

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

Full Name (Last, First, Middle Initial) A. COMMITTEE TO BRING BACK BARON		Transaction ID: SB21.29418 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address PO BOX 1071		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City SEYMOUR State IN Zip Code 47274	Category/ Type	
Purpose of Disbursement contribution Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District: 09		

Full Name (Last, First, Middle Initial) B. Democratic Service Club		Transaction ID: SB21.29391 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6
Mailing Address PO Box 1478		Amount of Each Disbursement this Period 25.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Santa Barbara State CA Zip Code 93102	Category/ Type	
Purpose of Disbursement membership Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. FRANCINE BUSBY FOR CONGRESS		Transaction ID: SB21.29417 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address 783 CALLE DE SOTO		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City SAN MARCOS State CA Zip Code 92078	Category/ Type	
Purpose of Disbursement contribution Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 50		

SUBTOTAL of Disbursements This Page (optional) ▶	2025.00
TOTAL This Period (last page this line number only) ▶