

**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

Full Name (Last, First, Middle Initial)  
A. FRIENDS OF DAVE ROSS

Mailing Address 7683 SE 27th St PMB 163

City Mercer Island State WA Zip Code 98040

Purpose of Disbursement  
Transfer of Campaign Funds

Candidate Name

Office Sought:  House  Senate  President  
State: WA District: D8  
Disbursement For: 2004  
Primary  General  Other (specify) ▼

Category/  
Type

Transaction ID: SB21.24638  
Date of Disbursement

10 / 14 / 2004

Amount of Each Disbursement this Period

1000.00

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

Full Name (Last, First, Middle Initial)  
B. FRIENDS OF JOHN BARROW

Mailing Address 2141 B West Broad St

City Athens State GA Zip Code 30606

Purpose of Disbursement  
Transfer of Campaign Funds

Candidate Name

Office Sought:  House  Senate  President  
State: GA District: 12  
Disbursement For: 2004  
Primary  General  Other (specify) ▼

Category/  
Type

Transaction ID: SB21.24832  
Date of Disbursement

10 / 14 / 2004

Amount of Each Disbursement this Period

1000.00

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

Full Name (Last, First, Middle Initial)  
C. FRIENDS OF JON JENNINGS COMMITTEE

Mailing Address PO BOX 3155

City EVANSVILLE State IN Zip Code 47731

Purpose of Disbursement  
Transfer of Campaign Funds

Candidate Name

Office Sought:  House  Senate  President  
State: IN District: D8  
Disbursement For: 2004  
Primary  General  Other (specify) ▼

Category/  
Type

Transaction ID: SB21.24841  
Date of Disbursement

10 / 14 / 2004

Amount of Each Disbursement this Period

1000.00

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) ▶