

# 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) <b>A. HARRY MITCHELL FOR CONGRESS</b>		<b>Transaction ID: SB21.30993</b> Date of Disbursement 10 / 16 / 2006
Mailing Address PO BOX 23748		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 TEMPE State AZ Zip Code 85285	<input type="checkbox"/> 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AZ District: 05	

Full Name (Last, First, Middle Initial) <b>B. Janet Wolf for Supervisor</b>		<b>Transaction ID: SB21.30986</b> Date of Disbursement 10 / 13 / 2006
Mailing Address P.O. Box 877		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 Goleta State CA Zip Code 93116	<input type="checkbox"/> Category/Type	
Purpose of Disbursement contribution Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

Full Name (Last, First, Middle Initial) <b>C. JILL DERBY FOR CONGRESS</b>		<b>Transaction ID: SB21.30988</b> Date of Disbursement 10 / 13 / 2006
Mailing Address PO BOX 1901		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City MINDEN State NV Zip Code 89423	<input type="checkbox"/> 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NV District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....