



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Friends of Lois Capps**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	201569.90	210323.60
(b) Total Contribution Refunds (from Line 20(d)) .....	2601.28	3561.28
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	198968.62	206762.32
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	80576.73	288247.30
(b) Total Offsets to Operating Expenditures (from Line 14).....	11644.63	20210.02
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	68932.10	268037.28
8. Cash on Hand at Close of Reporting Period (from Line 27).....	480019.57	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	118900.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Friends of Lois Capps**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	132398.40	132398.40
(ii) Unitemized.....	15071.50	15812.87
(iii) TOTAL of contributions from individuals ▶	147469.90	148211.27
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	54100.00	62112.33
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	201569.90	210323.60
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	11644.63	20210.02
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	472.50	46516.03
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	213687.03	277049.65

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	80576.73	288247.30
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	101.28	1061.28
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2500.00	2500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	2601.28	3561.28
21. OTHER DISBURSEMENTS .....	4920.00	5529.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	88098.01	297337.58

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	354430.55
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	213687.03
25. SUBTOTAL (add Line 23 and Line 24).....	568117.58
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	88098.01
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	480019.57

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 5 OF 92  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

**A.** Full Name (Last, First, Middle Initial)  
**Kathryn Allen**

Mailing Address 942 Via Fruteria

City Santa Barbara State CA Zip Code 93110-2322

FEC ID number of contributing federal political committee. **C**

Name of Employer none Occupation none

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 26 / 2013

**Transaction ID : C8709514**

Amount of Each Receipt this Period  
 2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Jeen Alvord**

Mailing Address 6200 Flores Rd

City Atascadero State CA Zip Code 93422-3602

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 14 / 2013

**Transaction ID : C8705861**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Allyn Arnold**

Mailing Address 777 N Ocean Ave

City Cayucos State CA Zip Code 93430-1026

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 01 / 31 / 2013

**Transaction ID : C8692400**

Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4600.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

**A.** Full Name (Last, First, Middle Initial)  
**Allyn Arnold**

Mailing Address **777 N Ocean Ave**

City **Cayucos** State **CA** Zip Code **93430-1026**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 27 / 2013**

**Transaction ID : C8713207**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**Tanya Atwater**

Mailing Address **747 Knapp Dr**

City **Santa Barbara** State **CA** Zip Code **93108-1908**

FEC ID number of contributing federal political committee. **C**

Name of Employer **none** Occupation **none**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 26 / 2013**

**Transaction ID : C8709414**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Diane Barrickman**

Mailing Address **402 Vista De La Playa Ln**

City **Santa Barbara** State **CA** Zip Code **93109-1701**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Attachi Physical Therapy** Occupation **Physical Therapist**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 28 / 2013**

**Transaction ID : C8713134**

Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1750.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

**A.** Full Name (Last, First, Middle Initial)  
**Gary Becker**

Mailing Address 1354 Plaza Pacifica

City Santa Barbara State CA Zip Code 93108-2877

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2013

**Transaction ID : C8712800**

Amount of Each Receipt this Period  
 2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Mary Becker**

Mailing Address 1354 Plaza Pacifica

City Santa Barbara State CA Zip Code 93108-2877

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2013

**Transaction ID : C8712801**

Amount of Each Receipt this Period  
 2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Michael Behrman**

Mailing Address 843 Park Hill Ln

City Santa Barbara State CA Zip Code 93108-1321

FEC ID number of contributing federal political committee. **C**

Name of Employer Associated Hand Surgeons Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2013

**Transaction ID : C8712803**

Amount of Each Receipt this Period  
 2600.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

7800.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

**A.** Full Name (Last, First, Middle Initial)  
**Richard Behrman**

Mailing Address **PO Box 4446**

City **Santa Barbara** State **CA** Zip Code **93140-4446**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self** Occupation **Physician**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 14 / 2013**

**Transaction ID : C8705886**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**Glenna Berry-Horton**

Mailing Address **222 Chaplin Lane**

City **San Luis Obispo** State **CA** Zip Code **93405**

FEC ID number of contributing federal political committee. **C**

Name of Employer **self** Occupation **poet**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 16 / 2013**

**Transaction ID : C8705922**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Cynthia M Bowers**

Mailing Address **526 High Grove Ave**

City **Goleta** State **CA** Zip Code **93117-5543**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self** Occupation **Physician**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**678.40**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 26 / 2013**

**Transaction ID : C8709519**

Amount of Each Receipt this Period  
**678.40**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**2178.40**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

**A.** Full Name (Last, First, Middle Initial)  
**Nancy Brown**

Mailing Address **PO Box 1710**

City **Pismo Beach** State **CA** Zip Code **93448-1710**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Brown Resources Inc.** Occupation **CEO**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 25 / 2013**

**Transaction ID : C8709525**

Amount of Each Receipt this Period  
**2500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Rinaldo Brutoco**

Mailing Address **308 E Carrillo St**

City **Santa Barbara** State **CA** Zip Code **93101-1411**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ShangriLa Group** Occupation **Executive**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 06 / 2013**

**Transaction ID : C8705869**

Amount of Each Receipt this Period  
**2600.00**

**C.** Full Name (Last, First, Middle Initial)  
**Rinaldo Brutoco**

Mailing Address **308 E Carrillo St**

City **Santa Barbara** State **CA** Zip Code **93101-1411**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ShangriLa Group** Occupation **Executive**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 06 / 2013**

**Transaction ID : C8705870**

Amount of Each Receipt this Period  
**2400.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**7500.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

**A.** Full Name (Last, First, Middle Initial)  
**Michelle Buchman**

Mailing Address 608 Del Norte Rd

City State Zip Code  
Ojai CA 93023

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ASI Assoc Dir

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2013

**Transaction ID : C8709524**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**John M. Carsel**

Mailing Address 3285 Shearer Ave

City State Zip Code  
Cayucos CA 93430-1844

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
John M. Carsel, A Professional Law Cor Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 25 / 2013

**Transaction ID : C8709021**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Leslie D. Charles**

Mailing Address 283 Las Entradas Dr

City State Zip Code  
Santa Barbara CA 93108-2668

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-employed Writer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 27 / 2013

**Transaction ID : C8712798**

Amount of Each Receipt this Period  
2600.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4100.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 11 OF 92  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

**A.** Full Name (Last, First, Middle Initial)  
**Leslie D. Charles**

Mailing Address 283 Las Entradas Dr

City Santa Barbara State CA Zip Code 93108-2668

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Writer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 27 / 2013

**Transaction ID : C8712799**

Amount of Each Receipt this Period  
2400.00

**B.** Full Name (Last, First, Middle Initial)  
**Zora Charles**

Mailing Address 283 Las Entradas Dr

City Santa Barbara State CA Zip Code 93108-2668

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Housewife

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 27 / 2013

**Transaction ID : C8712797**

Amount of Each Receipt this Period  
2400.00

**C.** Full Name (Last, First, Middle Initial)  
**Zora Charles**

Mailing Address 283 Las Entradas Dr

City Santa Barbara State CA Zip Code 93108-2668

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Housewife

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 27 / 2013

**Transaction ID : C8712796**

Amount of Each Receipt this Period  
2600.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

7400.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

Full Name (Last, First, Middle Initial) <b>Vicki Cliff</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2013
Mailing Address P.O. Box 639		<b>Transaction ID : C8709533</b>
City Cambria	State CA	
Zip Code 93428		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Retired	Occupation retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>Cheryl Conway</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2013
Mailing Address 110 Chaney Ave		<b>Transaction ID : C8709012</b>
City Cayucos	State CA	
Zip Code 93430-1806		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer IBEW 639	Occupation Office Manager	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>Jim Conway</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2013
Mailing Address 110 Chaney Ave		<b>Transaction ID : C8710629</b>
City Cayucos	State CA	
Zip Code 93430-1806		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Cal Poly State University	Occupation Professor	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

**A.** Full Name (Last, First, Middle Initial)  
**Michael Corrigan**

Mailing Address 2401 Garden St

City Santa Barbara State CA Zip Code 93105-3619

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Corrigan & Company Speciality insurance

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2013

**Transaction ID : C8711376**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Barry Coughlin**

Mailing Address 909e. Fir ave

City Lompoc State CA Zip Code 93436

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2013

**Transaction ID : C8710635**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Jill Dexter**

Mailing Address 901 Via Rosita

City Santa Barbara State CA Zip Code 93110-2117

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
self tv prod.

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 07 / 2013

**Transaction ID : C8696310**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 14 OF 92  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

**A.** Full Name (Last, First, Middle Initial)  
**Jill Dexter**

Mailing Address 901 Via Rosita

City Santa Barbara State CA Zip Code 93110-2117

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation tv prod.

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 13 / 2013**

**Transaction ID : C8713856**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Robert Dodge**

Mailing Address 260 San Jacinto Dr

City Los Osos State CA Zip Code 93402-4313

FEC ID number of contributing federal political committee. **C**

Name of Employer Not employed Occupation not employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 27 / 2013**

**Transaction ID : C8713195**

Amount of Each Receipt this Period  
**50.00**

**C.** Full Name (Last, First, Middle Initial)  
**Robert Dodge**

Mailing Address 260 San Jacinto Dr

City Los Osos State CA Zip Code 93402-4313

FEC ID number of contributing federal political committee. **C**

Name of Employer Not employed Occupation not employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 27 / 2013**

**Transaction ID : C8713196**

Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**800.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 15 OF 92  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

**A.** Full Name (Last, First, Middle Initial)  
**Kathryn Downing**

Mailing Address 121 Via Alicia

City Santa Barbara State CA Zip Code 93108-1769

FEC ID number of contributing federal political committee. **C**

Name of Employer Galileo Coaching Occupation Executive Coach

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 02 / 25 / 2013

**Transaction ID : C8697386**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**David Elson**

Mailing Address 1328 Fernwood Dr

City San Luis Obispo State CA Zip Code 93401-5911

FEC ID number of contributing federal political committee. **C**

Name of Employer UNITED STAFFING ASSOCIATES Occupation President

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 18 / 2013

**Transaction ID : C8709520**

Amount of Each Receipt this Period  
 2600.00

**C.** Full Name (Last, First, Middle Initial)  
**David Elson**

Mailing Address 1328 Fernwood Dr

City San Luis Obispo State CA Zip Code 93401-5911

FEC ID number of contributing federal political committee. **C**

Name of Employer UNITED STAFFING ASSOCIATES Occupation President

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 18 / 2013

**Transaction ID : C8709521**

Amount of Each Receipt this Period  
 2400.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

**A.** Full Name (Last, First, Middle Initial)  
**Don Ernst**

Mailing Address 5882 Salisbury Ln

City San Luis Obispo State CA Zip Code 93401-8263

FEC ID number of contributing federal political committee. **C**

Name of Employer Ernst & Mattison Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 20 / 2013

**Transaction ID : C8714525**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Paul Flum**

Mailing Address 1803 Fernald Point Ln

City Santa Barbara State CA Zip Code 93108-2908

FEC ID number of contributing federal political committee. **C**

Name of Employer Goals for Americans Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 29 / 2013

**Transaction ID : C8713126**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Frank Frost**

Mailing Address 2687 Puesta Del Sol

City Santa Barbara State CA Zip Code 93105-2965

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 12 / 2013

**Transaction ID : C8705881**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 17 OF 92  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

**A.** Full Name (Last, First, Middle Initial)  
**Georgia Funsten**

Mailing Address 247 Olive Mill Rd

City Santa Barbara State CA Zip Code 93108-2425

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 31 / 2013

**Transaction ID : C8711307**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Dan Gerber**

Mailing Address PO Box 185

City Santa Ynez State CA Zip Code 93460-0185

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Writer

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 27 / 2013

**Transaction ID : C8713204**

Amount of Each Receipt this Period  
 2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Marilyn Gevirtz**

Mailing Address 2929 E Valley Rd

City Santa Barbara State CA Zip Code 93108-1613

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 14 / 2013

**Transaction ID : C8705885**

Amount of Each Receipt this Period  
 2600.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

6200.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

**A.** Full Name (Last, First, Middle Initial)  
**Allan Ghitterman**

Mailing Address 928 Las Palmas Dr

City Santa Barbara State CA Zip Code 93110-2111

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 25 / 2013

**Transaction ID : C8709536**

Amount of Each Receipt this Period  
 1300.00

**B.** Full Name (Last, First, Middle Initial)  
**Alice Gillaroo**

Mailing Address 3600 Woodstock Rd

City Santa Ynez State CA Zip Code 93460-9121

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 28 / 2013

**Transaction ID : C8712804**

Amount of Each Receipt this Period  
 2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Marc Goldberg**

Mailing Address 1380 Live Oak Rd

City Paso Robles State CA Zip Code 93446-6611

FEC ID number of contributing federal political committee. **C**

Name of Employer none Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 13 / 2013

**Transaction ID : C8705615**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4150.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 19 OF 92  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

**A.** Full Name (Last, First, Middle Initial)  
**Anna Grotenhuis**

Mailing Address 2125 Ten Acre Rd

City State Zip Code  
Santa Barbara CA 93108-2227

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Grotenhuis Investments, Inc. Real Estate Investor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 02 / 2013

**Transaction ID : C8705865**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Brad Hall**

Mailing Address 2811 Wilshire Blvd  
Ste 700

City State Zip Code  
Santa Monica CA 90403-4804

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired Writer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2013

**Transaction ID : C8712806**

Amount of Each Receipt this Period  
1300.00

**C.** Full Name (Last, First, Middle Initial)  
**Jamal Hamdani**

Mailing Address 1031 Alston Rd

City State Zip Code  
Santa Barbara CA 93108-2407

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Moseley Associates President & CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 27 / 2013

**Transaction ID : C8712802**

Amount of Each Receipt this Period  
2600.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4900.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

**A.** Full Name (Last, First, Middle Initial)  
**Nancy M. Hamilton**

Mailing Address 525 S Burdick St  
Apt 3804

City Kalamazoo State MI Zip Code 49007-5258

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 19 / 2013

**Transaction ID : C8692402**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Benjamin Hammett**

Mailing Address 301 Lowell Ave

City Palo Alto State CA Zip Code 94301-3812

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Psychologist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 30 / 2013

**Transaction ID : C8711267**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**David Hart**

Mailing Address 300 Hot Springs Rd  
# 88

City Santa Barbara State CA Zip Code 93108-2037

FEC ID number of contributing federal political committee. **C**

Name of Employer none Occupation none

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 29 / 2013

**Transaction ID : C8711026**

Amount of Each Receipt this Period  
2000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

**A.** Full Name (Last, First, Middle Initial)  
**Betty Hatch**

Mailing Address 4352 Via Esperanza

City Santa Barbara State CA Zip Code 93110-2250

FEC ID number of contributing federal political committee. **C**

Name of Employer La Belle Occupation executive director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 25 / 2013

**Transaction ID : C8709937**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Sue Hawes**

Mailing Address 506 Yankee Farm Rd

City Santa Barbara State CA Zip Code 93109-1060

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 28 / 2013

**Transaction ID : C8692404**

Amount of Each Receipt this Period  
 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Gordon Hess**

Mailing Address 415 Calle Granada

City Santa Barbara State CA Zip Code 93105-2704

FEC ID number of contributing federal political committee. **C**

Name of Employer none Occupation none

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 23 / 2013

**Transaction ID : C8709939**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

**A.** Full Name (Last, First, Middle Initial)  
**Gordon Hess**

Mailing Address 415 Calle Granada

City Santa Barbara State CA Zip Code 93105-2704

FEC ID number of contributing federal political committee. **C**

Name of Employer none Occupation none

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 29 / 2013**

**Transaction ID : C8710872**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Judith Hopkinson**

Mailing Address 4172 Cresta Ave

City Santa Barbara State CA Zip Code 93110-2408

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Investments-Real Estate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 06 / 2013**

**Transaction ID : C8705866**

Amount of Each Receipt this Period  
**2500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Cathryn Howarth**

Mailing Address 275 Marlene Dr

City San Luis Obispo State CA Zip Code 93405-1023

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 28 / 2013**

**Transaction ID : C8712817**

Amount of Each Receipt this Period  
**500.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**3100.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

**A.** Full Name (Last, First, Middle Initial)  
**Gerald Isenberg**

Mailing Address 1720 Las Canoas Rd

City Santa Barbara State CA Zip Code 93105-2347

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 25 / 2013

**Transaction ID : C8709542**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Mona Jennings**

Mailing Address 1390 Mail Pouch Ln

City San Luis Obispo State CA Zip Code 93405-7812

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 15 / 2013

**Transaction ID : C8706254**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Warren Jensen**

Mailing Address 382 Woodbridge St

City San Luis Obispo State CA Zip Code 93401-5513

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Lawyer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 15 / 2013

**Transaction ID : C8706420**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

**A.** Full Name (Last, First, Middle Initial)  
**Nancy Johnson**

Mailing Address 149 Palm Court Dr

City Santa Maria State CA Zip Code 93454-6643

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**01 / 26 / 2013**

**Transaction ID : C8692407**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Nancy Johnson**

Mailing Address 149 Palm Court Dr

City Santa Maria State CA Zip Code 93454-6643

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 13 / 2013**

**Transaction ID : C8713858**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Judy M. Judd**

Mailing Address 1241 Island Dr Apt 101

City Ann Arbor State MI Zip Code 48105-2006

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 18 / 2013**

**Transaction ID : C8709936**

Amount of Each Receipt this Period  
**500.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1500.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

**A.** Full Name (Last, First, Middle Initial)  
**Cheryl Justice**

Mailing Address 7127 Hollister Ave  
Ste 25

City Goleta State CA Zip Code 93117-2857

FEC ID number of contributing federal political committee. **C**

Name of Employer none Occupation retired attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 19 / 2013

**Transaction ID : C8707067**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Karen Kolba, M.D.**

Mailing Address 110 Erna Way

City Pismo Beach State CA Zip Code 93449-3208

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 17 / 2013

**Transaction ID : C8709518**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Beryl Kreisel**

Mailing Address 811 Hot Springs Rd

City Santa Barbara State CA Zip Code 93108-1108

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation social worker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 27 / 2013

**Transaction ID : C8712807**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

Full Name (Last, First, Middle Initial) <b>A. Robert Kuziara</b>		Date of Receipt MM / DD / YYYY 02 / 05 / 2013
Mailing Address 310 Chaney Ave		<b>Transaction ID : C8696315</b>
City Cayucos	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer retired	Occupation retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Edward Lacey</b>		Date of Receipt MM / DD / YYYY 03 / 27 / 2013
Mailing Address 3700 Dean Drive #802		<b>Transaction ID : C8713193</b>
City Ventura	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer None	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>C. Daniel Lewis</b>		Date of Receipt MM / DD / YYYY 03 / 15 / 2013
Mailing Address 1023 Pacific St		<b>Transaction ID : C8706252</b>
City San Luis Obispo	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Sierra Vista Regional Medical Center	Occupation Oncologist	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

**A.** Full Name (Last, First, Middle Initial)  
**Jim Lichtman**

Mailing Address 2418 Santa Barbara Street

City Santa Barbara State CA Zip Code 93105-3550

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation writer/speaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 02 / 26 / 2013

**Transaction ID : C8697526**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Julia Louis-Dreyfus**

Mailing Address 2811 Wilshire Blvd Ste 700

City Santa Monica State CA Zip Code 90403-4804

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Actress

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 28 / 2013

**Transaction ID : C8712805**

Amount of Each Receipt this Period  
 1300.00

**C.** Full Name (Last, First, Middle Initial)  
**Lillian Lovelace**

Mailing Address 780 El Bosque Rd

City Montecito State CA Zip Code 93108-1310

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 01 / 22 / 2013

**Transaction ID : C8692406**

Amount of Each Receipt this Period  
 2400.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3950.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

**A.** Full Name (Last, First, Middle Initial)  
**Lillian Lovelace**

Mailing Address 780 El Bosque Rd

City Montecito State CA Zip Code 93108-1310

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 22 / 2013

**Transaction ID : C8692405**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**John MacFarlane**

Mailing Address 655 Park Ln

City Santa Barbara State CA Zip Code 93108-1415

FEC ID number of contributing federal political committee. **C**

Name of Employer Sonos Inc. Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2013

**Transaction ID : C8709539**

Amount of Each Receipt this Period  
2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Patricia MacFarlane**

Mailing Address 655 Park Ln

City Santa Barbara State CA Zip Code 93108-1415

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2013

**Transaction ID : C8709541**

Amount of Each Receipt this Period  
2600.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

7800.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

**A.** Full Name (Last, First, Middle Initial)  
**Marilyn Magid**

Mailing Address PO Box 5755

City Santa Barbara State CA Zip Code 93150

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 27 / 2013

**Transaction ID : C8713205**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Gary Maxwell**

Mailing Address 804 Via Campobello

City Santa Barbara State CA Zip Code 93111-1226

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Real Estate Investment

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2013

**Transaction ID : C8709333**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Gloria McManus**

Mailing Address 1180 High Rd

City Santa Barbara State CA Zip Code 93108

FEC ID number of contributing federal political committee. **C**

Name of Employer none Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 25 / 2013

**Transaction ID : C8705868**

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

**A.** Full Name (Last, First, Middle Initial)  
**John McManus**

Mailing Address 1180 High Rd

City Santa Barbara State CA Zip Code 93108

FEC ID number of contributing federal political committee. **C**

Name of Employer none Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 25 / 2013

**Transaction ID : C8705867**

Amount of Each Receipt this Period  
 2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Barbara Meister**

Mailing Address 1369 Baechmnt Street

City Ventura State CA Zip Code 93001

FEC ID number of contributing federal political committee. **C**

Name of Employer R.E. BARBER FORD Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 25 / 2013

**Transaction ID : C8697451**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Barbara Meister**

Mailing Address 1369 Baechmnt Street

City Ventura State CA Zip Code 93001

FEC ID number of contributing federal political committee. **C**

Name of Employer R.E. BARBER FORD Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 14 / 2013

**Transaction ID : C8706275**

Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2850.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 31 OF 92  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

**A.** Full Name (Last, First, Middle Initial)  
**Patricia Melsheimer**

Mailing Address 2640 Belgian Pl

City Arroyo Grande State CA Zip Code 93420

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 19 / 2013

**Transaction ID : C8709535**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Maryanne Mott**

Mailing Address 1915 San Leandro Ln

City Montecito State CA Zip Code 93108-2643

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 11 / 2013

**Transaction ID : C8696308**

Amount of Each Receipt this Period  
 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**David Neunuebel**

Mailing Address 1015 Roble Ln

City Santa Barbara State CA Zip Code 93103-2045

FEC ID number of contributing federal political committee. **C**

Name of Employer Wells Fargo Advisors Occupation Financial Advisor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 23 / 2013

**Transaction ID : C8709529**

Amount of Each Receipt this Period  
 2600.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5600.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

**A.** Full Name (Last, First, Middle Initial)  
**Loretta Novak**

Mailing Address 5221 Pembrook

City Cambria State CA Zip Code 93428

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 12 / 2013

**Transaction ID : C8706271**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Daniel O'Neill**

Mailing Address 1264 Higuera St Ste 205

City San Luis Obispo State CA Zip Code 93401-3129

FEC ID number of contributing federal political committee. **C**

Name of Employer Law Offices of DJO Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 11 / 2013

**Transaction ID : C8705863**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Anne Ovadia**

Mailing Address 857 Veronica Springs Rd

City Santa Barbara State CA Zip Code 93105-4527

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation M.D. Psychiatrist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 30 / 2013

**Transaction ID : C8711117**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

**A.** Full Name (Last, First, Middle Initial)  
**Daniel N Ovdia**

Mailing Address 857 Veronica Springs Rd

City Santa Barbara State CA Zip Code 93105-4527

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation M.D. orthopedic surgeon

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 30 / 2013

**Transaction ID : C8711116**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Grace Pacheco**

Mailing Address 156 Kalawa Shaq

City Santa Ynez State CA Zip Code 93460-9440

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 26 / 2013

**Transaction ID : C8712830**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**William Pulice**

Mailing Address 115 Miramar Ave

City Santa Barbara State CA Zip Code 93108-2625

FEC ID number of contributing federal political committee. **C**

Name of Employer Self/Pulice Construction Occupation Contractor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 01 / 31 / 2013

**Transaction ID : C8692403**

Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 34 OF 92  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

**A.** Full Name (Last, First, Middle Initial)  
**Jean M. Reiche**

Mailing Address 3775 Modoc Rd  
Apt 209

City Santa Barbara State CA Zip Code 93105-4469

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 26 / 2013

**Transaction ID : C8705880**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Ann E. Robinson**

Mailing Address 1152 Buchon

City San Luis Obispo State CA Zip Code 93401

FEC ID number of contributing federal political committee. **C**

Name of Employer none Occupation none

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 22 / 2013

**Transaction ID : C8709526**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Charles Root**

Mailing Address 55 Broad St  
Apt 250

City San Luis Obispo State CA Zip Code 93405-1769

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 21 / 2013

**Transaction ID : C8709935**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 35 OF 92  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

**A.** Full Name (Last, First, Middle Initial)  
**Susan Rose**

Mailing Address 928 Las Palmas Dr

City Santa Barbara State CA Zip Code 93110-2111

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 25 / 2013

**Transaction ID : C8709537**

Amount of Each Receipt this Period  
 1300.00

**B.** Full Name (Last, First, Middle Initial)  
**Molly O. Ross**

Mailing Address 924 W Wolfensberger Rd

City Castle Rock State CO Zip Code 80109-9631

FEC ID number of contributing federal political committee. **C**

Name of Employer Deltex Royalty Company Occupation Small Business Owner

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 26 / 2013

**Transaction ID : C8709381**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Barbara Rubin**

Mailing Address 215 E Mission St

City Santa Barbara State CA Zip Code 93101-1044

FEC ID number of contributing federal political committee. **C**

Name of Employer Rubin, Pastaer & Assoc. Occupation Advertising

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 16 / 2013

**Transaction ID : C8709997**

Amount of Each Receipt this Period  
 2600.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4400.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

**A.** Full Name (Last, First, Middle Initial)  
**Judy D. Saltzman-Saveker**

Mailing Address 1459 7th St

City Los Osos State CA Zip Code 93402-1617

FEC ID number of contributing federal political committee. **C**

Name of Employer Cal Poly San Luis Obispo Occupation Professor Emerita

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2013

**Transaction ID : C8709523**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Susan Smith**

Mailing Address 1344 N. Wetherly Dr

City Los Angeles State CA Zip Code 90069-1817

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Talent Agent

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 28 / 2013

**Transaction ID : C8698361**

Amount of Each Receipt this Period  
 2400.00

**C.** Full Name (Last, First, Middle Initial)  
**Susan Smith**

Mailing Address 1344 N. Wetherly Dr

City Los Angeles State CA Zip Code 90069-1817

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Talent Agent

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 28 / 2013

**Transaction ID : C8698789**

Amount of Each Receipt this Period  
 2600.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

6000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

**A.** Full Name (Last, First, Middle Initial)  
**Roger Stettner**

Mailing Address 2441 Foothill Ln

City Santa Barbara State CA Zip Code 93105-2318

FEC ID number of contributing federal political committee. **C**

Name of Employer Physicist Occupation ASC

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 01 / 22 / 2013

**Transaction ID : C8692401**

Amount of Each Receipt this Period  
 2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Jane Tolmach**

Mailing Address 656 Douglas Ave

City Oxnard State CA Zip Code 93030-4614

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 14 / 2013

**Transaction ID : C8706284**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Howard Welinsky**

Mailing Address 10525 Bloomfield

City Toluca State CA Zip Code 91602

FEC ID number of contributing federal political committee. **C**

Name of Employer warner bros Occupation SVP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 27 / 2013

**Transaction ID : C8712808**

Amount of Each Receipt this Period  
 2600.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5350.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

**A.** Full Name (Last, First, Middle Initial)  
**Ray Weymann**

Mailing Address 7610 San Marcos Rd

City Atascadero State CA Zip Code 93422-4060

FEC ID number of contributing federal political committee. **C**

Name of Employer none Occupation none

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **220.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 25 / 2013**

**Transaction ID : C8697387**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Ray Weymann**

Mailing Address 7610 San Marcos Rd

City Atascadero State CA Zip Code 93422-4060

FEC ID number of contributing federal political committee. **C**

Name of Employer none Occupation none

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **220.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 26 / 2013**

**Transaction ID : C8709538**

Amount of Each Receipt this Period  
**120.00**

**C.** Full Name (Last, First, Middle Initial)  
**Ethel M Williams**

Mailing Address 294 Lakeside Ln

City Oceanside State CA Zip Code 92056-4811

FEC ID number of contributing federal political committee. **C**

Name of Employer none Occupation none

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 28 / 2013**

**Transaction ID : C8710188**

Amount of Each Receipt this Period  
**300.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**520.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

**A.** Full Name (Last, First, Middle Initial)  
**Philip Wyatt**

Mailing Address 1675 Las Canoas Rd

City Santa Barbara State CA Zip Code 93105-2364

FEC ID number of contributing federal political committee. **C**

Name of Employer Wyatt Technology Corporation Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 29 / 2013

**Transaction ID : C8712822**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Peg Yorkin**

Mailing Address 433 S Beverly Dr

City Beverly Hills State CA Zip Code 90212-4401

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 20 / 2013

**Transaction ID : C8709932**

Amount of Each Receipt this Period  
2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Toby Bradley**

Mailing Address 27 W Anapamu St # 326

City Santa Barbara State CA Zip Code 93101-3107

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation RE sales and tax consulting

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 15 / 2013

**Transaction ID : C8705876A**

Amount of Each Receipt this Period  
500.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3600.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 92
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

**A.** Full Name (Last, First, Middle Initial)  
**VOTESANE PAC**

Mailing Address **PO Box 2713**

City **Alexandria** State **VA** Zip Code **22301-0713**

FEC ID number of contributing federal political committee. **C C00484535**

Name of Employer \_\_\_\_\_ Occupation **Conduit total listed in Agg. field**

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 15 / 2013**

**Transaction ID : C8705876AB**

Amount of Each Receipt this Period  
**500.00**

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Michael Kieschnick**

Mailing Address **1467 Hamilton Ave**

City **Palo Alto** State **CA** Zip Code **94301-3125**

FEC ID number of contributing federal political committee. **C**

Name of Employer **CREDO** Occupation **Manager**

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2013**

**Transaction ID : C8713794A**

Amount of Each Receipt this Period  
**2000.00**

\* Earmarked Contribution: See Below

**C.** Full Name (Last, First, Middle Initial)  
**ActBlue Vender Services**

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer \_\_\_\_\_ Occupation **Conduit total listed in Agg. field**

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **2050.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2013**

**Transaction ID : C8713794AB**

Amount of Each Receipt this Period  
**2000.00**

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**2000.00**

**132398.40**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 92
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

Mailing Address 222 S Prospect Ave  
C/O FINANCE DEPARTMENT

City Park Ridge State IL Zip Code 60068-4037

FEC ID number of contributing federal political committee. **C** C00173153

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 01 / 2013

**Transaction ID : C8713802**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
AMERICAN ASSOCIATION FOR JUSTICE POLITICAL ACTION COMMITTEE (AAJ PAC)

Mailing Address 777 6TH STREET, NW  
SUITE 200

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00024521

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 24 / 2013

**Transaction ID : C8692395**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
AMERICAN ASSOCIATION FOR JUSTICE POLITICAL ACTION COMMITTEE (AAJ PAC)

Mailing Address 777 6TH STREET, NW  
SUITE 200

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00024521

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 26 / 2013

**Transaction ID : C8709459**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 42 OF 92  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

A. Full Name (Last, First, Middle Initial)  
**AMERICAN COLLEGE OF PHYSICIAN SERVICES INC PAC; AKA ACP SERVICES PAC**

Mailing Address **25 Massachusetts Ave NW  
Ste 700**

City **Washington** State **DC** Zip Code **20001-7401**

FEC ID number of contributing federal political committee. **C C00403881**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify) Election Cycle-to-Date **1000.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**01 / 07 / 2013**

**Transaction ID : C8692394**

Amount of Each Receipt this Period  
**1000.00**

B. Full Name (Last, First, Middle Initial)  
**AMERICAN COLLEGE OF RHEUMATOLOGY**

Mailing Address **2200 Lake Blvd NE**

City **Atlanta** State **GA** Zip Code **30319-5310**

FEC ID number of contributing federal political committee. **C C00432823**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify) Election Cycle-to-Date **1000.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**03 / 26 / 2013**

**Transaction ID : C8709461**

Amount of Each Receipt this Period  
**1000.00**

C. Full Name (Last, First, Middle Initial)  
**AMERICAN FEDERATION OF STATE COUNTY**

Mailing Address **1625 L St NW**

City **Washington** State **DC** Zip Code **20036-5665**

FEC ID number of contributing federal political committee. **C C00011114**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify) Election Cycle-to-Date **2500.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**03 / 27 / 2013**

**Transaction ID : C8712811**

Amount of Each Receipt this Period  
**2500.00**

**SUBTOTAL** of Receipts This Page (optional).....

**4500.00**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 92
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN FEDERATION OF TEACHERS AFL**

Mailing Address 555 NEW JERSEY AVENUE, NW

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00028860

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2013

**Transaction ID : C8712814**

Amount of Each Receipt this Period  
 2500.00

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN HOSPITAL ASSOCIATION PAC**

Mailing Address 325 SEVENTH STREET, NW  
SUITE 700

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00106146

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 19 / 2013

**Transaction ID : C8709458**

Amount of Each Receipt this Period  
 2000.00

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN NURSES ASSOCIATION PAC**

Mailing Address 8515 Georgia Ave  
Ste 400

City Silver Spring State MD Zip Code 20910-3492

FEC ID number of contributing federal political committee. **C** C00017525

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2013

**Transaction ID : C8712810**

Amount of Each Receipt this Period  
 2000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

6500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 92
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN SOCIETY FOR THERAPEUTIC RADIATION ONCOLOGY**

Mailing Address 8280 Willow Oaks Corporate Dr  
Ste 500

City State Zip Code  
Fairfax VA 22031-4514

FEC ID number of contributing federal political committee. **C C00384602**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 29 / 2013

**Transaction ID : C8713292**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**AMERIPAC: THE FUND FOR A GREATER A**

Mailing Address 700 13TH STREET, NW  
SUITE 600

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C C00271338**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 19 / 2013

**Transaction ID : C8709465**

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
**EMPLOYEES OF NORTHROP GRUMMAN PAC**

Mailing Address 2980 FAIRVIEW PARK DRIVE

City State Zip Code  
FALLS CHURCH VA 22042

FEC ID number of contributing federal political committee. **C C00088591**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 28 / 2013

**Transaction ID : C8712813**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

8500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 45 OF 92  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

**A.** Full Name (Last, First, Middle Initial)  
**INTERNATIONAL ASSOCIATION OF FIRE F**

Mailing Address 1750 New York Ave NW

City Washington State DC Zip Code 20006-5305

FEC ID number of contributing federal political committee. **C C00029447**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2013

**Transaction ID : C8712812**

Amount of Each Receipt this Period  
 2500.00

**B.** Full Name (Last, First, Middle Initial)  
**JOE PAC**

Mailing Address 50 E ST, SE  
SUITE 1

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C C00362384**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2013

**Transaction ID : C8709453**

Amount of Each Receipt this Period  
 2000.00

**C.** Full Name (Last, First, Middle Initial)  
**LEADERSHIP OF TODAY AND TOMORROW**

Mailing Address 700 13TH STREET, NW  
SUITE 600

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00299149**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 19 / 2013

**Transaction ID : C8709452**

Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 46 OF 92  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

**A.** Full Name (Last, First, Middle Initial)  
**NANCY PELOSI FOR CONGRESS**

Mailing Address 700 13th St NW  
Ste 600

City Washington State DC Zip Code 20005-3960

FEC ID number of contributing federal political committee. **C C00213512**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 26 / 2013

**Transaction ID : C8709450**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL EMERGENCY MEDICINE PAC**

Mailing Address 1125 Executive Cir

City Irving State TX Zip Code 75038-2522

FEC ID number of contributing federal political committee. **C C00140061**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 19 / 2013

**Transaction ID : C8709457**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL SHORTHAND REPORTERS ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 8224 OLD COURTHOUSE ROAD

City VIENNA State VA Zip Code 22182

FEC ID number of contributing federal political committee. **C C00146506**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 26 / 2013

**Transaction ID : C8709460**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 47 OF 92  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

**A.** Full Name (Last, First, Middle Initial)  
**NEW DEMOCRAT COALITION POLITICAL ACTION COMMITTEE AKA NDC PAC**

Mailing Address 700 13th St NW  
Ste 600

City Washington State DC Zip Code 20005-3960

FEC ID number of contributing federal political committee. **C C00409730**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 19 / 2013

**Transaction ID : C8709454**

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
**PAC TO THE FUTURE**

Mailing Address 700 13TH STREET, NW, SUITE 600

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00344234**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 26 / 2013

**Transaction ID : C8709451**

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
**PACIFIC COAST COUNCIL OF CUSTOMS BROKERS AND FREIGHT FORWARDERS ASSNS INC TRADE EXPANSION**

Mailing Address 1120 G STREET NW SUITE 1020

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00454793**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 28 / 2013

**Transaction ID : C8712816**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

10500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 48 OF 92  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

**A. PHARMAVITE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 9606  
 MISSION HILLS  
 City Mission Hills State CA Zip Code 91346-9606  
 FEC ID number of contributing federal political committee. **C C00410654**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2013  
**Transaction ID : C8705864**  
 Amount of Each Receipt this Period  
 1000.00

**B. RADPAC AMERICAN COLLEGE OF RADIOLOGY ASSOC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1891 Preston White Dr  
 City Reston State VA Zip Code 20191-4326  
 FEC ID number of contributing federal political committee. **C C00343459**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 19 / 2013  
**Transaction ID : C8709462**  
 Amount of Each Receipt this Period  
 2500.00

**C. VINEPAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 700 13th St NW  
 Ste 600  
 City Washington State DC Zip Code 20005-3960  
 FEC ID number of contributing federal political committee. **C C00378695**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 19 / 2013  
**Transaction ID : C8709448**  
 Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional).....  
**TOTAL** This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 92
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

**A.** Full Name (Last, First, Middle Initial)  
**Working Blue Democratic Club**

Mailing Address 816 Camarillo Springs Rd  
Ste G

City Camarillo State CA Zip Code 93012-9441

FEC ID number of contributing federal political committee. **C C00460717**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**100.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**02 / 27 / 2013**

**Transaction ID : C8705860**

Amount of Each Receipt this Period  
**2600.00**

**B.** Full Name (Last, First, Middle Initial)  
**GRASSROOTS ORGANIZING ACTING AND LE**

Mailing Address PO Box 30344

City Bethesda State MD Zip Code 20824-0344

FEC ID number of contributing federal political committee. **C C00381996**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**03 / 29 / 2013**

**Transaction ID : C8713297A**

Amount of Each Receipt this Period  
**2000.00**

\* Earmarked Contribution: See Below

**C.** Full Name (Last, First, Middle Initial)  
**DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE**

Mailing Address 430 S Capitol St SE  
FI 2

City Washington State DC Zip Code 20003-4024

FEC ID number of contributing federal political committee. **C C00000935**

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**03 / 29 / 2013**

**Transaction ID : C8713297AB**

Amount of Each Receipt this Period  
**2000.00**

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**4600.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 92
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

**A.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE**

Mailing Address 430 NORTH MICHIGAN AVENUE

City State Zip Code  
CHICAGO IL 60611

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2013

**Transaction ID : C8709464A**

Amount of Each Receipt this Period  
1000.00

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE**

Mailing Address 430 S Capitol St SE  
FI 2

City State Zip Code  
Washington DC 20003-4024

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2013

**Transaction ID : C8709464AB**

Amount of Each Receipt this Period  
1000.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL EDUCATION ASSOCIATION**

Mailing Address 1201 16TH STREET NW

City State Zip Code  
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C70000492

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2013

**Transaction ID : C8713296A**

Amount of Each Receipt this Period  
1000.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 92
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

**A.** Full Name (Last, First, Middle Initial)  
**DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE**

Mailing Address 430 S Capitol St SE  
FI 2

City Washington State DC Zip Code 20003-4024

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2013

**Transaction ID : C8713296AB**

Amount of Each Receipt this Period  
1000.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**VICTORY NOW PAC**

Mailing Address 10537 Saint Paul St

City Kensington State MD Zip Code 20895-2625

FEC ID number of contributing federal political committee. **C** C00416743

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2013

**Transaction ID : C8713294A**

Amount of Each Receipt this Period  
1000.00

\* Earmarked Contribution: See Below

**C.** Full Name (Last, First, Middle Initial)  
**DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE**

Mailing Address 430 S Capitol St SE  
FI 2

City Washington State DC Zip Code 20003-4024

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2013

**Transaction ID : C8713294AB**

Amount of Each Receipt this Period  
1000.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1000.00

54100.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 92
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

**A.** Full Name (Last, First, Middle Initial)  
**Carrick Consulting**

Mailing Address 2866 Belden Dr

City Los Angeles State CA Zip Code 90068-1902

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2013

**Transaction ID : C8692397**

Amount of Each Receipt this Period  
 10644.62

**B.** Full Name (Last, First, Middle Initial)  
**Chapala Partners**

Mailing Address 5951 Encina Rd Ste 101

City Goleta State CA Zip Code 93117-6251

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 22 / 2013

**Transaction ID : C8692398**

Amount of Each Receipt this Period  
 968.01

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

11612.63

11612.63

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 53 OF 92  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

**A.** Full Name (Last, First, Middle Initial)  
**Santa Barbara Bank and Trust**

Mailing Address 20 E Carrillo St

City Santa Barbara State CA Zip Code 93101-2707

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**46216.03**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 31 / 2013**

**Transaction ID : C8708450**

Amount of Each Receipt this Period  
**4.82**

**B.** Full Name (Last, First, Middle Initial)  
**Santa Barbara Bank and Trust**

Mailing Address 20 E Carrillo St

City Santa Barbara State CA Zip Code 93101-2707

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**46216.03**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 31 / 2013**

**Transaction ID : C8708456**

Amount of Each Receipt this Period  
**72.08**

**C.** Full Name (Last, First, Middle Initial)  
**Santa Barbara Bank and Trust**

Mailing Address 20 E Carrillo St

City Santa Barbara State CA Zip Code 93101-2707

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**46216.03**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 28 / 2013**

**Transaction ID : C8708448**

Amount of Each Receipt this Period  
**65.12**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**142.02**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 92
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

**A.** Full Name (Last, First, Middle Initial)  
**Santa Barbara Bank and Trust**

Mailing Address 20 E Carrillo St

City Santa Barbara State CA Zip Code 93101-2707

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**46216.03**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 28 / 2013**

**Transaction ID : C8708449**

Amount of Each Receipt this Period  
**4.10**

**B.** Full Name (Last, First, Middle Initial)  
**Santa Barbara Bank and Trust**

Mailing Address 20 E Carrillo St

City Santa Barbara State CA Zip Code 93101-2707

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**46216.03**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2013**

**Transaction ID : C8713209**

Amount of Each Receipt this Period  
**4.27**

**C.** Full Name (Last, First, Middle Initial)  
**Santa Barbara Bank and Trust**

Mailing Address 20 E Carrillo St

City Santa Barbara State CA Zip Code 93101-2707

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**46216.03**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2013**

**Transaction ID : C8713210**

Amount of Each Receipt this Period  
**72.11**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**80.48**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 92
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

**A.** Full Name (Last, First, Middle Initial)  
**Jennifer L. Severance**

Mailing Address 1718 N Harrison Blvd

City State Zip Code  
Boise ID 83702-1014

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 11 / 2013

**Transaction ID : C8705871**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**Jennifer L. Severance**

Mailing Address 1718 N Harrison Blvd

City State Zip Code  
Boise ID 83702-1014

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2013

**Transaction ID : C8705875**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**Jennifer L. Severance**

Mailing Address 1718 N Harrison Blvd

City State Zip Code  
Boise ID 83702-1014

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 22 / 2013

**Transaction ID : C8705872**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

175.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 92
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

**A.** Full Name (Last, First, Middle Initial)  
**Jennifer L. Severance**

Mailing Address 1718 N Harrison Blvd

City State Zip Code  
Boise ID 83702-1014

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 29 / 2013**

**Transaction ID : C8712791**

Amount of Each Receipt this Period  
**75.00**

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**75.00**

**472.50**

**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 57 OF 92			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

Full Name (Last, First, Middle Initial) <b>A. 423 Building Fund</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2013
Mailing Address 423 New Jersey Ave SE Fraioli & Assoc.		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : D480660</b>
City Washington State DC Zip Code 20003-4034	Purpose of Disbursement event venue	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Direct Mail</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2013
Mailing Address 908 N Hollywood Way		Amount of Each Disbursement this Period 5891.40 <b>Transaction ID : D487455</b>
City Burbank State CA Zip Code 91505-2815	Purpose of Disbursement mailing expense	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. C&amp;I Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2013
Mailing Address P.O. Box 20053		Amount of Each Disbursement this Period 13000.00 <b>Transaction ID : D487448</b>
City Santa Barbara State CA Zip Code 93120	Purpose of Disbursement fundraising consulting	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	19391.40
<b>TOTAL</b> This Period (last page this line number only).....	

**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 58 OF 92			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

Full Name (Last, First, Middle Initial) <b>A. C&amp;I Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2013
Mailing Address P.O. Box 20053		Amount of Each Disbursement this Period 13000.00 <b>Transaction ID : D480913</b>
City Santa Barbara	State CA	
Zip Code 93120	Purpose of Disbursement fundraising consulting	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Lois G. Capps</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2013
Mailing Address 1724 Santa Barbara St		Amount of Each Disbursement this Period 116.67 <b>Transaction ID : D480901</b>
City Santa Barbara	State CA	
Zip Code 93101-1025	Purpose of Disbursement travel reimbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Lois G. Capps</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2013
Mailing Address 1724 Santa Barbara St		Amount of Each Disbursement this Period 1308.00 <b>Transaction ID : D481212</b>
City Santa Barbara	State CA	
Zip Code 93101-1025	Purpose of Disbursement travel reimbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	14424.67
<b>TOTAL</b> This Period (last page this line number only).....	

**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 59 OF 92			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

Full Name (Last, First, Middle Initial) <b>A. Cox Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2013
Mailing Address PO Box 6058		Amount of Each Disbursement this Period 72.43
City Cypress	State CA	
Zip Code 90630-0058	Purpose of Disbursement utilities	Transaction ID : D478316
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mollie Culver</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2013
Mailing Address 2186 Perkins Way		Amount of Each Disbursement this Period 4250.00
City Sacramento	State CA	
Zip Code 95818-4343	Purpose of Disbursement management consulting	Transaction ID : D480898
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Mollie Culver</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2013
Mailing Address 2186 Perkins Way		Amount of Each Disbursement this Period 2000.00
City Sacramento	State CA	
Zip Code 95818-4343	Purpose of Disbursement management consulting	Transaction ID : D480911
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6322.43
<b>TOTAL</b> This Period (last page this line number only).....	

**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 60 OF 92			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

Full Name (Last, First, Middle Initial) <b>A. Mollie Culver</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2013
Mailing Address 2186 Perkins Way		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : D487450</b>
City Sacramento	State CA Zip Code 95818-4343	
Purpose of Disbursement management consulting	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Erickson and Company</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2013
Mailing Address 38 Ivy St SE		Amount of Each Disbursement this Period 3607.54 <b>Transaction ID : D487447</b>
City Washington	State DC Zip Code 20003-4006	
Purpose of Disbursement fundraising consulting	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Erickson and Company</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2013
Mailing Address 38 Ivy St SE		Amount of Each Disbursement this Period 3852.38 <b>Transaction ID : D480912</b>
City Washington	State DC Zip Code 20003-4006	
Purpose of Disbursement fundraising consulting	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9459.92
<b>TOTAL</b> This Period (last page this line number only).....	

**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 61 OF 92			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

Full Name (Last, First, Middle Initial) <b>A. Erickson and Company</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2013
Mailing Address 38 Ivy St SE		Amount of Each Disbursement this Period 4044.64
City Washington	State DC	
Zip Code 20003-4006	Purpose of Disbursement fundraising consulting	Transaction ID : D478320
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. First Data</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2013
Mailing Address 5565 Glenridge Connector NE Ste 2000		Amount of Each Disbursement this Period 188.94
City Atlanta	State GA	
Zip Code 30342-4799	Purpose of Disbursement contribution processing fee	Transaction ID : D487488
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. First Data</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2013
Mailing Address 5565 Glenridge Connector NE Ste 2000		Amount of Each Disbursement this Period 25.20
City Atlanta	State GA	
Zip Code 30342-4799	Purpose of Disbursement contribution processing fee	Transaction ID : D487277
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4258.78
<b>TOTAL</b> This Period (last page this line number only).....	

**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 62 OF 92			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>A. First Data</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>03</td> <td></td> <td>2013</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	01		03		2013
M M	/	D D	/	Y Y Y Y									
01		03		2013									
Mailing Address 5565 Glenridge Connector NE Ste 2000		Amount of Each Disbursement this Period											
City Atlanta	State GA	Zip Code 30342-4799	<table border="1"> <tr> <td>231.17</td> </tr> </table>	231.17									
231.17													
Purpose of Disbursement contribution processing fee		Transaction ID : D487301											
Candidate Name		Category/Type											
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014											
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>B. Lexis Nexis</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>07</td> <td></td> <td>2013</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	01		07		2013
M M	/	D D	/	Y Y Y Y									
01		07		2013									
Mailing Address 555 W. 5th Street #4500		Amount of Each Disbursement this Period											
City Los Angeles	State CA	Zip Code 90013	<table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00									
250.00													
Purpose of Disbursement subscription		Transaction ID : D478315											
Candidate Name		Category/Type											
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014											
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>c. McGowan Gunterman</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>01</td> <td></td> <td>2013</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	03		01		2013
M M	/	D D	/	Y Y Y Y									
03		01		2013									
Mailing Address 509 E Montecito St FI 2		Amount of Each Disbursement this Period											
City Santa Barbara	State CA	Zip Code 93103-3293	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00									
1000.00													
Purpose of Disbursement accounting		Transaction ID : D487446											
Candidate Name		Category/Type											
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014											
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<table border="1"> <tr> <td>1481.17</td> </tr> </table>	1481.17
1481.17		
<b>TOTAL</b> This Period (last page this line number only).....	<table border="1"> <tr> <td></td> </tr> </table>	

**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 63 OF 92		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

Full Name (Last, First, Middle Initial) <b>A. National Democratic Club</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2013
Mailing Address 30 Ivy St SE		Amount of Each Disbursement this Period 2323.50 <b>Transaction ID : D480914</b>
City Washington	State DC Zip Code 20003-4006	
Purpose of Disbursement event expense		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Omni Fresco</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2013
Mailing Address 917 Bath St		Amount of Each Disbursement this Period 170.68 <b>Transaction ID : D480661</b>
City Santa Barbara	State CA Zip Code 93101-3716	
Purpose of Disbursement event catering		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2013
Mailing Address 5280 Valentine Rd Ste 120		Amount of Each Disbursement this Period 420.00 <b>Transaction ID : D487294</b>
City Ventura	State CA Zip Code 93003-7338	
Purpose of Disbursement payroll taxes		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2914.18
<b>TOTAL</b> This Period (last page this line number only).....	

**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 64 OF 92			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2013
Mailing Address 5280 Valentine Rd Ste 120		Amount of Each Disbursement this Period 131.00 <b>Transaction ID : D487487</b>
City Ventura	State CA	
Zip Code 93003-7338	Purpose of Disbursement payroll processing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Emily Reed</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2013
Mailing Address 45 Greenwell Ln		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : D487449</b>
City Santa Barbara	State CA	
Zip Code 93105-4112	Purpose of Disbursement web consulting	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Emily Reed</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2013
Mailing Address 45 Greenwell Ln		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : D478329</b>
City Santa Barbara	State CA	
Zip Code 93105-4112	Purpose of Disbursement web consulting	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	631.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 65 OF 92			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

Full Name (Last, First, Middle Initial) <b>A. Emily Reed</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2013
Mailing Address 45 Greenwell Ln		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : D480910</b>
City Santa Barbara	State CA	
Zip Code 93105-4112	Purpose of Disbursement web consulting	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Riley's Flowers</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2013
Mailing Address 1106 Chapala St		Amount of Each Disbursement this Period 155.16 <b>Transaction ID : D487445</b>
City Santa Barbara	State CA	
Zip Code 93101-3112	Purpose of Disbursement flowers	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Salsa</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2013
Mailing Address 1700 Connecticut Ave NW Ste 403		Amount of Each Disbursement this Period 350.00 <b>Transaction ID : D481210</b>
City Washington	State DC	
Zip Code 20009-1169	Purpose of Disbursement web expense	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	755.16
<b>TOTAL</b> This Period (last page this line number only).....	

**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 66 OF 92			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

Full Name (Last, First, Middle Initial) <b>A. Salsa</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2013
Mailing Address 1700 Connecticut Ave NW Ste 403		Amount of Each Disbursement this Period 350.00 <b>Transaction ID : D478321</b>
City Washington State DC Zip Code 20009-1169	Purpose of Disbursement web expense	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. State Compensation Insurance Fund</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2013
Mailing Address PO Box 8192		Amount of Each Disbursement this Period 809.92 <b>Transaction ID : D480895</b>
City Pleasanton State CA Zip Code 94588-8792	Purpose of Disbursement insurance	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Verizon CA</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2013
Mailing Address PO Box 30001		Amount of Each Disbursement this Period 324.26 <b>Transaction ID : D480896</b>
City Inglewood State CA Zip Code 90313	Purpose of Disbursement Utilities	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1484.18
<b>TOTAL</b> This Period (last page this line number only).....	

**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 67 OF 92			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

Full Name (Last, First, Middle Initial) <b>A. Verizon CA</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2013
Mailing Address PO Box 30001		Amount of Each Disbursement this Period 40.82
City Inglewood	State CA	
Zip Code 90313	Purpose of Disbursement Utilities	Transaction ID : D480894
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Verizon CA</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2013
Mailing Address PO Box 30001		Amount of Each Disbursement this Period 124.61
City Inglewood	State CA	
Zip Code 90313	Purpose of Disbursement utilities	Transaction ID : D481214
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Verizon CA</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2013
Mailing Address PO Box 30001		Amount of Each Disbursement this Period 40.82
City Inglewood	State CA	
Zip Code 90313	Purpose of Disbursement utilities	Transaction ID : D481215
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	206.25
<b>TOTAL</b> This Period (last page this line number only).....	

**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 OF 92			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

Full Name (Last, First, Middle Initial) <b>A. Verizon CA</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 26 / 2013</b>
Mailing Address <b>PO Box 30001</b>		Amount of Each Disbursement this Period <b>40.82</b> <b>Transaction ID : D487456</b>
City <b>Inglewood</b>	State <b>CA</b>	
Zip Code <b>90313</b>	Purpose of Disbursement <b>utilities</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Verizon CA</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 26 / 2013</b>
Mailing Address <b>PO Box 30001</b>		Amount of Each Disbursement this Period <b>119.17</b> <b>Transaction ID : D487457</b>
City <b>Inglewood</b>	State <b>CA</b>	
Zip Code <b>90313</b>	Purpose of Disbursement <b>utilities</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 01 / 2013</b>
Mailing Address <b>PO Box 4001</b>		Amount of Each Disbursement this Period <b>214.27</b> <b>Transaction ID : D487451</b>
City <b>Inglewood</b>	State <b>CA</b>	
Zip Code <b>90309-4001</b>	Purpose of Disbursement <b>utilities</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>374.26</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**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 69 OF 92			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2013
Mailing Address PO Box 4001		Amount of Each Disbursement this Period 225.59 <b>Transaction ID : D478319</b>
City Inglewood	State CA	
Zip Code 90309-4001	Purpose of Disbursement utilities	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2013
Mailing Address PO Box 4001		Amount of Each Disbursement this Period 224.90 <b>Transaction ID : D480897</b>
City Inglewood	State CA	
Zip Code 90309-4001	Purpose of Disbursement utilities	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Jennifer Cooper</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2013
Mailing Address 1333 Tomol St		Amount of Each Disbursement this Period 5216.01 <b>Transaction ID : D478308</b>
City Carpinteria	State CA	
Zip Code 93013-1716	Purpose of Disbursement reimbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5666.50
<b>TOTAL</b> This Period (last page this line number only).....	

**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 70 OF 92			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

Full Name (Last, First, Middle Initial) <b>A. Santa Barbara Chicken Ranch</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2013
Mailing Address 2618 De La Vina			Amount of Each Disbursement this Period 55.44
City Santa Barbara	State CA	Zip Code 93105	
Purpose of Disbursement event expense		Category/ Type	<b>Transaction ID : D478309</b> <b>[MEMO ITEM]</b>
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Staples</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2013
Mailing Address PO Box 9020			Amount of Each Disbursement this Period 69.21
City Des Moines	State IA	Zip Code 50368	
Purpose of Disbursement office supplies		Category/ Type	<b>Transaction ID : D478314</b> <b>[MEMO ITEM]</b>
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) <b>c. Stella Mare</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2013
Mailing Address 50 Los Patos Way			Amount of Each Disbursement this Period 4814.45
City Santa Barbara	State CA	Zip Code 93108	
Purpose of Disbursement event expense		Category/ Type	<b>Transaction ID : D478312</b> <b>[MEMO ITEM]</b>
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 71 OF 92			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

Full Name (Last, First, Middle Initial) <b>A. T-Mobile</b>		Date of Disbursement MM / DD / YYYY 01 / 07 / 2013
Mailing Address PO Box 742596		Amount of Each Disbursement this Period 418.98
City Cincinnati	State OH	
Zip Code 45274-2596		Transaction ID : D478310
Purpose of Disbursement utilities	Category/Type	
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. US Postmaster</b>		Date of Disbursement MM / DD / YYYY 01 / 07 / 2013
Mailing Address 800 Anacapa St		Amount of Each Disbursement this Period 135.00
City Santa Barbara	State CA	
Zip Code 93101-2212		Transaction ID : D478313
Purpose of Disbursement postage	Category/Type	
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Monica Intaglietta</b>		Date of Disbursement MM / DD / YYYY 01 / 07 / 2013
Mailing Address 622 Juanita Ave		Amount of Each Disbursement this Period 418.98
City Santa Barbara	State CA	
Zip Code 93109-1614		Transaction ID : D478322
Purpose of Disbursement reimbursement	Category/Type	
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	418.98
<b>TOTAL</b> This Period (last page this line number only).....	

**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 72 OF 92			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

Full Name (Last, First, Middle Initial) <b>A. C'est Cheese</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2013
Mailing Address 825 Santa Barbara St		Amount of Each Disbursement this Period 418.98
City Santa Barbara	State CA	
Zip Code 93101-2219	Purpose of Disbursement event expense	Transaction ID : D478323
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Talia Benson</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2013
Mailing Address 1074 Champagne Ln		Amount of Each Disbursement this Period 248.12
City Manteca	State CA	
Zip Code 95337-6804	Purpose of Disbursement reimbursement	Transaction ID : D478324
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2013
Mailing Address PO Box 9020		Amount of Each Disbursement this Period 210.41
City Des Moines	State IA	
Zip Code 50368	Purpose of Disbursement office supplies	Transaction ID : D478325
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	248.12
<b>TOTAL</b> This Period (last page this line number only).....	

**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 73 OF 92			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

Full Name (Last, First, Middle Initial) <b>A. Monica Intaglietta</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2013		
Mailing Address 622 Juanita Ave			Amount of Each Disbursement this Period 284.88		
City Santa Barbara	State CA	Zip Code 93109-1614	Transaction ID : D480899		
Purpose of Disbursement reimbursement		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Staples</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2013		
Mailing Address PO Box 9020			Amount of Each Disbursement this Period 39.41		
City Des Moines	State IA	Zip Code 50368	Transaction ID : D481137		
Purpose of Disbursement office supplies		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. US Postmaster</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2013		
Mailing Address 800 Anacapa St			Amount of Each Disbursement this Period 90.00		
City Santa Barbara	State CA	Zip Code 93101-2212	Transaction ID : D481138		
Purpose of Disbursement postage		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	284.88
<b>TOTAL</b> This Period (last page this line number only).....	

**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 74 OF 92			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

Full Name (Last, First, Middle Initial) <b>A. Lois G. Capps</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2013
Mailing Address 1724 Santa Barbara St		Amount of Each Disbursement this Period 708.98 <b>Transaction ID : D480900</b>
City Santa Barbara	State CA	
Purpose of Disbursement reimbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Presidential Inauguration Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2013
Mailing Address 1155 F Street NW		Amount of Each Disbursement this Period 305.00 <b>Transaction ID : D481140</b> <b>[MEMO ITEM]</b>
City Washington	State DC	
Purpose of Disbursement event contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2013
Mailing Address PO Box 4001		Amount of Each Disbursement this Period 29.98 <b>Transaction ID : D480906</b> <b>[MEMO ITEM]</b>
City Inglewood	State CA	
Purpose of Disbursement office supplies		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	708.98
<b>TOTAL</b> This Period (last page this line number only).....	

**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 75 OF 92	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

Full Name (Last, First, Middle Initial) <b>A. Mollie Culver</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2013
Mailing Address 2186 Perkins Way		Amount of Each Disbursement this Period 7612.81 <b>Transaction ID : D481079</b>
City Sacramento	State CA	
Zip Code 95818-4343	Purpose of Disbursement reimbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Arch Rock Fish</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2013
Mailing Address 608 Anacapa St		Amount of Each Disbursement this Period 51.60 <b>Transaction ID : D481136</b> <b>[MEMO ITEM]</b>
City Santa Barbara	State CA	
Zip Code 93101-1615	Purpose of Disbursement volunteer refreshments	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Big Sky Cafe</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2013
Mailing Address 1121 Broad St		Amount of Each Disbursement this Period 81.87 <b>Transaction ID : D481092</b> <b>[MEMO ITEM]</b>
City San Luis Obispo	State CA	
Zip Code 93401-3506	Purpose of Disbursement volunteer refreshments	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7612.81
<b>TOTAL</b> This Period (last page this line number only).....	

**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 76 OF 92			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

Full Name (Last, First, Middle Initial) <b>A. Big Sky Cafe</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2013
Mailing Address 1121 Broad St		Amount of Each Disbursement this Period 40.46
City San Luis Obispo State CA Zip Code 93401-3506	Purpose of Disbursement volunteer refreshments	
Candidate Name	Category/Type	Transaction ID : D481116 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Big Sky Cafe</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2013
Mailing Address 1121 Broad St		Amount of Each Disbursement this Period 117.40
City San Luis Obispo State CA Zip Code 93401-3506	Purpose of Disbursement volunteer refreshments	
Candidate Name	Category/Type	Transaction ID : D481087 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Big Sky Cafe</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2013
Mailing Address 1121 Broad St		Amount of Each Disbursement this Period 34.39
City San Luis Obispo State CA Zip Code 93401-3506	Purpose of Disbursement volunteer refreshments	
Candidate Name	Category/Type	Transaction ID : D481088 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 77 OF 92			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

Full Name (Last, First, Middle Initial) <b>A. Cantwell's</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2013
Mailing Address 1533 State Street		Amount of Each Disbursement this Period 39.30
City Santa Barbara	State CA	
Zip Code 93101	Purpose of Disbursement volunteer refreshments	Transaction ID : D481093
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Cantwell's</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2013
Mailing Address 1533 State Street		Amount of Each Disbursement this Period 76.45
City Santa Barbara	State CA	
Zip Code 93101	Purpose of Disbursement volunteer refreshments	Transaction ID : D481095
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Cantwell's</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2013
Mailing Address 1533 State Street		Amount of Each Disbursement this Period 31.59
City Santa Barbara	State CA	
Zip Code 93101	Purpose of Disbursement volunteer refreshments	Transaction ID : D481098
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 78 OF 92			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

Full Name (Last, First, Middle Initial) <b>A. Costco</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2013
Mailing Address Calle Real Marketplace		Amount of Each Disbursement this Period 44.04
City Goleta	State CA	
Zip Code 93117	Purpose of Disbursement volunteer refreshments	Transaction ID : D481128 <b>[MEMO ITEM]</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Google</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2013
Mailing Address 1600 Amphitheatre Parkway		Amount of Each Disbursement this Period 55.63
City Mountain View	State CA	
Zip Code 94043	Purpose of Disbursement Web expense	Transaction ID : D481131 <b>[MEMO ITEM]</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Google</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2013
Mailing Address 1600 Amphitheatre Parkway		Amount of Each Disbursement this Period 50.00
City Mountain View	State CA	
Zip Code 94043	Purpose of Disbursement Web expense	Transaction ID : D481132 <b>[MEMO ITEM]</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 79 OF 92			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

Full Name (Last, First, Middle Initial) <b>A. Google</b>			Date of Disbursement MM / DD / YYYY 01 / 28 / 2013
Mailing Address 1600 Amphitheatre Parkway			Amount of Each Disbursement this Period 63.05
City Mountain View	State CA	Zip Code 94043	
Purpose of Disbursement Web expense		Candidate Name	Transaction ID : D481126 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/ Type	
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Google</b>			Date of Disbursement MM / DD / YYYY 01 / 28 / 2013
Mailing Address 1600 Amphitheatre Parkway			Amount of Each Disbursement this Period 66.66
City Mountain View	State CA	Zip Code 94043	
Purpose of Disbursement Web expense		Candidate Name	Transaction ID : D481120 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/ Type	
State:	District:		

Full Name (Last, First, Middle Initial) <b>c. Tania Israel</b>			Date of Disbursement MM / DD / YYYY 01 / 28 / 2013
Mailing Address 1553 Marquard Terrace			Amount of Each Disbursement this Period 975.00
City Santa Barbara	State CA	Zip Code 93101	
Purpose of Disbursement Lodging		Candidate Name	Transaction ID : D481139 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/ Type	
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 80 OF 92			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

Full Name (Last, First, Middle Initial) <b>A. Quality Inn Suites</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2013
Mailing Address 1631 Monterey St		Amount of Each Disbursement this Period 338.24
City San Luis Obispo	State CA Zip Code 93401-2929	
Purpose of Disbursement Lodging	Candidate Name	Transaction ID : D481118 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Quality Inn Suites</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2013
Mailing Address 1631 Monterey St		Amount of Each Disbursement this Period 117.35
City San Luis Obispo	State CA Zip Code 93401-2929	
Purpose of Disbursement Lodging	Candidate Name	Transaction ID : D481119 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Quality Inn Suites</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2013
Mailing Address 1631 Monterey St		Amount of Each Disbursement this Period 235.13
City San Luis Obispo	State CA Zip Code 93401-2929	
Purpose of Disbursement Lodging	Candidate Name	Transaction ID : D481082 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 81 OF 92			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

Full Name (Last, First, Middle Initial) <b>A. Ralph's</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2013
Mailing Address 100 W Carrillo St			Amount of Each Disbursement this Period 6.47
City Santa Barbara	State CA	Zip Code 93101-3215	
Purpose of Disbursement volunteer refreshments		Candidate Name	Transaction ID : D481111 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/ Type	
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Ralph's</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2013
Mailing Address 100 W Carrillo St			Amount of Each Disbursement this Period 34.23
City Santa Barbara	State CA	Zip Code 93101-3215	
Purpose of Disbursement office supplies		Candidate Name	Transaction ID : D481103 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/ Type	
State:	District:		

Full Name (Last, First, Middle Initial) <b>c. Ralph's</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2013
Mailing Address 100 W Carrillo St			Amount of Each Disbursement this Period 15.29
City Santa Barbara	State CA	Zip Code 93101-3215	
Purpose of Disbursement volunteer refreshments		Candidate Name	Transaction ID : D481096 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/ Type	
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 82 OF 92			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

Full Name (Last, First, Middle Initial) <b>A. Ralph's</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2013
Mailing Address 100 W Carrillo St		Amount of Each Disbursement this Period 12.70
City Santa Barbara	State CA	
Zip Code 93101-3215	Purpose of Disbursement office supplies	Transaction ID : D481094
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ralph's</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2013
Mailing Address 100 W Carrillo St		Amount of Each Disbursement this Period 6.99
City Santa Barbara	State CA	
Zip Code 93101-3215	Purpose of Disbursement volunteer refreshments	Transaction ID : D481141
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Ralph's</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2013
Mailing Address 100 W Carrillo St		Amount of Each Disbursement this Period 24.27
City Santa Barbara	State CA	
Zip Code 93101-3215	Purpose of Disbursement volunteer refreshments	Transaction ID : D481123
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 83 OF 92			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

Full Name (Last, First, Middle Initial) <b>A. Ralph's</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2013
Mailing Address 100 W Carrillo St		Amount of Each Disbursement this Period 0.00
City Santa Barbara	State CA	
Zip Code 93101-3215	Purpose of Disbursement office supplies	Transaction ID : D481124 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Rusty's Pizza</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2013
Mailing Address 414 N Milpas St		Amount of Each Disbursement this Period 55.85
City Santa Barbara	State CA	
Zip Code 93103-3135	Purpose of Disbursement volunteer refreshments	Transaction ID : D481125 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Rusty's Pizza</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2013
Mailing Address 414 N Milpas St		Amount of Each Disbursement this Period 59.47
City Santa Barbara	State CA	
Zip Code 93103-3135	Purpose of Disbursement volunteer refreshments	Transaction ID : D481091 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 84 OF 92			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

Full Name (Last, First, Middle Initial) <b>A. Smart and Final</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2013
Mailing Address 300 E Gutierrez St		Amount of Each Disbursement this Period 103.09
City Santa Barbara State CA Zip Code 93101-1773	Purpose of Disbursement volunteer refreshments	
Candidate Name	Category/Type	Transaction ID : D481105 <b>[MEMO ITEM]</b>
Office Sought: House Senate President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Smart and Final</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2013
Mailing Address 300 E Gutierrez St		Amount of Each Disbursement this Period 113.99
City Santa Barbara State CA Zip Code 93101-1773	Purpose of Disbursement volunteer refreshments	
Candidate Name	Category/Type	Transaction ID : D481107 <b>[MEMO ITEM]</b>
Office Sought: House Senate President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2013
Mailing Address PO Box 9020		Amount of Each Disbursement this Period 45.62
City Des Moines State IA Zip Code 50368	Purpose of Disbursement office supplies	
Candidate Name	Category/Type	Transaction ID : D481081 <b>[MEMO ITEM]</b>
Office Sought: House Senate President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 85 OF 92			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

Full Name (Last, First, Middle Initial) <b>A. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2013
Mailing Address 77 West Wacker Drive		Amount of Each Disbursement this Period 340.80
City Chicago	State IL Zip Code 60601	
Purpose of Disbursement travel	Candidate Name	Transaction ID : D481122
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2013
Mailing Address 800 Anacapa St		Amount of Each Disbursement this Period 3568.07
City Santa Barbara	State CA Zip Code 93101-2212	
Purpose of Disbursement postage	Candidate Name	Transaction ID : D481117
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>c. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2013
Mailing Address 800 Anacapa St		Amount of Each Disbursement this Period 160.00
City Santa Barbara	State CA Zip Code 93101-2212	
Purpose of Disbursement postage	Candidate Name	Transaction ID : D481135
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 86 OF 92		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

Full Name (Last, First, Middle Initial) <b>A. Monica Intaglietta</b>		Date of Disbursement MM / DD / YYYY 02 / 20 / 2013
Mailing Address 622 Juanita Ave		Amount of Each Disbursement this Period 20.02 <b>Transaction ID : D481217</b>
City Santa Barbara	State CA	
Zip Code 93109-1614	Purpose of Disbursement reimbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Jennifer Cooper</b>		Date of Disbursement MM / DD / YYYY 02 / 20 / 2013
Mailing Address 1333 Tomol St		Amount of Each Disbursement this Period 2407.09 <b>Transaction ID : D481219</b>
City Carpinteria	State CA	
Zip Code 93013-1716	Purpose of Disbursement reimbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Arch Rock Fish</b>		Date of Disbursement MM / DD / YYYY 02 / 20 / 2013
Mailing Address 608 Anacapa St		Amount of Each Disbursement this Period 163.24 <b>Transaction ID : D481222</b> <b>[MEMO ITEM]</b>
City Santa Barbara	State CA	
Zip Code 93101-1615	Purpose of Disbursement event expense	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2427.11
<b>TOTAL</b> This Period (last page this line number only).....	

**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 87 OF 92			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

Full Name (Last, First, Middle Initial) <b>A. Cafe Roma</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2013
Mailing Address 1020 Railroad Ave		Amount of Each Disbursement this Period 1664.06
City San Luis Obispo	State CA Zip Code 93401-4450	
Purpose of Disbursement event expense	Candidate Name	Transaction ID : D481223
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Service Master</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2013
Mailing Address 4183 State Street		Amount of Each Disbursement this Period 442.00
City Santa Barbara	State CA Zip Code 93105	
Purpose of Disbursement office expense	Candidate Name	Transaction ID : D481220
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2013
Mailing Address PO Box 4001		Amount of Each Disbursement this Period 137.79
City Inglewood	State CA Zip Code 90309-4001	
Purpose of Disbursement office supplies	Candidate Name	Transaction ID : D481221
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 88 OF 92		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

Full Name (Last, First, Middle Initial) <b>A. Jennifer Cooper</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2013
Mailing Address 1333 Tomol St		Amount of Each Disbursement this Period 669.61 <b>Transaction ID : D487442</b>
City Carpinteria	State CA	
Zip Code 93013-1716	Purpose of Disbursement reimbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. GoDaddy.com</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2013
Mailing Address 14455 North Hayden Rd #219		Amount of Each Disbursement this Period 669.61 <b>Transaction ID : D487443</b> <b>[MEMO ITEM]</b>
City Scottsdale	State AZ	
Zip Code 85260	Purpose of Disbursement web expense	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	669.61
<b>TOTAL</b> This Period (last page this line number only).....	79740.39

**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 89 OF 92	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

Full Name (Last, First, Middle Initial) <b>A. Working Blue Democratic Club</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2013
Mailing Address 816 Camarillo Springs Rd Ste G		Amount of Each Disbursement this Period 2500.00
City Camarillo State CA Zip Code 93012-9441	Purpose of Disbursement exceeded contribution limit	
Candidate Name	Category/Type	<b>Transaction ID : D480662</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2500.00
<b>TOTAL</b> This Period (last page this line number only).....	2500.00

**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 90 OF 92			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

Full Name (Last, First, Middle Initial) <b>A. Democratic Service Club</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2013
Mailing Address PO Box 1478		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : D480909</b>
City Santa Barbara	State CA	
Zip Code 93102-1478	Purpose of Disbursement contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. San Luis Obispo County Deputy Sheriff's Association</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2013
Mailing Address PO Box 7107		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : D480908</b>
City Los Osos	State CA	
Zip Code 93412-7107	Purpose of Disbursement event contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. SANTA BARBARA COUNTY DEMOCRATIC CENTRAL COMMITTEE PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2013
Mailing Address 1212 S Victory Blvd		Amount of Each Disbursement this Period 4000.00 <b>Transaction ID : D487441</b>
City Burbank	State CA	
Zip Code 91502-2551	Purpose of Disbursement contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**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 91 OF 92	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Lois Capps**

Full Name (Last, First, Middle Initial) <b>A. SANTA BARBARA WOMEN'S POLITICAL COM</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 20 / 2013</b>
Mailing Address <b>PO Box 90618</b>		Amount of Each Disbursement this Period <b>250.00</b>
City <b>Santa Barbara</b> State <b>CA</b> Zip Code <b>93190-0618</b>	Purpose of Disbursement <b>event contribution</b>	
Candidate Name	Category/Type	<b>Transaction ID : D481211</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>4750.00</b>

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)

**Friends of Lois Capps**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Jennifer L. Severance</b>		Nature of Debt (Purpose): Restitution for Unauth. Expenditures
Mailing Address 1718 N Harrison Blvd		
City State Boise ID	Zip Code 83702-1014	

Outstanding Balance Beginning This Period <input type="text" value="119075.00"/>	<b>Transaction ID : C7884389</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="175.00"/>	Outstanding Balance at Close of This Period <input type="text" value="118900.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State	Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>	
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State	Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>	
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="118900.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text" value="118900.00"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="118900.00"/>