

**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)

<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

A.	Full Name (Last, First, Middle Initial) SANTA BARBARA WOMEN'S POLITICAL COMMITTEE	Transaction ID: SB21.37999 Date of Disbursement 02 / 04 / 2009	
	Mailing Address PO BOX 90618		
	City SANTA BARBARA State CA Zip Code 93190	Amount of Each Disbursement this Period	250.00
	Purpose of Disbursement contribution	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
B.	Full Name (Last, First, Middle Initial) SCOTT MURPHY FOR CONGRESS COMMITTEE	Transaction ID: SB21.38031 Date of Disbursement 03 / 12 / 2009	
	Mailing Address 615 GLEN ST		
	City GLENS FALLS State NY Zip Code 12801	Amount of Each Disbursement this Period	2000.00
	Purpose of Disbursement contribution	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Candidate Name		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: NY District: 20		
C.	Full Name (Last, First, Middle Initial) SLO Chamber of Commerce	Transaction ID: SB21.37976 Date of Disbursement 01 / 23 / 2009	
	Mailing Address 1039 Chorro Street		
	City San Luis Obispo State CA Zip Code 93401	Amount of Each Disbursement this Period	235.00
	Purpose of Disbursement membership contribution	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		

SUBTOTAL of Disbursements This Page (optional)	2485.00
TOTAL This Period (last page this line number only)	