

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 53 / 65

<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. Boswell for Congress		Transaction ID: SB21.30937 Date of Disbursement 10 / 05 / 2006	
Mailing Address PO Box 823		Amount of Each Disbursement this Period 1000.00	
City Indianola State IA Zip Code 50125	Purpose of Disbursement contribution Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. BROWN, CHARLES D		Transaction ID: SB21.30913 Date of Disbursement 10 / 05 / 2006	
Mailing Address 400 UNITY CT		Amount of Each Disbursement this Period 1000.00	
City AUBURN State CA Zip Code 95678	Purpose of Disbursement contribution Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 04	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. BROWN, CHARLES D		Transaction ID: SB21.31004 Date of Disbursement 10 / 16 / 2006	
Mailing Address 400 UNITY CT		Amount of Each Disbursement this Period 1000.00	
City AUBURN State CA Zip Code 95678	Purpose of Disbursement contribution Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 04	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶