

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

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NAME OF COMMITTEE (In Full)
 Friends of Lois Capps

Full Name (Last, First, Middle Initial)
A. DOCC

Mailing Address 430 South Capitol St., SE

City Washington State DC Zip Code 20003

Purpose of Disbursement dues

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: 2004 Primary X General Other (specify) ▼

Category/Type

Transaction ID: SB17.21955
 Date of Disbursement 03 / 30 / 2004

Amount of Each Disbursement this Period 7500.00

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

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

Mailing Address 38 Ivy Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement consult-fundraising

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: 2004 X Primary General Other (specify) ▼

Category/Type

Transaction ID: SB17.21898
 Date of Disbursement 02 / 18 / 2004

Amount of Each Disbursement this Period 2044.67

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

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

Mailing Address 38 Ivy Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement consult-fundraising

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: 2004 X Primary General Other (specify) ▼

Category/Type

Transaction ID: SB17.21918
 Date of Disbursement 02 / 24 / 2004

Amount of Each Disbursement this Period 400.00

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

SUBTOTAL of Disbursements This Page (optional) ▶ **9944.67**

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