Falzone

Mailing Address 550 Barker Pass Road

City State Zip Code
Santa Barbara CA 93108

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

Name of Employer Occupation
Sansum S.B. Med. Psychologist

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
09 / 06 / 2008

Transaction ID: SA11AI.36414

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)
Doreen Farr

Mailing Address 975 Fredensborg Canyon Rd.

City State Zip Code
Solvang CA 93463

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

Name of Employer Occupation
self candidate

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
08 / 19 / 2008

Transaction ID: SA11AI.36497

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)
Marjorie L. Fasman

Mailing Address 701 North Rexford Drive

City State Zip Code
Beverly Hills CA 90210

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

Name of Employer Occupation
Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
07 / 17 / 2008

Transaction ID: SA11AI.36154

Amount of Each Receipt this Period
150.00

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

SUBTOTAL of Receipts This Page (optional) ► **500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 135
(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)
Steven Feinberg

Mailing Address 5383 Hollister Ave Ste. 220

City State Zip Code
Santa Barbara CA 93111

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

Name of Employer Occupation
Tempest Telecom Assistant Manager

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 02 / 2008

Transaction ID: SA11AI.36418

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)
Dr. Sidney Firstman

Mailing Address 290 Cedar Ave

City State Zip Code
Highland Park IL 60035

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

Name of Employer Occupation
Alion Science and Tech. Senior VP Corp. Development

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 23 / 2008

Transaction ID: SA11AI.36846

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)
Monica Fishman

Mailing Address 7025 Shepard Mesa Drive

City State Zip Code
Carpinteria CA 93013

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

Name of Employer Occupation
Retired Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 22 / 2008

Transaction ID: SA11AI.36179

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 135
	<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) Vasanti Ferrando Fithian	Date of Receipt MM / DD / YYYY 08 / 07 / 2008
	Mailing Address 316 East Los Olivos Street	Transaction ID: SA11AI.36116
	City State Zip Code Santa Barbara CA 93105	Amount of Each Receipt this Period 300.00
	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 Investor	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Roger Freedman	Date of Receipt MM / DD / YYYY 09 / 03 / 2008
	Mailing Address 1032 Diamond Crest Court	Transaction ID: SA11AI.36401
	City State Zip Code Santa Barbara CA 93110	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 UCSB Lecturer	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 625.00	

C.	Full Name (Last, First, Middle Initial) Marci Friedlander	Date of Receipt MM / DD / YYYY 08 / 15 / 2008
	Mailing Address 860 Cheltenham Road	Transaction ID: SA11AI.36225
	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 Friedlander & Assoc. Insurance Service Owner	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	650.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 135
(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)
Marci Friedlander
 Mailing Address 860 Cheltenham Road
 City State Zip Code
 Santa Barbara CA 93105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Friedlander & Assoc. Insurance Service Owner
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00
 Date of Receipt
 M M / D D / Y Y Y Y
 0 9 / 2 2 / 2 0 0 8
Transaction ID: SA11AI.36757
 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)
Frank Frost
 Mailing Address 2687 Puesta Del Sol Street
 City State Zip Code
 Santa Barbara CA 93105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UCSB Professor Emeritus
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
 Date of Receipt
 M M / D D / Y Y Y Y
 0 9 / 0 6 / 2 0 0 8
Transaction ID: SA11AI.36416
 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)
Georgia Funsten
 Mailing Address 247 Olive Mill 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: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 800.00
 Date of Receipt
 M M / D D / Y Y Y Y
 0 8 / 1 8 / 2 0 0 8
Transaction ID: SA11AI.36633
 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) ► 1100.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 135
(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)
Kathleen Gavin

Mailing Address 1559 Winchester

City State Zip Code
Glendale CA 91201

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

Name of Employer Occupation
Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
09 / 12 / 2008

Transaction ID: SA11AI.36732

Amount of Each Receipt this Period
150.00

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

B. Full Name (Last, First, Middle Initial)
Francis Gherini

Mailing Address 219 North F Street

City State Zip Code
Oxnard CA 93030

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

Name of Employer Occupation
retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2008

Transaction ID: SA11AI.36793

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)
Linda Gluck

Mailing Address 743 San Ysidro 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: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2008

Transaction ID: SA11AI.36173

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) ▶ **750.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 135
(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)
Marc Goldberg

Mailing Address 1380 Live Oak Road

City Paso Robles State CA Zip Code 93446

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

Name of Employer: Woodward Vineyard Occupation: Proprietors -owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1614.00

Date of Receipt: 07 / 03 / 2008
Transaction ID: SA11AI.36121
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)
Barbara Goldenberg

Mailing Address 12938 Evanston St.

City Los Angeles State CA Zip Code 90049

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

Name of Employer: Occupation: Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt: 08 / 19 / 2008
Transaction ID: SA11AI.36490
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)
Michael Goodchild

Mailing Address 909 W Campus Point Lane

City Goleta State CA Zip Code 93117

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

Name of Employer: UCSB Occupation: Professor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 08 / 15 / 2008
Transaction ID: SA11AI.36219
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) ► 1450.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 135
(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)
Anna Grotenhuis
Mailing Address 2125 Ten Acre Road
City Santa Barbara State CA Zip Code 93108
FEC ID number of contributing federal political committee. **C**
Name of Employer Grotenhuis Investments, Inc. Occupation Real Estate Investor
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify)
4000.00
Date of Receipt 07 / 16 / 2008
Transaction ID: SA11AI.36140
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)
John Gustave Wollschlaeger
Mailing Address P.O. Box 23541
City Santa Barbara State CA Zip Code 93121
FEC ID number of contributing federal political committee. **C**
Name of Employer Carrow's Occupation server
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify)
220.00
Date of Receipt 09 / 26 / 2008
Transaction ID: SA11AI.36750
Amount of Each Receipt this Period 20.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Sophie Hahn
Mailing Address 1130 Shattuck Ave.
City Berkeley State CA Zip Code 94707
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation Homemaker
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify)
300.00
Date of Receipt 09 / 27 / 2008
Transaction ID: SA11AI.36717
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) ► 1120.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 135
(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)
Brad Hall

Mailing Address 2811 Wilshire Blvd.
#700

City Santa Monica State CA Zip Code 90403

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

Name of Employer Retired Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt: 09 / 29 / 2008
Transaction ID: SA11AI.36779
 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)
Mark Hamilton

Mailing Address 820 Coronel Street

City Santa Barbara State CA Zip Code 93109

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

Name of Employer Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt: 08 / 03 / 2008
Transaction ID: SA11AI.36166
 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)
Jeffrey Hayden

Mailing Address 10590 Wilshire Blvd
#4081

City Los Angeles State CA Zip Code 90024

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

Name of Employer Self-employed Occupation film director

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt: 09 / 08 / 2008
Transaction ID: SA11AI.36586
 Amount of Each Receipt this Period: 50.00

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

SUBTOTAL of Receipts This Page (optional) ► 2300.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 135
(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)
Alan Heeger
 Mailing Address 1042 Las Alturas Rd.
 City State Zip Code
 Santa Barbara CA 93103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UCSB Professor
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00
 Date of Receipt
 M M / D D / Y Y Y Y
 0 8 / 1 4 / 2 0 0 8
Transaction ID: SA11AI.36191
 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)
Elayne Hengler
 Mailing Address Box 97
 City State Zip Code
 Hanover MN 55341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Retired
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 215.00
 Date of Receipt
 M M / D D / Y Y Y Y
 0 9 / 1 1 / 2 0 0 8
Transaction ID: SA11AI.36729
 Amount of Each Receipt this Period
 75.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Anita Hirsh
 Mailing Address 3300 Oakdell Road
 City State Zip Code
 Studio City CA 91604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mercantile Center Owner
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00
 Date of Receipt
 M M / D D / Y Y Y Y
 0 8 / 2 5 / 2 0 0 8
Transaction ID: SA11AI.36519
 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) ► 1175.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 135
(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)
Elaine Hoffman

Mailing Address 2116 Country Hill Lane

City State Zip Code
Los Angeles CA 90049

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

Name of Employer Occupation
Cherbo Publishing Group Chief Operating Officer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	2	/	2	0	0	8

Transaction ID: SA11AI.36459

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)
Elaine Hoffman

Mailing Address 2116 Country Hill Lane

City State Zip Code
Los Angeles CA 90049

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

Name of Employer Occupation
Cherbo Publishing Group Chief Operating Officer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	5	/	2	0	0	8

Transaction ID: SA11AI.36835

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)
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: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 570.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	5	/	2	0	0	8

Transaction ID: SA11AI.36529

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 135
(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)
Laura Holtz

Mailing Address PO Box 7107

City Oxnard State CA Zip Code 93031

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

Name of Employer Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 820.00

Date of Receipt 09 / 29 / 2008
Transaction ID: SA11AI.36791
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)
Judith Hopkinson

Mailing Address 4172 Cresta Avenue

City Santa Barbara State CA Zip Code 93110

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

Name of Employer Self Occupation Investments-Real Estate

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt 07 / 23 / 2008
Transaction ID: SA11AI.36141
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)
William Horton

Mailing Address 222 Chaplin Lane

City San Luis Obispo State CA Zip Code 93405

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

Name of Employer Cal Poly Occupation Professor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 850.00

Date of Receipt 08 / 23 / 2008
Transaction ID: SA11AI.36514
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) ► 1500.00

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

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

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

FOR LINE NUMBER: PAGE 35 / 135
(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)
Robyn Hughes
Mailing Address 2299 Emerald Circle
City Morro Bay State CA Zip Code 93442
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 08 / 27 / 2008
Transaction ID: SA11AI.36440
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)
Beverlye Hyman Fead
Mailing Address 2866 East Valley Rd
City Santa Barbara State CA Zip Code 93108
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation artist
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2250.00
Date of Receipt 08 / 03 / 2008
Transaction ID: SA11AI.36164
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)
Beverlye Hyman Fead
Mailing Address 2866 East Valley Rd
City Santa Barbara State CA Zip Code 93108
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation artist
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2400.00
Date of Receipt 09 / 24 / 2008
Transaction ID: SA11AI.36821
Amount of Each Receipt this Period 150.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 650.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 135
(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)
Lynette Jacquez
 Mailing Address 525 9th Street NW Ste. 800
 City Washington State DC Zip Code 20004
 Date of Receipt 09 / 29 / 2008
 Transaction ID: SA11AI.36847
 Amount of Each Receipt this Period 1000.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Copeland Lowery Jacquez Occupation Government Relations
 Receipt For: 2008 Election Cycle-to-Date 3000.00
 Primary General
 Other (specify) ▼
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Claudia James
 Mailing Address 1001 G. St. NW. Suite 900 East
 City Washington State DC Zip Code 20001
 Date of Receipt 09 / 30 / 2008
 Transaction ID: SA11AI.36845
 Amount of Each Receipt this Period 250.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Podesta.com Occupation Government Relations
 Receipt For: 2008 Election Cycle-to-Date 750.00
 Primary General
 Other (specify) ▼
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Stewart Jenkins
 Mailing Address 1336 Morro St.
 City San Luis Obispo State CA Zip Code 93401
 Date of Receipt 08 / 27 / 2008
 Transaction ID: SA11AI.36879
 Amount of Each Receipt this Period 210.00
 FEC ID number of contributing federal political committee. C
 Name of Employer self Occupation attorney
 Receipt For: 2008 Election Cycle-to-Date 310.00
 Primary General
 Other (specify) ▼
 In-kind - event expenses
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1460.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 135
(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)
James R. 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
retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
08 / 27 / 2008

Transaction ID: SA11AI.36627

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)
Roberto S. Juarez

Mailing Address P.O. Box 4566

City State Zip Code
Ventura CA 93007

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

Name of Employer Occupation
Clinicas Del Camino Real CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
09 / 26 / 2008

Transaction ID: SA11AI.36787

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)
Frank Kelton

Mailing Address 1710 Condado Vista Court

City State Zip Code
Arroyo Grande CA 93420

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

Name of Employer Occupation
San Luis Ambulance President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2008

Transaction ID: SA11AI.36820

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 135
(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)
Herbert Kendall
 Mailing Address 1475 E Mountain Dr.
 City State Zip Code
 Montecito CA 93108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Retired
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 3000.00
 Date of Receipt
 M M / D D / Y Y Y Y
 0 7 / 2 9 / 2 0 0 8
Transaction ID: SA11AI.36162
 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)
John Koepf
 Mailing Address 2041 Carriage Lane
 City State Zip Code
 Arroyo Grande CA 93420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 retired
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1600.00
 Date of Receipt
 M M / D D / Y Y Y Y
 0 8 / 1 6 / 2 0 0 8
Transaction ID: SA11AI.36258
 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)
Dr. Garry Kraft
 Mailing Address 3844 W. Channel Islands Blvd
 #507
 City State Zip Code
 Port Hueneme CA 93035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Kraft Chiropractic Clinic Chiropractor
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
 Date of Receipt
 M M / D D / Y Y Y Y
 0 8 / 1 5 / 2 0 0 8
Transaction ID: SA11AI.36213
 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) ► 1300.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 39 / 135
(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)
Alicia Lancashire
Mailing Address 4385 Marina Drive
City Santa Barbara State CA Zip Code 93110
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation retired
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 08 / 08 / 2008
Transaction ID: SA11AI.36169
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)
James Landreth
Mailing Address 613 Jeffrey Drive
City San Luis Obispo State CA Zip Code 93405
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation retired
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 650.00
Date of Receipt 08 / 18 / 2008
Transaction ID: SA11AI.36487
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)
Louise Latham
Mailing Address 300 Hot Springs Road
City Santa Barbara State CA Zip Code 93108
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation Self-employed Actress
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1450.00
Date of Receipt 07 / 17 / 2008
Transaction ID: SA11AI.36153
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) ▶ 550.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 135

(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)
Michael Lejeune

Mailing Address 1024 Senda Verde
#A

City State Zip Code
Santa Barbara CA 93105

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

Name of Employer Occupation
Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.36217

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)
John A. Lewis

Mailing Address 1522 Kronborg Drive

City State Zip Code
Solvang CA 93463

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

Name of Employer Occupation
Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.36500

Amount of Each Receipt this Period

75.00

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

C.

Full Name (Last, First, Middle Initial)
Jim Lichtman

Mailing Address 2418 Santa Barbara St.

City State Zip Code
Santa Barbara CA 93105

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

Name of Employer Occupation
self writer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.36161

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) ►

675.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 135
(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)
Dr. Mark Lisagor
Mailing Address 477 E. Calle Higuera
City Camarillo State CA Zip Code 93010
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation Pediatric Dentist
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ Amount: 1000.00
Date of Receipt: 09 / 08 / 2008
Transaction ID: SA11AI.36798
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)
Marilyn Magid
Mailing Address PO Box 5755
City Santa Barbara State CA Zip Code 93150
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation Homemaker
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ Amount: 1000.00
Date of Receipt: 07 / 29 / 2008
Transaction ID: SA11AI.36146
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)
Hubert Marshall
Mailing Address 611 Alvarado Row
City Stanford State CA Zip Code 94305
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation Retired
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ Amount: 300.00
Date of Receipt: 08 / 11 / 2008
Transaction ID: SA11AI.36125
Amount of Each Receipt this Period: 200.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1700.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 42 / 135
(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)
Linda McGregor
Mailing Address 117 Seacliff Dr.
City State Zip Code
Shell Beach CA 93449
FEC ID number of contributing federal political committee. **C**
Name of Employer 211 SLO Hotline Occupation Executive Director
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt
M M / D D / Y Y Y Y
09 / 08 / 2008
Transaction ID: SA11AI.36429
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)
Peter Melnick
Mailing Address 116 Miramar Avenue
City State Zip Code
Santa Barbara CA 93108
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-employed Occupation Composer
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00
Date of Receipt
M M / D D / Y Y Y Y
07 / 25 / 2008
Transaction ID: SA11AI.36160
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)
Umesh Mishra
Mailing Address 2040 Creekside Road
City State Zip Code
Santa Barbara CA 93108
FEC ID number of contributing federal political committee. **C**
Name of Employer Transphorm Occupation Chairman/CEO
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 550.00
Date of Receipt
M M / D D / Y Y Y Y
09 / 06 / 2008
Transaction ID: SA11AI.36413
Amount of Each Receipt this Period
50.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **650.00**
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 135
(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)
Dennis Morris

Mailing Address 153 El Viento Ave.

City Pismo Beach State CA Zip Code 93449

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

Name of Employer Self Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 08 / 27 / 2008
Transaction ID: SA11AI.36442
 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)
David Neunuebel

Mailing Address 1015 Roble Lane

City Santa Barbara State CA Zip Code 93103

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

Name of Employer Wachovia Securities LLC Occupation Financial Advisor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt: 08 / 21 / 2008
Transaction ID: SA11AI.36638
 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)
Donald O'Dowd

Mailing Address 801-A Senda Verde

City Santa Barbara State CA Zip Code 93105

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

Name of Employer Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 07 / 19 / 2008
Transaction ID: SA11AI.36118
 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) ► **2250.00**

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

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

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

FOR LINE NUMBER: PAGE 44 / 135
(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)
Frank Oakes

Mailing Address 417 E. Hueneme Road
#170

City State Zip Code
Port Hueneme CA 93041

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

Name of Employer Occupation
Stellar Biotech Inc. CEO

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2008

Transaction ID: SA11AI.36797

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)
Paul Ogren

Mailing Address 1055 Capistrano Ct.

City State Zip Code
San Luis Obispo CA 93405

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

Name of Employer Occupation
Aristone Corp. Administrator

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2008

Transaction ID: SA11AI.36650

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)
David Oster

Mailing Address 3720 Manderina Court

City State Zip Code
Santa Barbara CA 93105

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

Name of Employer Occupation
Self Engineer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2008

Transaction ID: SA11AI.36721

Amount of Each Receipt this Period
200.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 135
(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)
Anne Patterson

Mailing Address 1072 Cheltenham Road

City State Zip Code
Santa Barbara CA 93105

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

Name of Employer Occupation
Nutritionist Santa Barbara County

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
09 / 11 / 2008

Transaction ID: SA11AI.36728

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)
Jean M. Perloff, ESQ.

Mailing Address 1384 Plaza Pacifica Street

City State Zip Code
Santa Barbara CA 93108

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

Name of Employer Occupation
retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
08 / 22 / 2008

Transaction ID: SA11AI.36510

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)
Donald Pinkel

Mailing Address 275 Marlene Dr

City State Zip Code
San Luis Obispo CA 93405

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

Name of Employer Occupation
Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
08 / 14 / 2008

Transaction ID: SA11AI.36197

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 135
(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)
Paul Popenoe

Mailing Address 3979 S. Peardale Dr.

City State Zip Code
Lafayette CA 94549

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

Name of Employer Occupation
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
0	9	/	0	2	/	2	0	0	8

Transaction ID: SA11AI.36562

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)
James D. Quay

Mailing Address 1502 Beverly Place

City State Zip Code
Albany CA 94706

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

Name of Employer Occupation
CA Humanities Council Executive Director

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	8	/	2	0	0	8

Transaction ID: SA11AI.36541

Amount of Each Receipt this Period
150.00

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

C. Full Name (Last, First, Middle Initial)
Laurie Quigley

Mailing Address 30 El Viento

City State Zip Code
Pismo Beach CA 93449

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

Name of Employer Occupation
Lang Richert & Patch Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	1	/	2	0	0	8

Transaction ID: SA11AI.36138

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) ► **900.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 135
(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)
Laurie Quigley

Mailing Address 30 El Viento

City Pismo Beach State CA Zip Code 93449

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

Name of Employer Lang Richert & Patch Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 09 / 23 / 2008

Transaction ID: SA11AI.36770

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)
Bonnie Raitt

Mailing Address PO Box 626

City Hollywood State CA Zip Code 90078

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

Name of Employer Self Occupation Musician/activist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 07 / 02 / 2008

Transaction ID: SA11AI.36624

Amount of Each Receipt this Period 300.00

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

C.

Full Name (Last, First, Middle Initial)
Jean Reiche

Mailing Address 843 Via Campobello Street

City Santa Barbara State CA Zip Code 93111

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

Name of Employer Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 850.00

Date of Receipt 08 / 15 / 2008

Transaction ID: SA11AI.36232

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) ► 1550.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 135
(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)
Jane Rieffel

Mailing Address 721-A Mas Amigas

City State Zip Code
Santa Barbara CA 93105

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

Name of Employer Occupation
Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

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

Transaction ID: SA11AI.36171

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)
David Robertson

Mailing Address P. O. Box 412

City State Zip Code
Summerland CA 93067

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

Name of Employer Occupation
HSN Consultants Publisher/Editor

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.36486

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)
Charles Root

Mailing Address 1307 Mill Street

City State Zip Code
San Luis Obispo CA 93401

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

Name of Employer Occupation
Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.36495

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 135
(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)
Edwin Rosenblatt

Mailing Address 712 Ashley Road

City State Zip Code
Santa Barbara CA 93108

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

Name of Employer Occupation
Geffen Records CEO

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
07 / 15 / 2008

Transaction ID: SA11AI.36150

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)
Barry Ross

Mailing Address 381 Quintana Road

City State Zip Code
Morro Bay CA 93442

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

Name of Employer Occupation
Owner Morro Bay Furniture

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
08 / 27 / 2008

Transaction ID: SA11AI.36438

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)
Janet Salter

Mailing Address 804 N. Linden Drive

City State Zip Code
Beverly Hills CA 90210

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

Name of Employer Occupation
Retired Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
07 / 22 / 2008

Transaction ID: SA11AI.36175

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 135
(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)
Max Sandlin
Mailing Address P.O. Box 50665
City Washington State DC Zip Code 20091
FEC ID number of contributing federal political committee. **C**
Name of Employer FLEISCHMAN HILLARD Occupation Consultant
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 09 / 29 / 2008
Transaction ID: SA11AI.36852
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)
Christine Schlumberger
Mailing Address 600 Colina Lane
City Santa Barbara State CA Zip Code 93103
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation philanthropist
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 08 / 28 / 2008
Transaction ID: SA11AI.36542
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)
Anne Marie Schnetzler
Mailing Address 388 Main Street
City Morro Bay State CA Zip Code 93442
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation retired
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 08 / 15 / 2008
Transaction ID: SA11AI.36233
Amount of Each Receipt this Period 30.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 380.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 135
(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)
Barry Schuyler

Mailing Address 3239 Cliff Drive

City State Zip Code
Santa Barbara CA 93109

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

Name of Employer Occupation
retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 950.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	3	/	2	0	0	8

Transaction ID: SA11AI.36515

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)
Jean Schuyler

Mailing Address 3239 Cliff Drive

City State Zip Code
Santa Barbara CA 93109

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

Name of Employer Occupation
civic volunteer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	3	/	2	0	0	8

Transaction ID: SA11AI.36516

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)
Mark Schwartz

Mailing Address 1695 Fernald Point Lane

City State Zip Code
Santa Barbara CA 93108

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

Name of Employer Occupation
Specialty Merchandise Corporation
President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	4	/	2	0	0	8

Transaction ID: SA11AI.36773

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) ► **1400.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 135
(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)
Supervisor Naomi Schwartz

Mailing Address 1889 Eucalyptus Hill Road

City State Zip Code
Santa Barbara CA 93108

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

Name of Employer Retired Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period: 1000.00

Transaction ID: SA11AI.36776

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

B. Full Name (Last, First, Middle Initial)
Elinor Seevak

Mailing Address 870 United Nations Plaza

City State Zip Code
New York NY 10017

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

Name of Employer Retired Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period: 500.00

Transaction ID: SA11AI.36392

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

C. Full Name (Last, First, Middle Initial)
Donald Seidman

Mailing Address 20210 Village 20

City State Zip Code
Camarillo CA 93012

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

Name of Employer Valley Dermatology Occupation Dermatologist

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period: 300.00

Transaction ID: SA11AI.36795

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

SUBTOTAL of Receipts This Page (optional) ► **1600.00**

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

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

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

FOR LINE NUMBER: PAGE 53 / 135
(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)
George Short

Mailing Address 5383 Hollister Ste. 240
Somera Capital Management

City Santa Barbara State CA Zip Code 93111

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

Name of Employer Somera Capital Management Occupation attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt 07 / 30 / 2008
Transaction ID: SA11AI.36147
 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)
Patti Sim

Mailing Address P.O. Box 982

City Carpinteria State CA Zip Code 93014

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

Name of Employer Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 08 / 21 / 2008
Transaction ID: SA11AI.36505
 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)
Steve Slavin

Mailing Address PO Box 5474

City Santa Barbara State CA Zip Code 93150

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

Name of Employer Coldwell Banker Occupation Realtor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 09 / 04 / 2008
Transaction ID: SA11AI.36651
 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) ► 450.00

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

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

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

FOR LINE NUMBER: PAGE 54 / 135
(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)
Kathy Smith
Mailing Address P.O. Box 4
City San Luis Obispo State CA Zip Code 93406
FEC ID number of contributing federal political committee. **C**
Name of Employer Cal Poly Occupation Provost
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 09 / 08 / 2008
Transaction ID: SA11AI.36417
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)
Susan Smith
Mailing Address 1344 N. Wetherly Drive
City Los Angeles State CA Zip Code 90069
FEC ID number of contributing federal political committee. **C**
Name of Employer The Susan Smith Company Occupation Talent Manager
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 07 / 16 / 2008
Transaction ID: SA11AI.36139
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)
Robert Sollen
Mailing Address 5410 Cameo Road
City Carpinteria State CA Zip Code 93013
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation Retired
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 08 / 21 / 2008
Transaction ID: SA11AI.36504
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) ▶ 600.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 135
(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)
John Sonquist
Mailing Address 4461 Nueces Drive

City State Zip Code
Santa Barbara CA 93110

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

Name of Employer Occupation
retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	9	/	2	0	0	8

Transaction ID: SA11AI.36546
 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)
John Spatafore
Mailing Address 1303 Garden Street

City State Zip Code
San Luis Obispo CA 93401

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

Name of Employer Occupation
Self Lawyer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	8	/	2	0	0	8

Transaction ID: SA11AI.36481
 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)
Harris A. Sprecher
Mailing Address 820 Summit Rd.

City State Zip Code
Santa Barbara CA 93108

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

Name of Employer Occupation
Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	6	/	2	0	0	8

Transaction ID: SA11AI.36415
 Amount of Each Receipt this Period 300.00

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

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 135
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 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)
Judith Stapelmann
Mailing Address 4161 Cresta Street

City State Zip Code
Santa Barbara CA 93110

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

Name of Employer Occupation
Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period
500.00

Transaction ID: SA11AI.36243

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

B. Full Name (Last, First, Middle Initial)
Julie Steckel, L.C.S.W.
Mailing Address 1126 Bel Air Drive

City State Zip Code
Santa Barbara CA 93105

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

Name of Employer Occupation
self social worker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period
100.00

Transaction ID: SA11AI.36127

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

C. Full Name (Last, First, Middle Initial)
Julie Steckel, L.C.S.W.
Mailing Address 1126 Bel Air Drive

City State Zip Code
Santa Barbara CA 93105

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

Name of Employer Occupation
self social worker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period
100.00

Transaction ID: SA11AI.36224

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

SUBTOTAL of Receipts This Page (optional) ▶ **700.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 135
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 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)
Betty Stephens
Mailing Address 4400 Via Abrigada
City Santa Barbara State CA Zip Code 93110
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation Retired
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 3000.00
Date of Receipt 07 / 29 / 2008
Transaction ID: SA11AI.36145
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)
Betty Stephens
Mailing Address 4400 Via Abrigada
City Santa Barbara State CA Zip Code 93110
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation Retired
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4000.00
Date of Receipt 09 / 15 / 2008
Transaction ID: SA11AI.36736
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)
Jeffrey Stulberg
Mailing Address 1042 Palm St Ste 204
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: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1200.00
Date of Receipt 09 / 17 / 2008
Transaction ID: SA11AI.36817
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) ► 2100.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 135
	<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) Paul Sweet	Date of Receipt MM / DD / YYYY 09 / 29 / 2008
	Mailing Address 1027 Broad Branch Court	Transaction ID: SA11AI.36848
	City State Zip Code McLean VA 22101	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: Fleishman-Hillard Govt. Relations Occupation: Sr. Vice President Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00	

B.	Full Name (Last, First, Middle Initial) Gail Teton-Landis	Date of Receipt MM / DD / YYYY 07 / 18 / 2008
	Mailing Address 4450 Va Alegre	Transaction ID: SA11AI.36155
	City State Zip Code Santa Barbara CA 93110	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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) Shirley Thayer	Date of Receipt MM / DD / YYYY 09 / 15 / 2008
	Mailing Address 848 Arbor Avenue	Transaction ID: SA11AI.36794
	City State Zip Code Ventura CA 93003	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: retired Occupation: Judge Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 350.00	

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 135
(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)
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: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 08 / 15 / 2008
Transaction ID: SA11AI.36221
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)
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: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00
Date of Receipt 09 / 29 / 2008
Transaction ID: SA11AI.36788
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)
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: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 550.00
Date of Receipt 08 / 18 / 2008
Transaction ID: SA11AI.36480
Amount of Each Receipt this Period 200.00
 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 135
(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)
Michael Towbes

Mailing Address 21 E. Victoria St. Ste. 200

City State Zip Code
Santa Barbara CA 93101-2605

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

Name of Employer Occupation
The Towbes Group, Inc. Developer/builder chairman

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
08 / 25 / 2008

Transaction ID: SA11AI.36520

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)
Esteban Valenzuela

Mailing Address P.O. Box 1718

City State Zip Code
Santa Maria CA 93456

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

Name of Employer Occupation
Self-employed Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
09 / 26 / 2008

Transaction ID: SA11AI.36767

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)
Dianne Vapnek

Mailing Address 1920 Garden

City State Zip Code
Santa Barbara CA 93103

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

Name of Employer Occupation
Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
07 / 07 / 2008

Transaction ID: SA11AI.36117

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional) ► **3550.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 135

(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)
Fred Vernachia

Mailing Address 1930 Valle Vista Place

City State Zip Code
San Luis Obispo CA 93405

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

Name of Employer Occupation
San Luis Diagnostic Center Physician

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1900.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.36819

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)
Mary Vogel

Mailing Address 3436 Campanil Drive

City State Zip Code
Santa Barbara CA 93109

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

Name of Employer Occupation
UCSB Professor

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.36536

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)
Harold Votey

Mailing Address 1127 Harbor Hills Lane

City State Zip Code
Santa Barbara CA 93109

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

Name of Employer Occupation
retired

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.36496

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)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 135
(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)
Dirk Walters

Mailing Address 392 Christina Way

City San Luis Obispo State CA Zip Code 93405

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

Name of Employer Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 08 / 27 / 2008
Transaction ID: SA11AI.36537
 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)
Thomas Walters

Mailing Address 3808 Colonial Ave.

City Alexandria State VA Zip Code 22309

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

Name of Employer Occupation government relations
Thomas Walters & Asso., Inc.

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt 08 / 05 / 2008
Transaction ID: SA11AI.36187
 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)
James Wilson

Mailing Address P.O. Box 60459

City Santa Barbara State CA Zip Code 93160

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

Name of Employer Occupation Global Business Advisor
Strategonomics

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 07 / 22 / 2008
Transaction ID: SA11AI.36177
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 135
	<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) Michael Witherell		Date of Receipt MM / DD / YYYY 07 / 07 / 2008
	Mailing Address 914 California		Transaction ID: SA11AI.36853
	City Santa Barbara	State CA	Zip Code 93103
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer UCSB	Occupation University Administrator	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 650.00	

B.	Full Name (Last, First, Middle Initial) Michael Witherell		Date of Receipt MM / DD / YYYY 09 / 28 / 2008
	Mailing Address 914 California		Transaction ID: SA11AI.36722
	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 UCSB	Occupation University Administrator	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 900.00	

C.	Full Name (Last, First, Middle Initial) Clifford Wright		Date of Receipt MM / DD / YYYY 08 / 15 / 2008
	Mailing Address 848 Picacho Lane		Transaction ID: SA11AI.36230
	City Santa Barbara	State CA	Zip Code 93108
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 135
	<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) Anthony Zerbe		Date of Receipt
	Mailing Address 1175 High Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 8 / 0 2 / 2 0 0 8
	City	State	Zip Code
	Santa Barbara	CA	93108
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.36163
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		Actor	<input type="text"/> 100.00
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="text"/> 400.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Anthony Zerbe		Date of Receipt
	Mailing Address 1175 High Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 8 / 2 5 / 2 0 0 8
	City	State	Zip Code
	Santa Barbara	CA	93108
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.36531
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		Actor	<input type="text"/> 100.00
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="text"/> 500.00	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Mark Zivin		Date of Receipt
	Mailing Address 1637 Judson Ave.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 7 / 2 9 / 2 0 0 8
	City	State	Zip Code
	Evanston	IL	60201
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.36348
Name of Employer Morrison & Morrison LTD		Occupation	Amount of Each Receipt this Period
Morrison & Morrison LTD		CPA	<input type="text"/> 250.00
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="text"/> 250.00	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 450.00
TOTAL This Period (last page this line number only)	<input type="text"/> 66963.59

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 135

(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)
AIR LINE PILOTS ASSOCIATION PAC

Mailing Address 1625 Massachusetts Ave. NW

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00035451

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 29 / 2008

Transaction ID: SA11C.36684

Amount of Each Receipt this Period

1500.00

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

B.

Full Name (Last, First, Middle Initial)
AMERICAN ACADEMY OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 40473

City State Zip Code
WASHINGTON DC 20016

FEC ID number of contributing federal political committee. **C** C00358903

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 29 / 2008

Transaction ID: SA11C.36665

Amount of Each Receipt this Period

300.00

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

C.

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: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 23 / 2008

Transaction ID: SA11C.36711

Amount of Each Receipt this Period

1500.00

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

SUBTOTAL of Receipts This Page (optional) ▶

3300.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 135
(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)
AMERICAN ASSOCIATION FOR JUSTICE POLITICAL ACTION COMMITTEE (AAJ 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: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 8500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	5	/	2	0	0	8

Transaction ID: SA11C.36615
 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 FOR JUSTICE POLITICAL ACTION COMMITTEE (AAJ 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: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	3	/	2	0	0	8

Transaction ID: SA11C.36704
 Amount of Each Receipt this Period 1500.00

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

C. 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: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 8000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	9	/	2	0	0	8

Transaction ID: SA11C.36686
 Amount of Each Receipt this Period 2500.00

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

SUBTOTAL of Receipts This Page (optional) ► **5000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 135

(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)
AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Mailing Address 9700 West Bryn Mawr Ave.

City Rosemont State IL Zip Code 60018

FEC ID number of contributing federal political committee. **C** C00005660

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt: 08 / 05 / 2008
Transaction ID: SA11C.36598
Amount of Each Receipt this Period: 2500.00

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

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

Mailing Address 1120 Conneticut Avenue NW

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt: 09 / 26 / 2008
Transaction ID: SA11C.36697
Amount of Each Receipt this Period: 2500.00

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

C. Full Name (Last, First, Middle Initial)
AMERICAN CABLE ASSOCIATION INC PAC (ACA PAC)

Mailing Address ONE PARKWAY CENTER SUITE 212

City PITTSBURGH State PA Zip Code 15220

FEC ID number of contributing federal political committee. **C** C00364109

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt: 09 / 23 / 2008
Transaction ID: SA11C.36707
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) ► **6000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 135
(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)
AMERICAN CHIROPRACTIC ASSOCIATION PAC

Mailing Address 1701 Clarendon Blvd

City Arlington State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00102764

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
08 / 05 / 2008

Transaction ID: SA11C.36613

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 COLLEGE OF CARDIOLOGY POLITICAL ACTION COMMITTEE

Mailing Address 9111 Old Georgetown Road

City Bethesda State MD Zip Code 20814

FEC ID number of contributing federal political committee. **C** C00375360

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt MM / DD / YYYY
08 / 05 / 2008

Transaction ID: SA11C.36617

Amount of Each Receipt this Period 2500.00

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

C. Full Name (Last, First, Middle Initial)
AMERICAN COLLEGE OF PHYSICIANS SERVICES INC PAC; AKA ACP SERVICES PAC

Mailing Address 2011 Pennsylvania Avenue NW Suite 800

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00403881

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt MM / DD / YYYY
08 / 14 / 2008

Transaction ID: SA11C.36603

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) ► 4500.00

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

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

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

FOR LINE NUMBER: PAGE 69 / 135
(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)
AMERICAN COLLEGE OF PHYSICIANS SERVICES INC PAC; AKA ACP SERVICES PAC

Mailing Address 2011 Pennsylvania Avenue NW
Suite 800

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00403881

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt 09 / 17 / 2008
Transaction ID: SA11C.36698
 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 COLLEGE OF SURGEONS PROFESSIONAL ASSOCIATION PAC

Mailing Address 1640 Wisconsin Avenue NW

City Washington State DC Zip Code 20007

FEC ID number of contributing federal political committee. **C** C00382424

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 09 / 13 / 2008
Transaction ID: SA11C.36670
 Amount of Each Receipt this Period 2500.00

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

C. Full Name (Last, First, Middle Initial)
AMERICAN DIETETIC ASSOCIATION POLITICAL ACTION COMMITTEE (ADAPAC)

Mailing Address 1120 CONNECTICUT AVENUE SUITE 480

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00143560

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt 08 / 05 / 2008
Transaction ID: SA11C.36621
 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) ► 4500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 135
(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)
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: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 2 9 / 2 0 0 8

Transaction ID: SA11C.36691

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 HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE
Mailing Address 1201 L Street NW

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00006080

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 0 5 / 2 0 0 8

Transaction ID: SA11C.36619

Amount of Each Receipt this Period
2500.00

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

C. Full Name (Last, First, Middle Initial)
AMERICAN HOSPITAL ASSOCIATION PAC
Mailing Address 325 Seventh Street NW Suite 700

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00106146

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 2 9 / 2 0 0 8

Transaction ID: SA11C.36695

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) ► 4500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 135
(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)
AMERICAN PODIATRIC MEDICAL ASSOCIATION INC PODIATRY POLITICAL ACTION COMMITTEE

Mailing Address 9312 OLD GEORGETOWN ROAD

City State Zip Code
BETHESDA MD 20814

FEC ID number of contributing federal political committee. **C** C00008839

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 2 9 / 2 0 0 8

Transaction ID: SA11C.36688

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 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: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 2 3 / 2 0 0 8

Transaction ID: SA11C.36701

Amount of Each Receipt this Period
2500.00

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

C. Full Name (Last, First, Middle Initial)
AMERICAN SOCIETY OF PLASTIC SURGEONS

Mailing Address 444 EAST ALGONQUIN RD

City State Zip Code
ARLINGTON HEIGHTS IL 60005

FEC ID number of contributing federal political committee. **C** C00249342

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 3 0 / 2 0 0 8

Transaction ID: SA11C.36676

Amount of Each Receipt this Period
2500.00

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

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 135
(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)
AMERICAN VETERINARY MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1910 SUNDERLAND PLACE NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00114132

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 09 / 17 / 2008
Transaction ID: SA11C.36661
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)
BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

Mailing Address 50 Beale Street
18-105

City SAN FRANCISCO State CA Zip Code 94105

FEC ID number of contributing federal political committee. **C** C00340364

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt: 08 / 26 / 2008
Transaction ID: SA11C.36403
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)
BOEING POLITICAL ACTION COMMITTEE

Mailing Address 1200 Wilson Blvd

City Arlington State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 09 / 26 / 2008
Transaction ID: SA11C.36663
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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 135
(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)
CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE LLC (CAA PAC)
 Mailing Address 11065 HOMESHORE DRIVE
 City State Zip Code
 PINCKNEY MI 48169
 FEC ID number of contributing federal political committee. **C** C00421040
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 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)
COLLEGE OF AMERICAN PATHOLOGISTS PAC
 Mailing Address 1350 I Street NW Ste. 590
 City State Zip Code
 Washington DC 20005-3305
 FEC ID number of contributing federal political committee. **C** C00274944
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 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)
COMCAST CORP. POLITICAL ACTION COMMITTEE- FEDERAL
 Mailing Address 1701 JFK Boulevard, 49th Floor
 35th Floor
 City State Zip Code
 Philadelphia PA 19103
 FEC ID number of contributing federal political committee. **C** C00248716
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 135

(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)
EXPRESS SCRIPTS INC. POLITICAL FUND (A/K/A EXPRESS SCRIPTS PAC)

Mailing Address One Express Way

City State Zip Code
St. Louis MO 63121

FEC ID number of contributing federal political committee. **C** C00365072

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2008

Transaction ID: SA11C.36678

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)
FLEISHMAN-HILLARD PAC

Mailing Address 200 N. Broadway

City State Zip Code
St. Louis MO 63102

FEC ID number of contributing federal political committee. **C** C00200659

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 29 / 2008

Transaction ID: SA11C.36694

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)
GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1299 Pennsylvania Ave NW
Ste 1100

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 08 / 2008

Transaction ID: SA11C.36668

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) ▶

2500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 135
(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)
HCA INC. GOOD GOVERNMENT FUND

Mailing Address PO BOX 550
ONE PARK PLAZA

City NASHVILLE State TN Zip Code 37203

FEC ID number of contributing federal political committee. **C** C00067231

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 08 / 14 / 2008
Transaction ID: SA11C.36911
 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)
INTERNATIONAL ACADEMY OF COMPOUNDING PHARMACISTS PAC (COMP-PAC)

Mailing Address PO BOX 1365

City SUGAR LAND State TX Zip Code 77487

FEC ID number of contributing federal political committee. **C** C00424143

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt: 07 / 18 / 2008
Transaction ID: SA11C.36610
 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)
INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS

Mailing Address 1750 NEW YORK NW

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C70003108

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 7000.00

Date of Receipt: 09 / 17 / 2008
Transaction ID: SA11C.36699
 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) ▶ 2500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 135
(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)
INTERNATIONAL UNION OF OPERATING ENGINEERS

Mailing Address 1125 17 STREET NW

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C70001037

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 11 / 2008

Transaction ID: SA11C.36596

Amount of Each Receipt this Period
2500.00

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

B. Full Name (Last, First, Middle Initial)
JOHNSON & JOHNSON POLITICAL ACTION COMMITTEE

Mailing Address One Johnson & Johnson Plaza

City State Zip Code
New Brunswick NJ 08933

FEC ID number of contributing federal political committee. **C** C00010983

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 14 / 2008

Transaction ID: SA11C.36608

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)
JSTREETPAC

Mailing Address PO Box 33106

City State Zip Code
Washington DC 20033

FEC ID number of contributing federal political committee. **C** C00441949

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2008

Transaction ID: SA11C.36181

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) ► 4500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 / 135
(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)
L-3 COMMUNICATIONS CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 600 Third Avenue

City State Zip Code
New York NY 10016

FEC ID number of contributing federal political committee. **C** C00338087

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
0 9 / 1 8 / 2 0 0 8

Transaction ID: SA11C.36672

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)
LOCKHEED MARTIN PAC

Mailing Address 1725 Jefferson Davis Hwy.
Cyrstal Square Two Suite 300

City State Zip Code
Arlington VA 22202

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
0 7 / 1 4 / 2 0 0 8

Transaction ID: SA11C.36599

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)
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATAC)

Mailing Address 1325 Massachusetts Ave. NW

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00238725

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: SA11C.36396

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 135

(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)
NATIONAL CABLE AND TELECOMMUNICATIONS ASSOCIATION POLITICAL ACTION COMMITTEE (NOCTAC)

Mailing Address 1724 MASSACHUSETTS AVENUE NW

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00010082

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt: M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 8

Transaction ID: SA11C.36394

Amount of Each Receipt this Period 5000.00

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

B. Full Name (Last, First, Middle Initial)
NATIONAL EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE

Mailing Address 1125 Executive Circle

City Irving State TX Zip Code 75038

FEC ID number of contributing federal political committee. **C** C00140061

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt: M M / D D / Y Y Y Y Y
0 9 / 1 9 / 2 0 0 8

Transaction ID: SA11C.36659

Amount of Each Receipt this Period 2500.00

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

C. Full Name (Last, First, Middle Initial)
NOVARTIS CORPORATION POLITICAL ACTION COMMITTEE (A.K.A. NOVARTIS PAC)

Mailing Address 701 Pennsylvania Ave. NW Suite 725

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00033969

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: SA11C.36604

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) ► **8500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 79 / 135

(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)
OCEAN CHAMPIONS POLITICAL ACTION COMMITTEE

Mailing Address 202 SAN JOSE AVENUE

City State Zip Code
CAPITOLA CA 95010

FEC ID number of contributing federal political committee. **C** C00393769

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 14 / 2008

Transaction ID: SA11C.36601

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)
OCEAN CHAMPIONS POLITICAL ACTION COMMITTEE

Mailing Address 202 SAN JOSE AVENUE

City State Zip Code
CAPITOLA CA 95010

FEC ID number of contributing federal political committee. **C** C00393769

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2008

Transaction ID: SA11C.36674

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)
PG&E CORPORATION EMPLOYEES ENERGYPAC

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: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 29 / 2008

Transaction ID: SA11C.36693

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) ▶

2500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 80 / 135
(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)
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: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 30 / 2008

Transaction ID: SA11C.36595

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: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 23 / 2008

Transaction ID: SA11C.36666

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)
PROFESSIONAL AIRWAYS SYSTEMS SPECIALISTS (AFL-CIO) DBA PASS PAC

Mailing Address 1150 17TH STREET NW SUITE 702

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00286807

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 29 / 2008

Transaction ID: SA11C.36690

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 135

(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)
QUEST DIAGNOSTICS INCORPORATED POLITICAL ACTION COMMITTEE

Mailing Address 815 Connecticut Avenue NW
Suite 330

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00329185

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
08 / 05 / 2008

Transaction ID: SA11C.36612

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)
RAYTHEON COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1100 Wilson Boulevard
Suite 1500

City State Zip Code
Arlington VA 22209

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 29 / 2008

Transaction ID: SA11C.36696

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)
REHABCARE GROUP INC PAC

Mailing Address 7733 FORSYTH BLVD SUITE 2300
ATTN: PAC PRESIDENT

City State Zip Code
ST LOUIS MO 63105

FEC ID number of contributing federal political committee. **C** C00407130

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 23 / 2008

Transaction ID: SA11C.36710

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 135
(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)
SAFWAY INC. POLITICAL ACTION COMMITTEE (SAFWAY PAC)
 Mailing Address 5918 Stoneridge Mall Rd
 City Pleasanton State CA Zip Code 94588
 FEC ID number of contributing federal political committee. **C** C00194084
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ 1000.00
 Date of Receipt 09 / 23 / 2008
Transaction ID: SA11C.36901
 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)
SEMPRA ENERGY EMPLOYEES POLITICAL ACTION COMMITTEE- FEDERAL
 Mailing Address 101 Ash Street
 City San Diego State CA Zip Code 92101
 FEC ID number of contributing federal political committee. **C** C00008748
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ 1000.00
 Date of Receipt 09 / 30 / 2008
Transaction ID: SA11C.36673
 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)
SPRINT NEXTEL CORPORATION POLITICAL ACTION COMMITTEE
 Mailing Address 900 7th Street Suite 700
 City Washington State DC Zip Code 20001
 FEC ID number of contributing federal political committee. **C** C00089342
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ 2000.00
 Date of Receipt 09 / 23 / 2008
Transaction ID: SA11C.36708
 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 135
(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)
SPRINT NEXTEL CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 900 7th Street
Suite 700

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00089342

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt 09 / 30 / 2008
Transaction ID: SA11C.36682
 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)
THRIVENT FINANCIAL FOR LUTHERANS - EMPLOYEE POLITICAL ACTION COMMITTEE

Mailing Address Post Office Box 1892

City Appleton State WI Zip Code 54912

FEC ID number of contributing federal political committee. **C** C00121319

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 08 / 05 / 2008
Transaction ID: SA11C.36623
 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)
UNIVISION COMMUNICATIONS INC POLITICAL ACTION COMMITTEE

Mailing Address 520 S GRAND AVE #700

City LOS ANGELES State CA Zip Code 90071

FEC ID number of contributing federal political committee. **C** C00435735

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt 09 / 23 / 2008
Transaction ID: SA11C.36703
 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) ► 2500.00

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

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

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

FOR LINE NUMBER: PAGE 84 / 135
(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)
US ONCOLOGY GOOD GOVNT COMMITTEE

Mailing Address 16825 Northchase Dr. Suite 1300

City State Zip Code
Houston TX 77060

FEC ID number of contributing federal political committee. **C** C00339655

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	1	/	2	0	0	8

Transaction ID: SA11C.36862

Amount of Each Receipt this Period
650.00

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

B. Full Name (Last, First, Middle Initial)
US ONCOLOGY GOOD GOVNT COMMITTEE

Mailing Address 16825 Northchase Dr. Suite 1300

City State Zip Code
Houston TX 77060

FEC ID number of contributing federal political committee. **C** C00339655

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 8500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	6	/	2	0	0	8

Transaction ID: SA11C.36692

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)
WASHINGTON MUTUAL POLITICAL ACTION COMMITTEE (WAMUPAC)

Mailing Address 1301 Second Avenue 42nd Floor
WMC 4201

City State Zip Code
Seattle WA 98101

FEC ID number of contributing federal political committee. **C** C00129833

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	8	/	2	0	0	8

Transaction ID: SA11C.36400

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) ► **2650.00**

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

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

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

FOR LINE NUMBER: PAGE 85 / 135

(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)
WELLPOINT INC. WELLPAC

Mailing Address 120 Monument Circle

City State Zip Code
Indianapolis IN 46204

FEC ID number of contributing federal political committee. **C** C00197228

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 29 / 2008

Transaction ID: SA11C.36683

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)
WINE AND SPIRITS WHOLESALERS OF AMERICA INC. POLITICAL ACTION COMMITTEE

Mailing Address 805 FIFTEENTH ST NW SUITE 430

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00147173

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 23 / 2008

Transaction ID: SA11C.36705

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)

2000.00

TOTAL This Period (last page this line number only)

79450.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 86 / 135
(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)
Santa Barbara Bank and Trust

Mailing Address 20 E. Carrillo Street

City State Zip Code
Santa Barbara CA 93101

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
401.90

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2008

Transaction ID: SA15.36854

Amount of Each Receipt this Period
10.88

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

B. Full Name (Last, First, Middle Initial)
Santa Barbara Bank and Trust

Mailing Address 20 E. Carrillo Street

City State Zip Code
Santa Barbara CA 93101

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
419.07

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2008

Transaction ID: SA15.36856

Amount of Each Receipt this Period
17.17

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

C. Full Name (Last, First, Middle Initial)
Santa Barbara Bank and Trust

Mailing Address 20 E. Carrillo Street

City State Zip Code
Santa Barbara CA 93101

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
429.57

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 31 / 2008

Transaction ID: SA15.36855

Amount of Each Receipt this Period
10.50

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

SUBTOTAL of Receipts This Page (optional) ► **38.55**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 / 135
	<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	

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) Santa Barbara Bank and Trust	Date of Receipt MM / DD / YYYY 08 / 31 / 2008
	Mailing Address 20 E. Carrillo Street	Transaction ID: SA15.36857
	City State Zip Code Santa Barbara CA 93101	Amount of Each Receipt this Period 17.73
	FEC ID number of contributing federal political committee. C	interest
	Name of Employer Occupation Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 447.30		

B.	Full Name (Last, First, Middle Initial) Santa Barbara Bank and Trust	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 20 E. Carrillo Street	Transaction ID: SA15.36905
	City State Zip Code Santa Barbara CA 93101	Amount of Each Receipt this Period 11.11
	FEC ID number of contributing federal political committee. C	interest
	Name of Employer Occupation Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 458.41		

C.	Full Name (Last, First, Middle Initial) Santa Barbara Bank and Trust	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 20 E. Carrillo Street	Transaction ID: SA15.36906
	City State Zip Code Santa Barbara CA 93101	Amount of Each Receipt this Period 17.78
	FEC ID number of contributing federal political committee. C	interest
	Name of Employer Occupation Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 476.19		

SUBTOTAL of Receipts This Page (optional)	46.62
TOTAL This Period (last page this line number only)	85.17

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) American Direct Mail</p> <p>Mailing Address 908 N. Hollywood Way</p> <p>City Burbank State CA Zip Code 91505</p> <p>Purpose of Disbursement mailing expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.35970</p> <p>Date of Disbursement 08 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 3845.87</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) American Direct Mail</p> <p>Mailing Address 908 N. Hollywood Way</p> <p>City Burbank State CA Zip Code 91505</p> <p>Purpose of Disbursement mailing expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.36091</p> <p>Date of Disbursement 09 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 12817.05</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Avenet Solutions</p> <p>Mailing Address 400 Sibley Street #560</p> <p>City St. Paul State MN Zip Code 55101</p> <p>Purpose of Disbursement credit card fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.36867</p> <p>Date of Disbursement 07 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 25.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

16687.92

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

A.	Full Name (Last, First, Middle Initial) Avenet Solutions	Transaction ID: SB17.36869 Date of Disbursement 07 / 11 / 2008
	Mailing Address 400 Sibley Street #560	Amount of Each Disbursement this Period 5.00
	City St. Paul State MN Zip Code 55101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement credit card fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Avenet Solutions	Transaction ID: SB17.36868 Date of Disbursement 07 / 21 / 2008
	Mailing Address 400 Sibley Street #560	Amount of Each Disbursement this Period 25.00
	City St. Paul State MN Zip Code 55101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement credit card fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Avenet Solutions	Transaction ID: SB17.36874 Date of Disbursement 09 / 03 / 2008
	Mailing Address 400 Sibley Street #560	Amount of Each Disbursement this Period 12.50
	City St. Paul State MN Zip Code 55101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement credit card fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	42.50
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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Avenet Solutions</p> <p>Mailing Address 400 Sibley Street #560</p> <p>City St. Paul State MN Zip Code 55101</p> <p>Purpose of Disbursement internet expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.36093</p> <p>Date of Disbursement 09 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 225.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Avenet Solutions</p> <p>Mailing Address 400 Sibley Street #560</p> <p>City St. Paul State MN Zip Code 55101</p> <p>Purpose of Disbursement credit card fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.36890</p> <p>Date of Disbursement 09 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 5.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Avenet Solutions</p> <p>Mailing Address 400 Sibley Street #560</p> <p>City St. Paul State MN Zip Code 55101</p> <p>Purpose of Disbursement credit card fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.36891</p> <p>Date of Disbursement 09 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 1.25</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ►

231.25

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.	Full Name (Last, First, Middle Initial) Avenet Solutions	Transaction ID: SB17.36892 Date of Disbursement
	Mailing Address 400 Sibley Street #560	<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2008"/>
	City St. Paul State MN Zip Code 55101	Amount of Each Disbursement this Period
	Purpose of Disbursement credit card fee	<input type="text" value="5.00"/>
	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 State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Avenet Solutions	Transaction ID: SB17.36893 Date of Disbursement
	Mailing Address 400 Sibley Street #560	<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2008"/>
	City St. Paul State MN Zip Code 55101	Amount of Each Disbursement this Period
	Purpose of Disbursement credit card fee	<input type="text" value="1.25"/>
	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 State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Avenet Solutions	Transaction ID: SB17.36894 Date of Disbursement
	Mailing Address 400 Sibley Street #560	<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2008"/>
	City St. Paul State MN Zip Code 55101	Amount of Each Disbursement this Period
	Purpose of Disbursement credit card fee	<input type="text" value="5.00"/>
	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 State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="11.25"/>
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)

<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) Avenet Solutions <hr/> Mailing Address 400 Sibley Street #560 <hr/> City St. Paul State MN Zip Code 55101 <hr/> Purpose of Disbursement credit card fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.36895 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 8
	Amount of Each Disbursement this Period 2.50
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/ Type
	(Empty box for Category/Type)

B. Full Name (Last, First, Middle Initial) Avenet Solutions <hr/> Mailing Address 400 Sibley Street #560 <hr/> City St. Paul State MN Zip Code 55101 <hr/> Purpose of Disbursement credit card fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.36896 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 8
	Amount of Each Disbursement this Period 5.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/ Type
	(Empty box for Category/Type)

C. Full Name (Last, First, Middle Initial) Avenet Solutions <hr/> Mailing Address 400 Sibley Street #560 <hr/> City St. Paul State MN Zip Code 55101 <hr/> Purpose of Disbursement credit card fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.36897 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 8
	Amount of Each Disbursement this Period 10.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/ Type
	(Empty box for Category/Type)

SUBTOTAL of Disbursements This Page (optional) ▶	17.50
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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Avenet Solutions</p> <p>Mailing Address 400 Sibley Street #560</p> <p>City St. Paul State MN Zip Code 55101</p> <p>Purpose of Disbursement credit card fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.36898</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="12.50"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Avenet Solutions</p> <p>Mailing Address 400 Sibley Street #560</p> <p>City St. Paul State MN Zip Code 55101</p> <p>Purpose of Disbursement credit card fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.36899</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="12.50"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Avenet Solutions</p> <p>Mailing Address 400 Sibley Street #560</p> <p>City St. Paul State MN Zip Code 55101</p> <p>Purpose of Disbursement credit card fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.36900</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="10.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ►

35.00

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.

Full Name (Last, First, Middle Initial)
Cory Black

Mailing Address 2210 San Ramon Road

City Atascadero State CA Zip Code 93422

Purpose of Disbursement
In-kind - printing expense
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: District:

Transaction ID: SB17.36883
Date of Disbursement

08 / 28 / 2008

Amount of Each Disbursement this Period

333.59

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

B.

Full Name (Last, First, Middle Initial)
Christine Feldman Design Studios

Mailing Address 1250 Dover Lane

City Santa Barbara State CA Zip Code 93103

Purpose of Disbursement
graphic design
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: District:

Transaction ID: SB17.36084
Date of Disbursement

09 / 26 / 2008

Amount of Each Disbursement this Period

375.50

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

C.

Full Name (Last, First, Middle Initial)
Jennifer Cooper

Mailing Address 222 W Anapamu #1

City Santa Barbara State CA Zip Code 93101

Purpose of Disbursement
management consulting
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: District:

Transaction ID: SB17.35919
Date of Disbursement

07 / 01 / 2008

Amount of Each Disbursement this Period

5000.00

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

SUBTOTAL of Disbursements This Page (optional)

5709.09

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.	Full Name (Last, First, Middle Initial) Jennifer Cooper Mailing Address 222 W Anapamu #1 City Santa Barbara State CA Zip Code 93101 Purpose of Disbursement reimbursements Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.35924 Date of Disbursement 07 / 22 / 2008 Amount of Each Disbursement this Period 166.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) US Postmaster Mailing Address 800 Anacapa Street City Santa Barbara State CA Zip Code 93101 Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.35924.2 Date of Disbursement 07 / 22 / 2008 Amount of Each Disbursement this Period 84.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Kinkos Mailing Address PO Box 530257 City Atlanta State GA Zip Code 30353 Purpose of Disbursement check copies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.35924.5 Date of Disbursement 07 / 22 / 2008 Amount of Each Disbursement this Period 3.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	166.46
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

<p>A. Full Name (Last, First, Middle Initial) Jennifer Cooper</p> <p>Mailing Address 222 W Anapamu #1</p> <p>City Santa Barbara State CA Zip Code 93101</p> <p>Purpose of Disbursement management consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.35955</p> <p>Date of Disbursement 08 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Jennifer Cooper</p> <p>Mailing Address 222 W Anapamu #1</p> <p>City Santa Barbara State CA Zip Code 93101</p> <p>Purpose of Disbursement reimbursements</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.35958</p> <p>Date of Disbursement 08 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 2656.41</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) US Postmaster</p> <p>Mailing Address 800 Anacapa Street</p> <p>City Santa Barbara State CA Zip Code 93101</p> <p>Purpose of Disbursement postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.35958.0</p> <p>Date of Disbursement 08 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 5.74</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7656.41

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

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) Kinkos	Transaction ID: SB17.35958.1 Date of Disbursement 08 / 08 / 2008
	Mailing Address PO Box 530257	Amount of Each Disbursement this Period 14.55
	City Atlanta State GA Zip Code 30353	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement copies Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Kinkos	Transaction ID: SB17.35958.2 Date of Disbursement 08 / 08 / 2008
	Mailing Address PO Box 530257	Amount of Each Disbursement this Period 1.75
	City Atlanta State GA Zip Code 30353	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement copies Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: SB17.35958.3 Date of Disbursement 08 / 08 / 2008
	Mailing Address PO Box 9020	Amount of Each Disbursement this Period 125.23
	City Des Moines State IA Zip Code 50368	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement office supplies Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" 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)

<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)
US Postmaster

Mailing Address 800 Anacapa Street

City State Zip Code
Santa Barbara CA 93101

Purpose of Disbursement
postage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.35958.4
Date of Disbursement

08 / 08 / 2008

Amount of Each Disbursement this Period

504.00

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Ralph's

Mailing Address 100 W Carrillo

City State Zip Code
Santa Barbara CA 93101

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: SB17.35958.5
Date of Disbursement

08 / 08 / 2008

Amount of Each Disbursement this Period

25.69

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Carina Cellars

Mailing Address P.O. Box 644

City State Zip Code
Los Olivos CA 93441

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: SB17.35958.6
Date of Disbursement

08 / 08 / 2008

Amount of Each Disbursement this Period

284.46

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

[MEMO ITEM]

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)

<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) United <hr/> Mailing Address 3500 State Street <hr/> City Santa Barbara State CA Zip Code 93105 <hr/> Purpose of Disbursement travel expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.35958.7 Date of Disbursement 08 / 08 / 2008 <hr/> Amount of Each Disbursement this Period 575.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Costco <hr/> Mailing Address Calle Real Marketplace <hr/> City Goleta State CA Zip Code 93117 <hr/> Purpose of Disbursement office supplies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.35958.8 Date of Disbursement 08 / 08 / 2008 <hr/> Amount of Each Disbursement this Period 1057.49 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Jennifer Cooper <hr/> Mailing Address 222 W Anapamu #1 <hr/> City Santa Barbara State CA Zip Code 93101 <hr/> Purpose of Disbursement management consulting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.35998 Date of Disbursement 09 / 01 / 2008 <hr/> Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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)

PAGE 100 / 135

<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) Jennifer Cooper	Transaction ID: SB17.36005 Date of Disbursement 09 / 09 / 2008
	Mailing Address 222 W Anapamu #1	Amount of Each Disbursement this Period 4280.29
	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 reimbursements Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: SB17.36005.0 Date of Disbursement 09 / 09 / 2008
	Mailing Address PO Box 9020	Amount of Each Disbursement this Period 155.33
	City Des Moines State IA Zip Code 50368	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement office supplies Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Costco	Transaction ID: SB17.36005.1 Date of Disbursement 09 / 09 / 2008
	Mailing Address Calle Real Marketplace	Amount of Each Disbursement this Period 293.20
	City Goleta State CA Zip Code 93117	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement office supplies Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	▶	4280.29
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)

<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)
Staples

Mailing Address PO Box 9020

City State Zip Code
Des Moines IA 50368

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: SB17.36005.6
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	0	8

Amount of Each Disbursement this Period

4.84

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Smart and Final

Mailing Address 300 E. Gutierrez

City State Zip Code
Santa Barbara CA 93103

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: SB17.36005.7
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	0	8

Amount of Each Disbursement this Period

36.49

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Kinkos

Mailing Address PO Box 530257

City State Zip Code
Atlanta GA 30353

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: SB17.36005.8
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	0	8

Amount of Each Disbursement this Period

29.75

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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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.	Full Name (Last, First, Middle Initial) Staples Mailing Address PO Box 9020 City Des Moines State IA Zip Code 50368 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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.36005.10 Date of Disbursement 09 / 09 / 2008 Amount of Each Disbursement this Period 223.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) US Postmaster Mailing Address 800 Anacapa Street City Santa Barbara State CA Zip Code 93101 Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.36005.11 Date of Disbursement 09 / 09 / 2008 Amount of Each Disbursement this Period 363.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) United Mailing Address 3500 State Street City Santa Barbara State CA Zip Code 93105 Purpose of Disbursement travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.36005.12 Date of Disbursement 09 / 09 / 2008 Amount of Each Disbursement this Period 15.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

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)

<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)
Sheraton

Mailing Address 1550 Court Place

City State Zip Code
Denver CO 80202

Purpose of Disbursement
travel

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.36005.13
Date of Disbursement

09 / 09 / 2008

Amount of Each Disbursement this Period

706.32

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Sheraton

Mailing Address 1550 Court Place

City State Zip Code
Denver CO 80202

Purpose of Disbursement
travel

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.36005.14
Date of Disbursement

09 / 09 / 2008

Amount of Each Disbursement this Period

2196.33

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
United

Mailing Address 3500 State Street

City State Zip Code
Santa Barbara CA 93105

Purpose of Disbursement
travel

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.36005.15
Date of Disbursement

09 / 09 / 2008

Amount of Each Disbursement this Period

15.00

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

[MEMO ITEM]

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)

<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) Staples	Transaction ID: SB17.36005.16 Date of Disbursement 09 / 09 / 2008
	Mailing Address PO Box 9020	Amount of Each Disbursement this Period 32.31
	City Des Moines State IA Zip Code 50368	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Kinkos	Transaction ID: SB17.36005.17 Date of Disbursement 09 / 09 / 2008
	Mailing Address PO Box 530257	Amount of Each Disbursement this Period 6.21
	City Atlanta State GA Zip Code 30353	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement copies Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kinkos	Transaction ID: SB17.36005.18 Date of Disbursement 09 / 09 / 2008
	Mailing Address PO Box 530257	Amount of Each Disbursement this Period 3.79
	City Atlanta State GA Zip Code 30353	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement copies Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" 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)

<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) Kinkos Mailing Address PO Box 530257 City Atlanta State GA Zip Code 30353 Purpose of Disbursement copies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.36005.19 Date of Disbursement 09 / 09 / 2008 Amount of Each Disbursement this Period 6.21 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Costco Mailing Address Calle Real Marketplace City Goleta State CA Zip Code 93117 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.36096 Date of Disbursement 09 / 30 / 2008 Amount of Each Disbursement this Period 107.21 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Enterprise Rent a Car Mailing Address 624 Santa Barbara Street City Santa Barbara State CA Zip Code 93101 Purpose of Disbursement rental car Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.35985 Date of Disbursement 08 / 14 / 2008 Amount of Each Disbursement this Period 603.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

710.60

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

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**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.

Full Name (Last, First, Middle Initial)
Enterprise Rent a Car

Transaction ID: SB17.36031
Date of Disbursement

Mailing Address 624 Santa Barbara Street

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	0	8

City Santa Barbara State CA Zip Code 93101

Amount of Each Disbursement this Period

603.29

Purpose of Disbursement
car rental

Category/ Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Enterprise Rent a Car

Transaction ID: SB17.36087
Date of Disbursement

Mailing Address 624 Santa Barbara Street

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	0	8

City Santa Barbara State CA Zip Code 93101

Amount of Each Disbursement this Period

1729.97

Purpose of Disbursement
rental car

Category/ Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Erickson and Company

Transaction ID: SB17.35918
Date of Disbursement

Mailing Address 38 Ivy Street SE

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	0	8

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

3359.22

Purpose of Disbursement
fundraising consulting

Category/ Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

5692.48

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

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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 107 / 135

<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

<p>A. Full Name (Last, First, Middle Initial) Erickson and Company</p> <p>Mailing Address 38 Ivy Street SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement fundraising consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.35926</p> <p>Date of Disbursement 07 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 3521.09</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Erickson and Company</p> <p>Mailing Address 38 Ivy Street SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement fundraising consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.35991</p> <p>Date of Disbursement 08 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 3491.72</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Sarah Ethington</p> <p>Mailing Address 1705 P. St. NW Apt. 22</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement travel reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.35925</p> <p>Date of Disbursement 07 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 816.01</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7828.82

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

<p>A. Full Name (Last, First, Middle Initial) Sarah Ethington</p> <p>Mailing Address 1705 P. St. NW Apt. 22</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement travel reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.35975</p> <p>Date of Disbursement 08 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 123.99</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Sarah Ethington</p> <p>Mailing Address 1705 P. St. NW Apt. 22</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement travel reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.36004</p> <p>Date of Disbursement 09 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 200.73</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Sarah Ethington</p> <p>Mailing Address 1705 P. St. NW Apt. 22</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement campaign consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.36036</p> <p>Date of Disbursement 09 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 6000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6324.72

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 109 / 135

<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) David Feldman	Transaction ID: SB17.36088 Date of Disbursement 09 / 26 / 2008
	Mailing Address 4685 Arizona Ave. City Atascadero State CA Zip Code 93422 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Rebecca Finley	Transaction ID: SB17.35956 Date of Disbursement 08 / 08 / 2008
	Mailing Address 1029 E. Gutierrez St. City Santa Barbara State CA Zip Code 93103 Purpose of Disbursement event help Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Emily Ghan	Transaction ID: SB17.35977 Date of Disbursement 08 / 08 / 2008
	Mailing Address 1218 Euclid St. NW #B City Washington State DC Zip Code 20009 Purpose of Disbursement travel reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 454.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1254.00

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

<p>A. Full Name (Last, First, Middle Initial) Randolph Harrison</p> <p>Mailing Address 431 Sixth St NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement travel reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.36057</p> <p>Date of Disbursement 09 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 389.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Stewart Jenkins</p> <p>Mailing Address 1336 Morro St.</p> <p>City San Luis Obispo State CA Zip Code 93401</p> <p>Purpose of Disbursement In-kind - event expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.36880</p> <p>Date of Disbursement 08 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 210.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Jonathan's Valet Parking</p> <p>Mailing Address 1482 East Valley Road</p> <p>City Montecito State CA Zip Code 93108</p> <p>Purpose of Disbursement event expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.35957</p> <p>Date of Disbursement 08 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 395.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

994.00

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.

Full Name (Last, First, Middle Initial)
Danielle LeTendre

Transaction ID: SB17.35979
Date of Disbursement

Mailing Address 1409 E. Abingdon Road #1

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	0	8

City State Zip Code
Alexandria VA 22314

Amount of Each Disbursement this Period

536.99

Purpose of Disbursement
travel reimbursement
Candidate Name

Category/
Type

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

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
Danielle LeTendre

Transaction ID: SB17.36035
Date of Disbursement

Mailing Address 1409 E. Abingdon Road #1

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	0	8

City State Zip Code
Alexandria VA 22314

Amount of Each Disbursement this Period

4060.00

Purpose of Disbursement
field consulting
Candidate Name

Category/
Type

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

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
Jonathan Levenshus

Transaction ID: SB17.36056
Date of Disbursement

Mailing Address 1230 Independence Ave., SE

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	0	8

City State Zip Code
Washington DC 20003

Amount of Each Disbursement this Period

1942.75

Purpose of Disbursement
travel reimbursement
Candidate Name

Category/
Type

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

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional)

6539.74

TOTAL This Period (last page this line number only)

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**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.	Full Name (Last, First, Middle Initial) Clarence and Elaine Perkins Mailing Address 1920 De La Vina #C City Santa Barbara State CA Zip Code 93101 Purpose of Disbursement rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.35947 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 8 Amount of Each Disbursement this Period 12500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Precision Printing Mailing Address 14544 Keswick Street City Van Nuys State CA Zip Code 91405 Purpose of Disbursement printing expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.35974 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 8 Amount of Each Disbursement this Period 964.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Precision Printing Mailing Address 14544 Keswick Street City Van Nuys State CA Zip Code 91405 Purpose of Disbursement printing expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.35996 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 8 Amount of Each Disbursement this Period 4026.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	17491.54
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

<p>A. Full Name (Last, First, Middle Initial) Precision Printing</p> <p>Mailing Address 14544 Keswick Street</p> <p>City Van Nuys State CA Zip Code 91405</p> <p>Purpose of Disbursement printing expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.36046</p> <p>Date of Disbursement 09 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 9283.78</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Precision Printing</p> <p>Mailing Address 14544 Keswick Street</p> <p>City Van Nuys State CA Zip Code 91405</p> <p>Purpose of Disbursement printing expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.36047</p> <p>Date of Disbursement 09 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 246.96</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Precision Printing</p> <p>Mailing Address 14544 Keswick Street</p> <p>City Van Nuys State CA Zip Code 91405</p> <p>Purpose of Disbursement printing expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.36083</p> <p>Date of Disbursement 09 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 862.04</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

10392.78

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

<p>A. Full Name (Last, First, Middle Initial) Precision Printing</p> <p>Mailing Address 14544 Keswick Street</p> <p>City Van Nuys State CA Zip Code 91405</p> <p>Purpose of Disbursement printing expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.36092</p> <p>Date of Disbursement 09 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 8432.68</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) PR Promotion</p> <p>Mailing Address PO Box 34407</p> <p>City Bethesda State MD Zip Code 20837</p> <p>Purpose of Disbursement campaign materials</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.35999</p> <p>Date of Disbursement 08 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 3565.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) PR Promotion</p> <p>Mailing Address PO Box 34407</p> <p>City Bethesda State MD Zip Code 20837</p> <p>Purpose of Disbursement campaign materials</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.36034</p> <p>Date of Disbursement 09 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 20.41</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

12018.09

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

<p>A. Full Name (Last, First, Middle Initial) PR Promotion</p> <p>Mailing Address PO Box 34407</p> <p>City Bethesda State MD Zip Code 20837</p> <p>Purpose of Disbursement campaign materials</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.36086 Date of Disbursement 09 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 554.63</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Santa Barbara Bank and Trust</p> <p>Mailing Address 20 E. Carrillo Street</p> <p>City Santa Barbara State CA Zip Code 93101</p> <p>Purpose of Disbursement credit card fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.36858 Date of Disbursement 07 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 37.46</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Santa Barbara Bank and Trust</p> <p>Mailing Address 20 E. Carrillo Street</p> <p>City Santa Barbara State CA Zip Code 93101</p> <p>Purpose of Disbursement credit card fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.36859 Date of Disbursement 08 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 281.56</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ►

873.65

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.

Full Name (Last, First, Middle Initial)
Santa Barbara Bank and Trust

Transaction ID: SB17.36861
Date of Disbursement

Mailing Address 20 E. Carrillo Street

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	2		2	0	8	

City Santa Barbara State CA Zip Code 93101

Amount of Each Disbursement this Period

37.05

Purpose of Disbursement
credit card fee

--

Candidate Name

--

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

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Santa Barbara Bank and Trust

Transaction ID: SB17.36907
Date of Disbursement

Mailing Address 20 E. Carrillo Street

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	8	

City Santa Barbara State CA Zip Code 93101

Amount of Each Disbursement this Period

242.40

Purpose of Disbursement
credit card fee

--

Candidate Name

--

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

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Santa Barbara Bank and Trust

Transaction ID: SB17.36860
Date of Disbursement

Mailing Address 20 E. Carrillo Street

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	8	

City Santa Barbara State CA Zip Code 93101

Amount of Each Disbursement this Period

4.50

Purpose of Disbursement
credit card fee

--

Candidate Name

--

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

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

283.95

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

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**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.	Full Name (Last, First, Middle Initial) Santa Barbara Bank and Trust	Transaction ID: SB17.36908 Date of Disbursement
	Mailing Address 20 E. Carrillo Street	<input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2008"/>
	City Santa Barbara State CA Zip Code 93101	Amount of Each Disbursement this Period
	Purpose of Disbursement credit card fee	<input type="text" value="4.50"/>
	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 State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Santa Barbara Bank and Trust	Transaction ID: SB17.36909 Date of Disbursement
	Mailing Address 20 E. Carrillo Street	<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City Santa Barbara State CA Zip Code 93101	Amount of Each Disbursement this Period
	Purpose of Disbursement credit card fee	<input type="text" value="136.80"/>
	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 State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Andy Siegel	Transaction ID: SB17.35941 Date of Disbursement
	Mailing Address 450 Meigs Rd.	<input type="text" value="07"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City Santa Barbara State CA Zip Code 93109	Amount of Each Disbursement this Period
	Purpose of Disbursement reimbursement	<input type="text" value="19.40"/>
	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 State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="160.70"/>
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)

<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)
Southern Cal Edison

Mailing Address PO Box 600

City Rosemead State CA Zip Code 91771

Purpose of Disbursement
utilities

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.35994
Date of Disbursement

08 / 22 / 2008

Amount of Each Disbursement this Period

270.00

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

B.

Full Name (Last, First, Middle Initial)
Southern Cal Edison

Mailing Address PO Box 600

City Rosemead State CA Zip Code 91771

Purpose of Disbursement
utilities

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.36003
Date of Disbursement

09 / 09 / 2008

Amount of Each Disbursement this Period

86.36

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

C.

Full Name (Last, First, Middle Initial)
Sprint PCS

Mailing Address PO Box 219718

City Kansas City State MO Zip Code 64121

Purpose of Disbursement
utilities

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.36040
Date of Disbursement

09 / 17 / 2008

Amount of Each Disbursement this Period

440.51

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

SUBTOTAL of Disbursements This Page (optional) ▶

796.87

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

<p>A. Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address PO Box 9020</p> <p>City Des Moines State IA Zip Code 50368</p> <p>Purpose of Disbursement office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.36109</p> <p>Date of Disbursement 09 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 108.27</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) T-Mobile</p> <p>Mailing Address PO Box 742596</p> <p>City Cincinnati State OH Zip Code 45274</p> <p>Purpose of Disbursement utilities</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.36039</p> <p>Date of Disbursement 09 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 468.74</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) T-Mobile</p> <p>Mailing Address PO Box 742596</p> <p>City Cincinnati State OH Zip Code 45274</p> <p>Purpose of Disbursement utilities</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.36058</p> <p>Date of Disbursement 09 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 759.63</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1336.64

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) UPS</p> <p>Mailing Address PO Box 505820</p> <p>City The Lakes State NV Zip Code 88905</p> <p>Purpose of Disbursement mailing expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.35936</p> <p>Date of Disbursement 07 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 3.86</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) UPS</p> <p>Mailing Address PO Box 505820</p> <p>City The Lakes State NV Zip Code 88905</p> <p>Purpose of Disbursement mailing expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.35990</p> <p>Date of Disbursement 08 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 29.61</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) UPS</p> <p>Mailing Address PO Box 505820</p> <p>City The Lakes State NV Zip Code 88905</p> <p>Purpose of Disbursement mailing expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.36002</p> <p>Date of Disbursement 09 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 59.67</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

93.14

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

<p>A. Full Name (Last, First, Middle Initial) US ONCOLOGY GOOD GOVNT COMMITTEE</p> <p>Mailing Address 16825 Northchase Dr. Suite 1300</p> <p>City Houston State TX Zip Code 77060</p> <p>Purpose of Disbursement In-kind - event expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.36863 Date of Disbursement 07 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 650.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Verizon CA</p> <p>Mailing Address PO Box 30001</p> <p>City Inglewood State CA Zip Code 90313</p> <p>Purpose of Disbursement utilities</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.35923 Date of Disbursement 07 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 73.12</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Verizon CA</p> <p>Mailing Address PO Box 30001</p> <p>City Inglewood State CA Zip Code 90313</p> <p>Purpose of Disbursement utilities</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.35927 Date of Disbursement 07 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 101.29</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

824.41

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.	Full Name (Last, First, Middle Initial) Verizon CA Mailing Address PO Box 30001 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 State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.35984 Date of Disbursement 08 / 14 / 2008 Amount of Each Disbursement this Period 4900.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Verizon CA Mailing Address PO Box 30001 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 State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.35987 Date of Disbursement 08 / 22 / 2008 Amount of Each Disbursement this Period 102.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Verizon CA Mailing Address PO Box 30001 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 State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.35989 Date of Disbursement 08 / 22 / 2008 Amount of Each Disbursement this Period 39.33 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

5041.63

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

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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.

Full Name (Last, First, Middle Initial)
Verizon CA

Transaction ID: SB17.36048
Date of Disbursement

Mailing Address PO Box 30001

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	0	8

City Inglewood State CA Zip Code 90313

Amount of Each Disbursement this Period

2	1	9	2	8	9
---	---	---	---	---	---

Purpose of Disbursement
utilities

--

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

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Verizon CA

Transaction ID: SB17.36055
Date of Disbursement

Mailing Address PO Box 30001

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	0	8

City Inglewood State CA Zip Code 90313

Amount of Each Disbursement this Period

1	0	7	4	2
---	---	---	---	---

Purpose of Disbursement
utilities

--

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

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Verizon Wireless

Transaction ID: SB17.35922
Date of Disbursement

Mailing Address PO Box 4001

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	0	8

City Inglewood State CA Zip Code 90313

Amount of Each Disbursement this Period

1	9	1	2	2
---	---	---	---	---

Purpose of Disbursement
utilities

--

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

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

2	4	9	1	5	3
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TOTAL This Period (last page this line number only) ►

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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 124 / 135

<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) Verizon Wireless Mailing Address PO Box 4001 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 State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.35995 Date of Disbursement 08 / 22 / 2008 Amount of Each Disbursement this Period 91.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Victor the Florist Mailing Address 135 E Anapamu Street 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 State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.35943 Date of Disbursement 07 / 22 / 2008 Amount of Each Disbursement this Period 79.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Victor the Florist Mailing Address 135 E Anapamu Street 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 State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.35976 Date of Disbursement 08 / 08 / 2008 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

SUBTOTAL of Disbursements This Page (optional) ▶

242.15

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.

Full Name (Last, First, Middle Initial)
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: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.35988
Date of Disbursement

08 / 22 / 2008

Amount of Each Disbursement this Period

75.37

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

B.

Full Name (Last, First, Middle Initial)
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: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.36085
Date of Disbursement

09 / 26 / 2008

Amount of Each Disbursement this Period

142.02

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

C.

Full Name (Last, First, Middle Initial)
Woolworth Building, Inc.

Mailing Address 210 W. 4th St.

City Oxnard State CA Zip Code 93030

Purpose of Disbursement
rent

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.36000
Date of Disbursement

09 / 09 / 2008

Amount of Each Disbursement this Period

2700.00

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

SUBTOTAL of Disbursements This Page (optional)

2917.39

TOTAL This Period (last page this line number only)

124146.50

**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)

<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.	Full Name (Last, First, Middle Initial) BENNETT 2008	Transaction ID: SB21.36059 Date of Disbursement 09 / 26 / 2008
	Mailing Address PO BOX 9195	Amount of Each Disbursement this Period 1000.00
	City ALLENTOWN State PA Zip Code 18105	<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: PA District: 15	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BERKOWITZ FOR CONGRESS	Transaction ID: SB21.36061 Date of Disbursement 09 / 26 / 2008
	Mailing Address PO BOX 91365	Amount of Each Disbursement this Period 1000.00
	City ANCHORAGE State AK Zip Code 99509	<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: AK District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BROWN FOR CONGRESS	Transaction ID: SB21.36063 Date of Disbursement 09 / 26 / 2008
	Mailing Address 5429 Madison Avenue	Amount of Each Disbursement this Period 1000.00
	City Sacramento State CA Zip Code 95841	<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: 04	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3000.00
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

A.

Full Name (Last, First, Middle Initial)
Children's Creative Project

Mailing Address PO Box 1007

City San Luis Obispo State CA Zip Code 93406

Purpose of Disbursement contribution

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB21.35940
Date of Disbursement

07 / 22 / 2008

Amount of Each Disbursement this Period

75.00

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

B.

Full Name (Last, First, Middle Initial)
DAHLKEMPER, KATHLEEN ANN

Mailing Address 530 SEMINOLE DRIVE

City ERIE State PA Zip Code 16505

Purpose of Disbursement contribution

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: PA District: 03

Transaction ID: SB21.36065
Date of Disbursement

09 / 26 / 2008

Amount of Each Disbursement this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)
DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY

Mailing Address PO BOX 90655

City SANTA BARBARA State CA Zip Code 93190

Purpose of Disbursement event contribution

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB21.35982
Date of Disbursement

08 / 08 / 2008

Amount of Each Disbursement this Period

250.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

1325.00

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

A.

Full Name (Last, First, Middle Initial)
FEDER, JUDY M

Transaction ID: SB21.36067
Date of Disbursement

Mailing Address 1514 HARDWOOD LANE

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	0	8

City State Zip Code
MCLEAN VA 22101

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
contribution

--

Candidate Name

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

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: VA District: 10

B.

Full Name (Last, First, Middle Initial)
Friends of Hannah-Beth Jackson 2008

Transaction ID: SB21.36053
Date of Disbursement

Mailing Address P.O. Box 92010

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	0	8

City State Zip Code
Santa Barbara CA 93190

Amount of Each Disbursement this Period

344.98

Purpose of Disbursement
in-kind contribution -- volunteer calls

--

Candidate Name

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

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Fund for Santa Barbara

Transaction ID: SB21.35945
Date of Disbursement

Mailing Address 924 Anacapa Street Ste. 4-H

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	0	8

City State Zip Code
Santa Barbara CA 93101

Amount of Each Disbursement this Period

200.00

Purpose of Disbursement
event contribution

--

Candidate Name

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

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

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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

A.

Full Name (Last, First, Middle Initial)
GARCIA, JOE

Transaction ID: SB21.36069
Date of Disbursement

Mailing Address 2135 NORTH BAY ROAD

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	0	8

City MIAMI BEACH State FL Zip Code 33140

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement contribution

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

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: FL District: 25

B.

Full Name (Last, First, Middle Initial)
Gold Coast Hispanic Chamber of Commerce

Transaction ID: SB21.35946
Date of Disbursement

Mailing Address 445 South B Street

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	0	8

City Oxnard State CA Zip Code 93030

Amount of Each Disbursement this Period

150.00

Purpose of Disbursement membership contribution

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

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
KAY FOR CONGRESS

Transaction ID: SB21.36054
Date of Disbursement

Mailing Address PO BOX 14194

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	0	8

City PARKVILLE State MO Zip Code 64152

Amount of Each Disbursement this Period

344.98

Purpose of Disbursement in-kind contribution -- volunteer calls

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

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: MO District: 06

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

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**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 130 / 135

<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.	Full Name (Last, First, Middle Initial) KISSELL FOR CONGRESS <hr/> Mailing Address P.O. Box 1530 <hr/> City Biscoe State NC Zip Code 27209 <hr/> Purpose of Disbursement contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 08 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.36071 Date of Disbursement 09 / 26 / 2008 <hr/> 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
B.	Full Name (Last, First, Middle Initial) KRYZAN FOR CONGRESS <hr/> Mailing Address P.O. Box 317 <hr/> City Amherst State NY Zip Code 14226 <hr/> Purpose of Disbursement contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.36073 Date of Disbursement 09 / 26 / 2008 <hr/> 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
C.	Full Name (Last, First, Middle Initial) MADIA FOR U S CONGRESS <hr/> Mailing Address P.O. Box 2459 <hr/> City Maple Grove State MN Zip Code 55311 <hr/> Purpose of Disbursement contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.36075 Date of Disbursement 09 / 26 / 2008 <hr/> 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

SUBTOTAL of Disbursements This Page (optional)	3000.00
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

A.	Full Name (Last, First, Middle Initial) MARKEY FOR CONGRESS	Transaction ID: SB21.36077 Date of Disbursement
	Mailing Address PO Box 1333	<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2008"/>
	City Fort Collins State CO Zip Code 80521	Amount of Each Disbursement this Period
	Purpose of Disbursement contribution	<input type="text" value="1000.00"/>
	Candidate Name	<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 State: CO District: 04	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MCNERNEY FOR CONGRESS	Transaction ID: SB21.36082 Date of Disbursement
	Mailing Address 5429 Madison Avenue	<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2008"/>
	City Sacramento State CA Zip Code 95841	Amount of Each Disbursement this Period
	Purpose of Disbursement contribution	<input type="text" value="2000.00"/>
	Candidate Name	<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 State: CA District: 11	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PLANNED PARENTHOOD ACTION FUND INC.	Transaction ID: SB21.35954 Date of Disbursement
	Mailing Address 810 Seventh Ave.	<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City New York State NY Zip Code 10019	Amount of Each Disbursement this Period
	Purpose of Disbursement event contribution	<input type="text" value="250.00"/>
	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 State: NY District: 1	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3250.00"/>
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)

<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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) San Luis Obispo Democratic Central Committee</p> <p>Mailing Address 1110 Morro Street</p> <p>City San Luis Obispo State CA Zip Code 93401</p> <p>Purpose of Disbursement contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21.36041</p> <p>Date of Disbursement 09 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) SANTA BARBARA COUNTY DEMOCRATIC CENTRAL COMM</p> <p>Mailing Address PO Box 2099</p> <p>City Santa Barbara State CA Zip Code 93120</p> <p>Purpose of Disbursement contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21.36090</p> <p>Date of Disbursement 09 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 5500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Santa Maria Democratic Club</p> <p>Mailing Address PO Box 5205</p> <p>City Santa Maria State CA Zip Code 93456</p> <p>Purpose of Disbursement contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21.36044</p> <p>Date of Disbursement 09 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 400.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>6200.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

**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 133 / 135

<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.	Full Name (Last, First, Middle Initial) SB County Democratic Central Committee <hr/> Mailing Address 1503 Mission Canyon Road <hr/> City Santa Barbara State CA Zip Code 93105 <hr/> Purpose of Disbursement contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.35983 Date of Disbursement 08 / 08 / 2008 <hr/> 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
B.	Full Name (Last, First, Middle Initial) SHULMAN FOR CONGRESS <hr/> Mailing Address PO BOX 3 <hr/> City DEMAREST State NJ Zip Code 07627 <hr/> Purpose of Disbursement contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 05 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.36094 Date of Disbursement 09 / 30 / 2008 <hr/> 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
C.	Full Name (Last, First, Middle Initial) TADDEO FOR CONGRESS <hr/> Mailing Address PO BOX 565388 <hr/> City MIAMI State FL Zip Code 33256 <hr/> Purpose of Disbursement contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.36079 Date of Disbursement 09 / 26 / 2008 <hr/> 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

SUBTOTAL of Disbursements This Page (optional) ▶	2250.00
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)

PAGE 134 / 135

<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

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) VENTURA COUNTY DEMOCRATIC COMMITTEE <hr/> Mailing Address P. O. Box 1587 <hr/> City Camarillo State CA Zip Code 93011 <hr/> Purpose of Disbursement event contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type	Transaction ID: SB21.35997 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 8 <hr/> 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
	B. Full Name (Last, First, Middle Initial) WULSIN FOR CONGRESS <hr/> Mailing Address 7440 Montgomery Road <hr/> City Cincinnati State OH Zip Code 45236 <hr/> Purpose of Disbursement contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 02 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type

SUBTOTAL of Disbursements This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	22625.00

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

(Use separate schedule(s) for each numbered line)	PAGE 135 / 135	
	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 Boise	State ID	ZIP Code 83702	

Outstanding Balance Beginning This Period		Transaction ID: SD9.22725	
125900.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	300.00	125600.00	

1) SUBTOTALS This Period This Page (optional).....	125600.00
2) TOTALS This Period (last page this line number only).....	125600.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	125600.00