

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Lois Capps

A.	Full Name (Last, First, Middle Initial) San Luis Obispo Democratic Central Committee	Transaction ID: SB21.36041 Date of Disbursement 09 / 17 / 2008
	Mailing Address 1110 Morro Street	Amount of Each Disbursement this Period 300.00
	City San Luis Obispo State CA Zip Code 93401	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement contribution 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) SANTA BARBARA COUNTY DEMOCRATIC CENTRAL COMM	Transaction ID: SB21.36090 Date of Disbursement 09 / 26 / 2008
	Mailing Address PO Box 2099	Amount of Each Disbursement this Period 5500.00
	City Santa Barbara State CA Zip Code 93120	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement contribution 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) Santa Maria Democratic Club	Transaction ID: SB21.36044 Date of Disbursement 09 / 17 / 2008
	Mailing Address PO Box 5205	Amount of Each Disbursement this Period 400.00
	City Santa Maria State CA Zip Code 93456	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement contribution 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>SUBTOTAL</b> of Disbursements This Page (optional) .....	6200.00
<b>TOTAL</b> This Period (last page this line number only) .....	