

**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 68 / 71

| | | | |
|------------------------------|------------------------------|------------------------------|--|
| <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

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. DCCC | | Transaction ID: SB21.32645 Date of Disbursement 06 / 22 / 2007 | |
| Mailing Address 430 South Capitol St., SE | | Amount of Each Disbursement this Period 28575.00 | |
| City Washington State DC Zip Code 20003 | Purpose of Disbursement contribution 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. FRIENDS OF JOHN BARROW | | Transaction ID: SB21.32657 Date of Disbursement 06 / 28 / 2007 | |
| Mailing Address 2141 B West Broad St | | Amount of Each Disbursement this Period 2000.00 | |
| City Athens State GA Zip Code 30606 | Purpose of Disbursement contribution 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: GA District: 12 | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. GILLIBRAND FOR CONGRESS | | Transaction ID: SB21.32587 Date of Disbursement 04 / 12 / 2007 | |
| Mailing Address P.O. Box 1279 | | Amount of Each Disbursement this Period 2000.00 | |
| City Hudson State NY Zip Code 12534 | Purpose of Disbursement contribution 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: NY District: 20 | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type | |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 32575.00 |
| TOTAL This Period (last page this line number only) ▶ | |