

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. Hooley for Congress		Transaction ID: SB21.30256 Date of Disbursement 09 / 12 / 2006	
Mailing Address P.O. BOX 2050		Amount of Each Disbursement this Period 1000.00	
City Salem State OR Zip Code 97308	Purpose of Disbursement contribution Candidate Name	Category/Type	<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: OR District: 6	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Janet Wolf for Supervisor		Transaction ID: SB21.30255 Date of Disbursement 09 / 12 / 2006	
Mailing Address P.O. Box 877		Amount of Each Disbursement this Period 2000.00	
City Goleta State CA Zip Code 93116	Purpose of Disbursement contribution Candidate Name	Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. JILL DERBY FOR CONGRESS		Transaction ID: SB21.30144 Date of Disbursement 07 / 14 / 2006	
Mailing Address PO BOX 1901		Amount of Each Disbursement this Period 1000.00	
City MINDEN State NV Zip Code 89423	Purpose of Disbursement contribution Candidate Name	Category/Type	<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: NV District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶