

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Friends of Lois Capps

ADDRESS (number and street) PO Box 23940

Check if different than previously reported. (ACC)

Santa Barbara CA 93121

2. **FEC IDENTIFICATION NUMBER** C00331389

CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**

3. IS THIS REPORT NEW (N) OR AMENDED (A)

CA 23

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on [] [] [] in the State of []

(c) 30-Day **POST**-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on 11 04 2008 in the State of []

5. Covering Period 10 16 2008 through 11 24 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer David Powdrell

Signature of Treasurer Electronically Filed by David Powdrell Date 01 26 2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Friends of Lois Capps

Report Covering the Period:

From:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 1 | 6 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

To:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 2 | 4 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| <hr/> | | |
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e))..... | 87730.24 | 1052539.63 |
| (b) Total Contribution Refunds (from Line 20(d))..... | 0.00 | 850.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 87730.24 | 1051689.63 |
| <hr/> | | |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17)..... | 82077.97 | 613941.32 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 50.00 | 4749.94 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 82027.97 | 609191.38 |
| <hr/> | | |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 390231.76 | |
| <hr/> | | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | 125400.00 | |
| <hr/> | | |
| 10. Debts and Obligations Owed BY 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

**POST-ELECTION DETAILED
SUMMARY PAGE**

FEC Form 3 (Revised 07/05)

Report of Receipts and Disbursements

Page 5

- . If the candidate participated in the general election, use this form for the 30-day Post-General report.
- . If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Friends of Lois Capps

Report Covering the Period: From: To:

I. RECEIPTS

| COLUMN A Total this Period | COLUMN B Election Cycle Total as of <input type="text" value="11"/> <input type="text" value="04"/> <input type="text" value="2008"/> (date of general election) | COLUMN C Total for <input type="text" value="11"/> <input type="text" value="05"/> <input type="text" value="2008"/> (date after general election) through <input type="text" value="11"/> <input type="text" value="24"/> <input type="text" value="2008"/> (last day of reporting period) |
|--|---|---|
| 11. CONTRIBUTIONS (other than loans) FROM: | | |
| (a) Individuals/Persons Other than Political Committees | | |
| (i) Itemized (Use Schedule A) | | |
| <input type="text" value="29052.00"/> | <input type="text" value="422659.59"/> | <input type="text" value="0.00"/> |
| (ii) Unitemized | | |
| <input type="text" value="11953.24"/> | <input type="text" value="138239.18"/> | <input type="text" value="459.25"/> |
| (iii) Total of contributions from individuals | | |
| <input type="text" value="41005.24"/> | <input type="text" value="560898.77"/> | <input type="text" value="459.25"/> |
| (b) Political Party Committees | | |
| <input type="text" value="0.00"/> | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> |
| (c) Other Political Committees | | |
| <input type="text" value="46725.00"/> | <input type="text" value="491640.86"/> | <input type="text" value="500.00"/> |

**POST-ELECTION DETAILED
SUMMARY PAGE
Report of Receipts and Disbursements**

| COLUMN A Total this Period | COLUMN B Election Cycle Total as of * (date of general Election) (* See page 5 for date) | COLUMN C Total for * (date after general election) Through * (last day of reporting period) (* See page 5 for dates) |
|---|--|--|
| (d) The Candidate 0.00 | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d)) 87730.24 | 1052539.63 | 959.25 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES 0.00 | 0.00 | 0.00 |
| 13. LOANS: (a) Made or Guaranteed by the Candidate 0.00 | 0.00 | 0.00 |
| (b). All Other Loans 0.00 | 0.00 | 0.00 |
| (c). TOTAL LOANS (add Lines 13(a) and (b)) 0.00 | 0.00 | 0.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc) 50.00 | 4749.94 | 0.00 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc) 228.48 | 2254.67 | 100.00 |
| 16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) 88008.72 | 1059544.24 | 1059.25 |

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

Page 7

Write or Type Committe Name

Friends of Lois Capps

Report the covering period

From:

MM 10

DD 16

YYYY 2008

To:

MM 11

DD 24

YYYY 2008

II. DISBURSEMENTS

| COLUMN A Total this period | COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date) | COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date) |
|---|---|--|
| 17. OPERATING EXPENDITURES | | |
| 82077.97 | 613941.32 | 30933.07 |
| 18. TRANSFER TO OTHER AUTHORIZED COMMITTEES | | |
| 0.00 | 0.00 | 0.00 |
| 19. LOAN PAYMENTS | | |
| (a) Of Loans Made or Guaranteed by the Candidate | | |
| 0.00 | 0.00 | 0.00 |
| (b) Of All Other Loans | | |
| 0.00 | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b)) | | |
| 0.00 | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| 0.00 | 350.00 | 0.00 |
| (b) Political Party Committees | | |
| 0.00 | 500.00 | 0.00 |

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

Page 8

| COLUMN A Total this period | COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date) | Total for * Through * | COLUMN C (date after general election) (last day of reporting period) (* See page 5 for date) |
|-------------------------------|---|--------------------------|--|
|-------------------------------|---|--------------------------|--|

(c) Other political committees (such as PACs)

| | | |
|------|------|------|
| 0.00 | 0.00 | 0.00 |
|------|------|------|

(d) TOTAL CONTRIBUTION REFUNDS (See Lines 20(a), (b) and (c))

| | | |
|------|--------|------|
| 0.00 | 850.00 | 0.00 |
|------|--------|------|

21. OTHER DISBURSEMENTS

| | | |
|----------|-----------|------|
| 40700.00 | 355862.00 | 0.00 |
|----------|-----------|------|

22. TOTAL DISBURSEMENTS (add lines 17, 18, 19(c), 20(d), and 21)

| | | |
|-----------|-----------|----------|
| 122777.97 | 970653.32 | 30933.07 |
|-----------|-----------|----------|

III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract line 20(d) from Line 11(e))

| | | |
|----------|------------|--------|
| 87730.24 | 1051689.63 | 959.25 |
|----------|------------|--------|

IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract line 14 from Line 17)

| | | |
|----------|-----------|----------|
| 82027.97 | 609191.38 | 30933.07 |
|----------|-----------|----------|

V. CASH SUMMARY

| | |
|--|-----------|
| 23. CASH ON HAND AT BEGINING OF REPORTING PERIOD | 425001.01 |
| 24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16)..... | 88008.72 |
| 25. SUBTOTAL(add Line 23 and Line 24) | 513009.73 |
| 26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22)..... | 122777.97 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25)..... | 390231.76 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|---|--|-------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | PAGE 7 / 90 |
|---|--|-------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Friends of Lois Capps

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Christina Allison | Date of Receipt MM / DD / YYYY 10 / 17 / 2008 |
| | Mailing Address 1385 School House Rd | Transaction ID: SA11AI.37519 |
| | City State Zip Code Montecito CA 93108-1236 | Amount of Each Receipt this Period 100.00 |
| | FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Self Occupation Singer/Actress Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 550.00 | |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) Marsha Alpert | Date of Receipt MM / DD / YYYY 11 / 04 / 2008 |
| | Mailing Address 285 South Street Ste. J c/o The Wilshire Foundation | Transaction ID: SA11AI.37703 |
| | City State Zip Code San Luis Obispo CA 93401 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Wilshire Foundation, Inc. Occupation President Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 750.00 | |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) Adrian Andrade | Date of Receipt MM / DD / YYYY 10 / 25 / 2008 |
| | Mailing Address 120 S. College Drive | Transaction ID: SA11AI.37464 |
| | City State Zip Code Santa Maria CA 93454 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Self-employed Occupation Attorney Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 850.00 |
| 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: PAGE 8 / 90
(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)
Richard Appelbaum
Mailing Address 324 Sherman Road
City Santa Barbara State CA Zip Code 93103
FEC ID number of contributing federal political committee. **C**
Name of Employer UCSB Occupation Professor
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 300.00
Date of Receipt 10 / 27 / 2008
Transaction ID: SA11AI.37580
Amount of Each Receipt this Period 100.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
John Ashbaugh
Mailing Address 193 Los Cerros Drive
City San Luis Obispo State CA Zip Code 93401
FEC ID number of contributing federal political committee. **C**
Name of Employer Allan Hancock College Occupation Instructor
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 475.00
Date of Receipt 10 / 25 / 2008
Transaction ID: SA11AI.37460
Amount of Each Receipt this Period 100.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Grover Barnes
Mailing Address 1318 East Gutierrez Street
City Santa Barbara State CA Zip Code 93103
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation retired
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 975.00
Date of Receipt 10 / 16 / 2008
Transaction ID: SA11AI.37797
Amount of Each Receipt this Period 100.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 300.00
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 9 / 90 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 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) Rona Barrett | | Date of Receipt |
| | Mailing Address P.O. Box 1620 Luvland Farms | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 10 / 17 / 2008 |
| | City State Zip Code Santa Ynez CA 93460 | | Transaction ID: SA11AI.37480 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 150.00 |
| | Name of Employer Occupation retired | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | |

| | | | |
|-----------|---|------------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Robert Bellah | | Date of Receipt |
| | Mailing Address 10 Mosswood Road | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 10 / 16 / 2008 |
| | City State Zip Code Berkeley CA 94704-1820 | | Transaction ID: SA11AI.37506 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| | Name of Employer Occupation self writer/lecturer | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 400.00 | |

| | | | |
|-----------|---|------------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Patricia Bennett | | Date of Receipt |
| | Mailing Address 3775 Modoc Rd. Apt 270 | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 10 / 25 / 2008 |
| | City State Zip Code Santa Barbara CA 93105 | | Transaction ID: SA11AI.37454 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 25.00 |
| | Name of Employer Occupation Retired Retired | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 275.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 275.00 |
| 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: PAGE 10 / 90
(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)
Jeffrey C. Bermant

Mailing Address 5383 Hollister Ave. Suite 150

City State Zip Code
Santa Barbara CA 93111

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

Name of Employer Occupation
Bermant Development Co. Owner

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period
750.00

Transaction ID: SA11AI.37802

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 1002 Arbolado Road

City State Zip Code
Santa Barbara CA 93103

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

Name of Employer Occupation
retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period
75.00

Transaction ID: SA11AI.37822

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Angela Boyle

Mailing Address 230 Oro Drive

City State Zip Code
Arroyo Grande CA 93420

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

Name of Employer Occupation
CTA consultant

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period
150.00

Transaction ID: SA11AI.37445

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **975.00**

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 11 / 90 | | | | | | |
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 11d | | |
| <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13a | <input type="checkbox"/> | 13b | <input type="checkbox"/> | 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) David Broad | | Date of Receipt MM / DD / YYYY 10 / 18 / 2008 |
| Mailing Address 2638 State St. Unit 12 | | Transaction ID: SA11AI.37531 |
| City Santa Barbara | State CA | Zip Code 93105 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer | Occupation retired | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | |

B.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Adam Bronfman | | Date of Receipt MM / DD / YYYY 10 / 22 / 2008 |
| Mailing Address 2300 Lucky John Drive | | Transaction ID: SA11AI.37617 |
| City Park City | State UT | Zip Code 84060 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer self | Occupation Private Investor | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 3300.00 | |

C.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Norman Brooks | | Date of Receipt MM / DD / YYYY 10 / 16 / 2008 |
| Mailing Address 815 S. McClelland St. | | Transaction ID: SA11AI.37776 |
| City Santa Maria | State CA | Zip Code 93454 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 50.00 |
| Name of Employer Retired | Occupation Retired | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 300.00 | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1300.00 |
| 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: PAGE 12 / 90
(check only one)

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 11d |
| <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13a | <input type="checkbox"/> | 13b | <input type="checkbox"/> | 14 |
| | | | | | | | 15 |

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

A.

Full Name (Last, First, Middle Initial)
Michael Case

Mailing Address 1747 Pearl Way

City Oxnard State CA Zip Code 93035

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

Name of Employer self Occupation attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt 10 / 28 / 2008

Transaction ID: SA11AI.37677

Amount of Each Receipt this Period 100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Chris Casebeer

Mailing Address 418 E. Islay

City Santa Barbara State CA Zip Code 93101

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

Name of Employer Self Occupation Realtor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt 11 / 04 / 2008

Transaction ID: SA11AI.37700

Amount of Each Receipt this Period 100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Edith Clark

Mailing Address 3211 Beach Club Road

City Carpinteria State CA Zip Code 93013

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

Name of Employer Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 225.00

Date of Receipt 10 / 18 / 2008

Transaction ID: SA11AI.37820

Amount of Each Receipt this Period 75.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **275.00**

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 13 / 90 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 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) Robert Dautch | | Date of Receipt MM / DD / YYYY 10 / 17 / 2008 |
| | Mailing Address 7117 Gobernador Canyon | | Transaction ID: SA11AI.37479 |
| | City Carpinteria | State CA | Zip Code 93013 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| | Name of Employer Self | Occupation Farmer | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | | |

| | | | |
|---|---|-----------------------|---|
| B. | Full Name (Last, First, Middle Initial) William Denneen | | Date of Receipt MM / DD / YYYY 10 / 21 / 2008 |
| | Mailing Address 1040 Cielo Lane | | Transaction ID: SA11AI.37566 |
| | City Nipomo | State CA | Zip Code 93444 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 10.00 |
| | Name of Employer | Occupation Retired | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 270.00 | | |

| | | | |
|---|---|----------------------------|---|
| C. | Full Name (Last, First, Middle Initial) James Diani | | Date of Receipt MM / DD / YYYY 10 / 22 / 2008 |
| | Mailing Address 1320 Foxenwood Dr. | | Transaction ID: SA11AI.37449 |
| | City Santa Maria | State CA | Zip Code 93455 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| | Name of Employer A.J. Diani Construction Co., Inc. | Occupation Construction | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2000.00 | | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1260.00 |
| 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 14 / 90 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 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) Elaine Duffens | | Date of Receipt |
| | Mailing Address 1034 Camino del Retiro | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 20 / 2008 |
| | City | State | Zip Code |
| | Santa Barbara | CA | 93110 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.37821 |
| Name of Employer | | Occupation | Amount of Each Receipt this Period |
| | | retired | <input type="text"/> 100.00 |
| Receipt For: 2008 | | Election Cycle-to-Date ▼ | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| <input type="checkbox"/> Primary | <input checked="" type="checkbox"/> General | <input type="text"/> 3100.00 | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|------------------------------------|--|
| B. | Full Name (Last, First, Middle Initial) Jacqueline Dyson | | Date of Receipt |
| | Mailing Address 3435 Richard Drive # 22 | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 18 / 2008 |
| | City | State | Zip Code |
| | Santa Barbara | CA | 93105 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.37819 |
| Name of Employer Santa Barbara Beautiful | | Occupation VP, Public Relations | Amount of Each Receipt this Period |
| | | | <input type="text"/> 225.00 |
| Receipt For: 2008 | | Election Cycle-to-Date ▼ | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| <input type="checkbox"/> Primary | <input checked="" type="checkbox"/> General | <input type="text"/> 505.00 | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|--|---|------------------------------|--|
| C. | Full Name (Last, First, Middle Initial) Don Ernst | | Date of Receipt |
| | Mailing Address 5882 Salisbury Lane | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 25 / 2008 |
| | City | State | Zip Code |
| | San Luis Obispo | CA | 93401 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.37498 |
| Name of Employer Ernst & Mattison | | Occupation Attorney | Amount of Each Receipt this Period |
| | | | <input type="text"/> 1000.00 |
| Receipt For: 2008 | | Election Cycle-to-Date ▼ | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| <input type="checkbox"/> Primary | <input checked="" type="checkbox"/> General | <input type="text"/> 3500.00 | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 1325.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 90
(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 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)
Linda Shibuya Farbstein

Mailing Address P.O. Box 2610

City Avila Beach State CA Zip Code 93424

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

Name of Employer self Occupation designer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 10 / 21 / 2008

Transaction ID: SA11AI.37564

Amount of Each Receipt this Period 100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Simona Farrise

Mailing Address 3905 State St. #7-505

City Santa Barbara State CA Zip Code 93105

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

Name of Employer Farrise Law Firm Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 10 / 26 / 2008

Transaction ID: SA11AI.37813

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Adrienne Fields

Mailing Address 3900B Watson Place NW Apt. 1D

City Washington State DC Zip Code 20016

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

Name of Employer Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 275.00

Date of Receipt 10 / 18 / 2008

Transaction ID: SA11AI.37533

Amount of Each Receipt this Period 100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1200.00

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: PAGE 16 / 90
(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)
Sue Firestone

Mailing Address 3888 State St.

City State Zip Code
Santa Barbara CA 93111

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

Name of Employer Occupation
SFA Design President

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
10 / 29 / 2008

Transaction ID: SA11AI.37682

Amount of Each Receipt this Period
200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Roger Freedman

Mailing Address 1032 Diamond Crest Court

City State Zip Code
Santa Barbara CA 93110

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

Name of Employer Occupation
UCSB Lecturer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
10 / 20 / 2008

Transaction ID: SA11AI.37609

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Roger Freedman

Mailing Address 1032 Diamond Crest Court

City State Zip Code
Santa Barbara CA 93110

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

Name of Employer Occupation
UCSB Lecturer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
10 / 28 / 2008

Transaction ID: SA11AI.37678

Amount of Each Receipt this Period
25.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **475.00**

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: PAGE 17 / 90
(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)
Jose Fulco

Mailing Address 4071 Bithynia Road

City State Zip Code
Santa Barbara CA 93110

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

Name of Employer Occupation
UCSB Professor

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.37804

Amount of Each Receipt this Period
150.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 247 Olive Mill Road

City State Zip Code
Santa Barbara CA 93108

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

Name of Employer Occupation
retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.37687

Amount of Each Receipt this Period
300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Tish Gainey

Mailing Address 4495 Via Abrigada

City State Zip Code
Santa Barbara CA 93103

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

Name of Employer Occupation
retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.37424

Amount of Each Receipt this Period
75.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **525.00**

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: PAGE 18 / 90
(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

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Marc Goldberg</p> <p>Mailing Address 1380 Live Oak Road</p> <p>City Paso Robles State CA Zip Code 93446</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Woodward Vineyard Occupation: Proprietors -owner</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 2046.00</p> | <p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 8</p> <p>Transaction ID: SA11AI.37834</p> <p>Amount of Each Receipt this Period 432.00</p> <p>In-kind - wine contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|---|---|

| | |
|---|--|
| <p>B. Full Name (Last, First, Middle Initial) Marc Goldberg</p> <p>Mailing Address 1380 Live Oak Road</p> <p>City Paso Robles State CA Zip Code 93446</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Woodward Vineyard Occupation: Proprietors -owner</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 2296.00</p> | <p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 8</p> <p>Transaction ID: SA11AI.37674</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|---|--|

| | |
|---|--|
| <p>C. Full Name (Last, First, Middle Initial) Katherine Gunther</p> <p>Mailing Address 1910 Montana Ave</p> <p>City Santa Monica State CA Zip Code 90403</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Adventures in Caring Occupation: Director of Finance</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 350.00</p> | <p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8</p> <p>Transaction ID: SA11AI.37615</p> <p>Amount of Each Receipt this Period 100.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|---|--|

| | |
|--|--|
| SUBTOTAL of Receipts This Page (optional) | 782.00 |
| 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: PAGE 19 / 90
(check only one)

| | | | |
|---|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 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 | | Date of Receipt MM / DD / YYYY 10 / 16 / 2008 |
| Mailing Address 4352 Via Esperanza | | Transaction ID: SA11AI.37816 |
| City Santa Barbara | State CA | Zip Code 93110 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 150.00 |
| Name of Employer La Belle | Occupation executive director | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1050.00 | |

B.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Jeffrey Hayden | | Date of Receipt MM / DD / YYYY 10 / 20 / 2008 |
| Mailing Address 10590 Wilshire Blvd #4081 | | Transaction ID: SA11AI.37556 |
| City Los Angeles | State CA | Zip Code 90024 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 50.00 |
| Name of Employer Self-employed | Occupation film director | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | |

C.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Joan Hebert | | Date of Receipt MM / DD / YYYY 10 / 21 / 2008 |
| Mailing Address 5455 8th St. #66 | | Transaction ID: SA11AI.37420 |
| City Carpinteria | State CA | Zip Code 93013 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer | Occupation Retired | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 775.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 450.00 |
| 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: PAGE 20 / 90
(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)
Dr. Ursula E. Henderson Drew

Mailing Address 131 La Vereda Road

City State Zip Code
Montecito CA 93108

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

Name of Employer Occupation
Self-employed Physician- Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.37808

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Elayne Hengler

Mailing Address Box 97

City State Zip Code
Hanover MN 55341

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

Name of Employer Occupation
Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.37521

Amount of Each Receipt this Period
75.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Jesse Hill

Mailing Address 1042 Palm St
2nd Floor

City State Zip Code
San Luis Obispo CA 93401

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

Name of Employer Occupation
Self Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.37606

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1325.00**

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: PAGE 21 / 90
(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)
Kathleen Hilton

Mailing Address 2756 Branch Mill Road

City Arroyo Grande State CA Zip Code 93420

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

Name of Employer Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 320.00

Date of Receipt 10 / 16 / 2008
Transaction ID: SA11AI.37443
 Amount of Each Receipt this Period 150.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Laura Holtz

Mailing Address PO Box 7107

City Oxnard State CA Zip Code 93031

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

Name of Employer Retired Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 920.00

Date of Receipt 10 / 23 / 2008
Transaction ID: SA11AI.37573
 Amount of Each Receipt this Period 100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address P.O. Box 50007

City Santa Barbara State CA Zip Code 93150

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

Name of Employer Occupation Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 10 / 29 / 2008
Transaction ID: SA11AI.37588
 Amount of Each Receipt this Period 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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: PAGE 22 / 90
(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)
James R. Johnson

Mailing Address 66 Woodhill Road

City State Zip Code
St. Cloud MN 56301

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

Name of Employer Occupation
retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

350.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.37534

Amount of Each Receipt this Period
50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Morris Jurkowitz

Mailing Address 1933 Cliff Drive Suite 11A

City State Zip Code
Santa Barbara CA 93109

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

Name of Employer Occupation
Self-employed investor

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.37620

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Herbert Kendall

Mailing Address 1475 E Mountain Dr.

City State Zip Code
Montecito CA 93108

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

Name of Employer Occupation
Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

4000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.37624

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1550.00**

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: PAGE 23 / 90
(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

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) John Koepf</p> <p>Mailing Address 2041 Carriage Lane</p> <p>City State Zip Code Arroyo Grande CA 93420</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation retired</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1750.00</p> | <p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 8</p> <p>Transaction ID: SA11AI.37465</p> <p>Amount of Each Receipt this Period 150.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|--|--|

| | |
|---|--|
| <p>B. Full Name (Last, First, Middle Initial) Louise Latham</p> <p>Mailing Address 300 Hot Springs Road</p> <p>City State Zip Code Santa Barbara CA 93108</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self-employed Actress</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1550.00</p> | <p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 8</p> <p>Transaction ID: SA11AI.37563</p> <p>Amount of Each Receipt this Period 100.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|---|--|

| | |
|---|--|
| <p>C. Full Name (Last, First, Middle Initial) Larry Layne</p> <p>Mailing Address 14800 Rinaldi St.</p> <p>City State Zip Code Mission Hills CA 91345-1230</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Nova Development Co. Owner</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 450.00</p> | <p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8</p> <p>Transaction ID: SA11AI.37491</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|---|--|

| | |
|--|--|
| SUBTOTAL of Receipts This Page (optional) | 500.00 |
| 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 24 / 90 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 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)
Nora Lewis, CNM

Mailing Address 759 Drumm Lane

City Nipomo State CA Zip Code 93444

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

Name of Employer SBC PHD Occupation Nurse Midwife

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 10 / 20 / 2008

Transaction ID: SA11AI.37552

Amount of Each Receipt this Period 50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
John A. Lewis

Mailing Address 1522 Kronborg Drive

City Solvang State CA Zip Code 93463

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

Name of Employer Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 375.00

Date of Receipt 10 / 17 / 2008

Transaction ID: SA11AI.37516

Amount of Each Receipt this Period 75.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Morton Maizlish

Mailing Address 4015 Pala Lane

City Santa Barbara State CA Zip Code 93110

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

Name of Employer Self Occupation Real Estate

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 575.00

Date of Receipt 10 / 16 / 2008

Transaction ID: SA11AI.37815

Amount of Each Receipt this Period 575.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 700.00

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: PAGE 25 / 90
(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)
Alfred Mann

Mailing Address 12744 San Fernando Road

City State Zip Code
Sylmar CA 91342

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Mankind Corp Executive

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 0 | / | 2 | 0 | 0 | 8 |

Transaction ID: SA11AI.37547

Amount of Each Receipt this Period
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Strother Marshall

Mailing Address 1790 11th Street

City State Zip Code
Los Osos CA 93402

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 5 | / | 2 | 0 | 0 | 8 |

Transaction ID: SA11AI.37462

Amount of Each Receipt this Period
75.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Diana Mason

Mailing Address 455 w 44th Street #22

City State Zip Code
New York NY 10036

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Wolters Kluwer Health nurse editor

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 0 | / | 2 | 0 | 0 | 8 |

Transaction ID: SA11AI.37490

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 2475.00

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: PAGE 26 / 90
(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)
Raymond Mattison

Mailing Address 350 Clover Street

City State Zip Code
San Luis Obispo CA 93405

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

Name of Employer Ernst & Mattison Occupation Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.37459

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Maureen McDermut

Mailing Address 928 El Rancho Road

City State Zip Code
Santa Barbara CA 93108

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

Name of Employer Sothebys Occupation Realtor

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.37499

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Linda McGregor

Mailing Address 117 Seacliff Dr.

City State Zip Code
Shell Beach CA 93449

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

Name of Employer 211 SLO Hotline Occupation Executive Director

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.37679

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1600.00**

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: | PAGE 27 / 90 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b |
| <input type="checkbox"/> 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) Madeline Mixer | | Date of Receipt | |
| | Mailing Address 76 Bonnie Ln. | | M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 8 | |
| | City State Zip Code Berkeley CA 94708 | | Transaction ID: SA11AI.37554 | |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 | |
| | Name of Employer Occupation Retired | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 250.00 | | |

| | | | | |
|---|--|-------------------------------------|---|--|
| B. | Full Name (Last, First, Middle Initial) MORANGO BAND OF MISSION INDIANS | | Date of Receipt | |
| | Mailing Address P.O. Box 366 | | M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 0 8 | |
| | City State Zip Code Cabazon CA 92230 | | Transaction ID: SA11AI.37855 | |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2000.00 | |
| | Name of Employer Occupation | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 2000.00 | | |

| | | | | |
|---|---|------------------------------------|---|--|
| C. | Full Name (Last, First, Middle Initial) Jack Murray | | Date of Receipt | |
| | Mailing Address 21 West Quinto Street | | M M / D D / Y Y Y Y Y 1 0 / 1 6 / 2 0 0 8 | |
| | City State Zip Code Santa Barbara CA 93105 | | Transaction ID: SA11AI.37512 | |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 | |
| | Name of Employer Occupation UCSB Professor | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 300.00 | | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 2350.00 |
| 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 28 / 90 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 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) Lawrence H. Nelson | | Date of Receipt |
| | Mailing Address 1743 Pinecove Drive | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 8 / 2 0 0 8 |
| | City | State | Zip Code |
| | San Luis Obispo | CA | 93405 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.37530 |
| Name of Employer | | Occupation | Amount of Each Receipt this Period |
| | | retired | <input type="text"/> 250.00 |
| Receipt For: 2008 | | Election Cycle-to-Date ▼ | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| <input type="checkbox"/> Primary | <input checked="" type="checkbox"/> General | <input type="text"/> 350.00 | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|--|---|-----------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Pragna Jay Patel | | Date of Receipt |
| | Mailing Address 604 Henderson Suite 200 | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 0 / 2 0 0 8 |
| | City | State | Zip Code |
| | San Luis Obispo | CA | 93401 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.37446 |
| Name of Employer | | Occupation | Amount of Each Receipt this Period |
| Days Inn SLO | | Manager | <input type="text"/> 150.00 |
| Receipt For: 2008 | | Election Cycle-to-Date ▼ | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| <input type="checkbox"/> Primary | <input checked="" type="checkbox"/> General | <input type="text"/> 750.00 | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|--|---|-----------------------------|---|
| C. | Full Name (Last, First, Middle Initial) James Patterson | | Date of Receipt |
| | Mailing Address 9312 N. Santa Margarita Road | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 3 / 2 0 0 8 |
| | City | State | Zip Code |
| | Atascadero | CA | 93422 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.37801 |
| Name of Employer | | Occupation | Amount of Each Receipt this Period |
| San Luis Obispo County | | Supervisor | <input type="text"/> 100.00 |
| Receipt For: 2008 | | Election Cycle-to-Date ▼ | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| <input type="checkbox"/> Primary | <input checked="" type="checkbox"/> General | <input type="text"/> 300.00 | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|-----------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 500.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 90
(check only one)

| | | | |
|---|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 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)
Stephen Penner Esq.

Mailing Address 1215 De La Vina St. Suite K

City State Zip Code
Santa Barbara CA 93101

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

Name of Employer self Occupation Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period 100.00

Transaction ID: SA11AI.37622

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Nicholas Piediscalzi

Mailing Address 5537 Capellina

City State Zip Code
Santa Barbara CA 93111-1427

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

Name of Employer Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period 50.00

Transaction ID: SA11AI.37520

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Carmen Ramirez

Mailing Address 2021 Sperry Ave. #18

City State Zip Code
Ventura CA 93003

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

Name of Employer CAUSE Occupation Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period 100.00

Transaction ID: SA11AI.37641

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **250.00**

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: | PAGE 30 / 90 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b |
| <input type="checkbox"/> 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) Brian Roberts | | Date of Receipt |
| | Mailing Address 283 Madonna Suite B | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 7 / 2 0 0 8 |
| | City | State | Zip Code |
| | San Luis Obispo | CA | 93405 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: SA11AI.37585 |
| | C <input type="text"/> | | Amount of Each Receipt this Period |
| Name of Employer Med Stop | | Occupation Physician | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 | Election Cycle-to-Date ▼ | <input type="text"/> 750.00 | |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|--|--|-----------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Ann Robinson | | Date of Receipt |
| | Mailing Address 5245 Paseo de Vaca | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 1 / 2 0 0 8 |
| | City | State | Zip Code |
| | San Luis Obispo | CA | 93401 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: SA11AI.37616 |
| | C <input type="text"/> | | Amount of Each Receipt this Period |
| Name of Employer Retired | | Occupation retired | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 | Election Cycle-to-Date ▼ | <input type="text"/> 500.00 | |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|--|--|-----------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Supervisor Susan Rose | | Date of Receipt |
| | Mailing Address 928 Las Palmas Road | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 6 / 2 0 0 8 |
| | City | State | Zip Code |
| | Hope Ranch | CA | 93110 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: SA11AI.37426 |
| | C <input type="text"/> | | Amount of Each Receipt this Period |
| Name of Employer | | Occupation Retired | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 | Election Cycle-to-Date ▼ | <input type="text"/> 500.00 | |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 1250.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

| | |
|---|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 31 / 90 (check only one) |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) Rob Rossi</p> <p>Mailing Address 911 Ambrosia Lane</p> <p>City State Zip Code San Luis Obispo CA 93401</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Rossi Enterprises Occupation: Architect</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p> | <p>Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2008</p> <p>Transaction ID: SA11AI.37584</p> <p>Amount of Each Receipt this Period 1000.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|--|--|

| | |
|---|---|
| <p>B. Full Name (Last, First, Middle Initial) Maryan Schall</p> <p>Mailing Address 432 Ennisbrook Drive</p> <p>City State Zip Code Santa Barbara CA 93108</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Occupation: retired</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1600.00</p> | <p>Date of Receipt M M / D D / Y Y Y Y 10 / 22 / 2008</p> <p>Transaction ID: SA11AI.37419</p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|---|---|

| | |
|---|--|
| <p>C. Full Name (Last, First, Middle Initial) Anne Marie Schnetzler</p> <p>Mailing Address 388 Main Street</p> <p>City State Zip Code Morro Bay CA 93442</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Occupation: retired</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 420.00</p> | <p>Date of Receipt M M / D D / Y Y Y Y 10 / 17 / 2008</p> <p>Transaction ID: SA11AI.37517</p> <p>Amount of Each Receipt this Period 35.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|---|--|

| | |
|---|---|
| <p>SUBTOTAL of Receipts This Page (optional)</p> | 1535.00 |
| <p>TOTAL This Period (last page this line number only)</p> | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 90
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Friends of Lois Capps

A. Full Name (Last, First, Middle Initial)
Greg Scott

Mailing Address 661 Del Parque #D

City State Zip Code
Santa Barbara CA 93103

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

Name of Employer Occupation
Self-employed Salesman

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.37614

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Jeannette Shackell

Mailing Address 2661 Tallant Road C-898

City State Zip Code
Santa Barbara CA 93105

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

Name of Employer Occupation
Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.37503

Amount of Each Receipt this Period
200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Wayne Siemens

Mailing Address 812 Anacapa

City State Zip Code
Santa Barbara CA 93101

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

Name of Employer Occupation
WGS Investments, Inc. Real Estate

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.37623

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1450.00**

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: | PAGE 33 / 90 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b |
| <input type="checkbox"/> 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) Hope Smith | | Date of Receipt |
| | Mailing Address 5243 University Drive | | <input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2008"/> |
| | City | State | Zip Code |
| | Santa Barbara | CA | 93111 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer | | Occupation | Transaction ID: SA11AI.37514 |
| | | Retired | |
| Receipt For: 2008 | | Election Cycle-to-Date ▼ | |
| <input type="checkbox"/> Primary | <input checked="" type="checkbox"/> General | <input type="text" value="300.00"/> | Amount of Each Receipt this Period |
| <input type="checkbox"/> Other (specify) ▼ | | | <input type="text" value="100.00"/> |
| | | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | | | |
|--|--|-------------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Richard Smith | | Date of Receipt |
| | Mailing Address 5383 Hollister Ave. Suite 220 | | <input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2008"/> |
| | City | State | Zip Code |
| | Santa Barbara | CA | 93111 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer Global Power Supply | | Occupation | Transaction ID: SA11AI.37823 |
| | | Executive | |
| Receipt For: 2008 | | Election Cycle-to-Date ▼ | |
| <input type="checkbox"/> Primary | <input checked="" type="checkbox"/> General | <input type="text" value="500.00"/> | Amount of Each Receipt this Period |
| <input type="checkbox"/> Other (specify) ▼ | | | <input type="text" value="75.00"/> |
| | | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | | | |
|--|--|-------------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Margaret Staton | | Date of Receipt |
| | Mailing Address 1639 Fernald Point Lane | | <input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2008"/> |
| | City | State | Zip Code |
| | Santa Barbara | CA | 93108 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer self | | Occupation | Transaction ID: SA11AI.37607 |
| | | philanthropist | |
| Receipt For: 2008 | | Election Cycle-to-Date ▼ | |
| <input type="checkbox"/> Primary | <input checked="" type="checkbox"/> General | <input type="text" value="375.00"/> | Amount of Each Receipt this Period |
| <input type="checkbox"/> Other (specify) ▼ | | | <input type="text" value="75.00"/> |
| | | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="250.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 90
(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)
Melinda Staveley
Mailing Address 834 Via Covello

City State Zip Code
Santa Barbara CA 93110

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

Name of Employer Occupation
SBCH Vice President

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
10 / 29 / 2008

Transaction ID: SA11AI.37681

Amount of Each Receipt this Period
50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
James Torres
Mailing Address 2525 State Street Apt. 12

City State Zip Code
Santa Barbara CA 93105

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

Name of Employer Occupation
retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
10 / 16 / 2008

Transaction ID: SA11AI.37500

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Harold Votey
Mailing Address 1127 Harbor Hills Lane

City State Zip Code
Santa Barbara CA 93109

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

Name of Employer Occupation
Retired retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
10 / 20 / 2008

Transaction ID: SA11AI.37418

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **400.00**

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 35 / 90 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d | |
| | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 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) Bettine Wallin | | Date of Receipt MM / DD / YYYY 10 / 20 / 2008 |
| | Mailing Address 895 Toro Canyon Road | | Transaction ID: SA11AI.37546 |
| | City State Zip Code Santa Barbara CA 93108 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 500.00 |
| | Name of Employer Occupation Self-employed music teacher | Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Election Cycle-to-Date ▼ 950.00 | | |

| | | | |
|-----------|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Vicki Wedmore | | Date of Receipt MM / DD / YYYY 10 / 29 / 2008 |
| | Mailing Address 575 Refugio Road | | Transaction ID: SA11AI.37686 |
| | City State Zip Code Goleta CA 93117 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 100.00 |
| | Name of Employer Occupation Scholarship Foundation of SB Director of Student Aid | Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Election Cycle-to-Date ▼ 350.00 | | |

| | | | |
|-----------|---|---|---|
| C. | Full Name (Last, First, Middle Initial) T.S. Wiley | | Date of Receipt MM / DD / YYYY 10 / 26 / 2008 |
| | Mailing Address 2620 Glendessary Lane | | Transaction ID: SA11AI.37428 |
| | City State Zip Code Santa Barbara CA 93105 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 500.00 |
| | Name of Employer Occupation self writer | Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Election Cycle-to-Date ▼ 500.00 | | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1100.00 |
| 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: PAGE 36 / 90
(check only one)

| | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 11d | |
| <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13a | <input type="checkbox"/> | 13b | <input type="checkbox"/> | 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)
James Wilson

Mailing Address P.O. Box 60459

City State Zip Code
Santa Barbara CA 93160

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

Name of Employer Occupation
Strategonomics Global Business Advisor

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.37817

Amount of Each Receipt this Period
75.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Raymond Wilson

Mailing Address P.O. Box 1705

City State Zip Code
Cambria CA 93428

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

Name of Employer Occupation
Retired Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.37594

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Anthony Zerbe

Mailing Address 1175 High Road

City State Zip Code
Santa Barbara CA 93108

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

Name of Employer Occupation
Self Actor

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.37429

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **825.00**

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: | PAGE 37 / 90 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 11d | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| <input type="checkbox"/> 13b | <input type="checkbox"/> 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) Dr. Jonathan Ziv | Date of Receipt |
| | Mailing Address 3365 Ocean Drive | <input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2008"/> |
| | City State Zip Code Oxnard CA 93035 | Transaction ID: SA11AI.37608 |
| | FEC ID number of contributing federal political committee. <input type="text" value="C"/> | Amount of Each Receipt this Period <input type="text" value="500.00"/> |
| | Name of Employer Self Occupation Self Dentist | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ <input type="text" value="500.00"/> |

| | |
|--|---------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="500.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text" value="29052.00"/> |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 90
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Friends of Lois Capps

A. Full Name (Last, First, Middle Initial)
ACFAC ACA INTERNATIONAL POLITICAL ACTION COMMITTEE

Mailing Address 4040 W 70th St

City State Zip Code
Minneapolis MN 55435

FEC ID number of contributing federal political committee. **C** C00034785

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: SA11C.37846

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
AMERICAN ASSN OF ORTHOPAEDIC SUERGEONS

Mailing Address 317 Massachussets Ave NE

City State Zip Code
Washington DC 20002

FEC ID number of contributing federal political committee. **C** C00343137

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: SA11C.37745

Amount of Each Receipt this Period
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Mailing Address 401 N. Lindbergh Blvd

City State Zip Code
St. Louis MO 63141

FEC ID number of contributing federal political committee. **C** C00293910

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11C.37848

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 4000.00

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: PAGE 39 / 90
(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)
AMERICAN FEDERATION OF STATE COUNTY MUNICIPAL EMPL
Mailing Address 1625 L Street N.W.
City Washington State DC Zip Code 20036
FEC ID number of contributing federal political committee. **C** C00011114
Name of Employer Occupation
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4000.00
Date of Receipt 10 / 31 / 2008
Transaction ID: SA11C.37772
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE
Mailing Address 1101 VERMONT AVENUE NW
12TH FLOOR
City WASHINGTON State DC Zip Code 20005
FEC ID number of contributing federal political committee. **C** C00000422
Name of Employer Occupation
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 5000.00
Date of Receipt 10 / 30 / 2008
Transaction ID: SA11C.37719
Amount of Each Receipt this Period 2500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
AMERICAN OSTEOPATHIC INFORMATION ASSOCIATION - OSTEOPATHIC POLITICAL ACTION COMMITTEE
Mailing Address 1090 Vermont Ave. NW
Suite 510
City Washington State DC Zip Code 20005
FEC ID number of contributing federal political committee. **C** C00113803
Name of Employer Occupation
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 10 / 31 / 2008
Transaction ID: SA11C.37850
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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: PAGE 40 / 90
(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)
AMERICAN POSTAL WORKERS UNION COMMITTEE ON

Mailing Address 1300 L Street N.W.
William Burrus President

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00010322

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 8000.00

Date of Receipt: 10 / 21 / 2008
Transaction ID: SA11C.37732
 Amount of Each Receipt this Period: 2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
AMGEN INC. POLITICAL ACTION COMMITTEE

Mailing Address 555 13th St NW
Suite 600 West

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00251876

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt: 10 / 28 / 2008
Transaction ID: SA11C.37722
 Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
ARAB AMERICAN LEADERSHIP COUNCIL PAC

Mailing Address 1600 K STREET NW SUITE 601

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00194225

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 11 / 03 / 2008
Transaction ID: SA11C.37697
 Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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: PAGE 41 / 90
(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)
BUILD PAC NATIONAL ASSOCIATION OF HOME BUILDERS

Mailing Address 1201 15th Street NW

City State Zip Code
Washington DC 20005-2800

FEC ID number of contributing federal political committee. **C** C00000901

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 8000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 7 / 2 0 0 8

Transaction ID: SA11C.37728

Amount of Each Receipt this Period
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
CARPENTER'S LEGISLATIVE IMPROVEMENT COMMITTEE

Mailing Address 101 Constitution Ave. NW

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00001016

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11C.37739

Amount of Each Receipt this Period
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
COLLEGE OF AMERICAN PATHOLOGISTS PAC

Mailing Address 1350 I Street NW Ste. 590

City State Zip Code
Washington DC 20005-3305

FEC ID number of contributing federal political committee. **C** C00274944

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 9500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 0 / 2 0 0 8

Transaction ID: SA11C.37746

Amount of Each Receipt this Period
4000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **8500.00**

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: PAGE 42 / 90
(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)
DRIVE - DEMOCRAT REPUBLICAN INDEPENDENT VOTER EDUCATION - PAC FOR INT'L BROTH

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Mailing Address 25 Louisiana Ave. NW
Transaction ID: SA11C.37738

City Washington State DC Zip Code 20001
Amount of Each Receipt this Period
2500.00

FEC ID number of contributing federal political committee. **C** C00032979

Name of Employer Occupation

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Mailing Address LILLY CORPORATE CENTER
Transaction ID: SA11C.37695

City INDIANAPOLIS State IN Zip Code 46285
Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee. **C** C00082792

Name of Employer Occupation

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
HUMAN RIGHTS CAMPAIGN PAC

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 0 8

Mailing Address 1640 Rhode Island Avenue NW
Transaction ID: SA11C.37832

City Washington State DC Zip Code 20036
Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee. **C** C00235853

Name of Employer Occupation
In-kind - website advocacy

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2025.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **3525.00**

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: PAGE 43 / 90
(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 ACADEMY OF COMPOUNDING PHARMACISTS PAC (COMP-PAC)

Mailing Address PO BOX 1365

City State Zip Code
SUGAR LAND TX 77487

FEC ID number of contributing federal political committee. **C** C00424143

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 3 / 2 0 0 8

Transaction ID: SA11C.37862

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

Mailing Address 900 Seventh St. N.W.

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00027342

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 0 8

Transaction ID: SA11C.37736

Amount of Each Receipt this Period
5000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
LABORERS' POLITICAL LEAGUE-LABORERS' INTERNATIONAL UNION OF N.A.

Mailing Address 905 16th St. N.W.
Second Floor

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00007922

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 7000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 8

Transaction ID: SA11C.37726

Amount of Each Receipt this Period
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 7500.00

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: PAGE 44 / 90

(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)
NATIONAL ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM (NAME OF RECIPIENT)

Mailing Address 606 NORTH WASHINGTON STREET

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. C C00091561

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y
10 / 27 / 2008

Transaction ID: SA11C.37859

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. 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 C30000848

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt M M / D D / Y Y Y Y
10 / 18 / 2008

Transaction ID: SA11C.37730

Amount of Each Receipt this Period 1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
NATIONAL POSTAL MAIL HANDLERS UNION - DIVISION OF LABORERS' INT'L UNION OF NORTH AMERICA

Mailing Address 905 16th St., NW
Second Floor

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. C C00345306

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt M M / D D / Y Y Y Y
10 / 29 / 2008

Transaction ID: SA11C.37741

Amount of Each Receipt this Period 1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 4000.00

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: PAGE 45 / 90
(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)
NATIONAL RURAL LETTER CARRIERS' ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1630 Duke Street
4th floor

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00072025

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11C.37691

Amount of Each Receipt this Period
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
PROCTER & GAMBLE COMPANY GOOD GOVERNMENT COMMITTEE (AKA P&G PAC), THE

Mailing Address One Procter & Gamble Plaza

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing federal political committee. **C** C00257329

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11C.37861

Amount of Each Receipt this Period
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
SAN LUIS OBISPO COUNTY DEMOCRATIC CENTRAL COMM.

Mailing Address P.O. BOX 15155
Bud Zeuschner

City State Zip Code
San Luis Obispo CA 93406-5155

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 299.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 0 8

Transaction ID: SA11C.37727

Amount of Each Receipt this Period
200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 4200.00

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: | PAGE 46 / 90 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 11d | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| <input type="checkbox"/> 13b | <input type="checkbox"/> 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) SANOFI-AVENTIS U.S. INC. EMPLOYEES POLITICAL ACTION COMMITTEE | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 8 |
| Mailing Address 801 Pennsylvania Avenue NW Suite 725 | | Transaction ID: SA11C.37867 |
| City Washington | State DC | Zip Code 20004 |
| FEC ID number of contributing federal political committee. C C00144345 | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer | Occupation | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

B.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) WOMEN'S POLITICAL COMMITTEE | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 8 |
| Mailing Address 777 S. FIGUEROA STREET, SUITE 4050 | | Transaction ID: SA11C.37936 |
| City Los Angeles | State CA | Zip Code 90017 |
| FEC ID number of contributing federal political committee. C C00188193 | | Amount of Each Receipt this Period 5000.00 |
| Name of Employer | Occupation | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 5000.00 | |

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional) | 6000.00 |
| TOTAL This Period (last page this line number only) | 46725.00 |

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

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

FOR LINE NUMBER: PAGE 47 / 90
(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 Street

City State Zip Code
Santa Barbara CA 93101

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
495.30

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 1 / 2 0 0 8

Transaction ID: SA15.37416

Amount of Each Receipt this Period
19.11

interest
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

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

Mailing Address 20 E. Carrillo Street

City State Zip Code
Santa Barbara CA 93101

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
504.67

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 1 / 2 0 0 8

Transaction ID: SA15.37417

Amount of Each Receipt this Period
9.37

interest
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

| | | |
|--|---|-------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 28.48 |
| TOTAL This Period (last page this line number only) | ▶ | 28.48 |

**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 checked="" 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 type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) American Direct Mail</p> <p>Mailing Address 908 N. Hollywood Way</p> <p>City Burbank State CA Zip Code 91505</p> <p>Purpose of Disbursement mailing expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.37298</p> <p>Date of Disbursement 10 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 15666.55</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B. Full Name (Last, First, Middle Initial) Lois Capps</p> <p>Mailing Address 1724 Santa Barbara St.</p> <p>City Santa Barbara State CA Zip Code 93101</p> <p>Purpose of Disbursement travel reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.37246</p> <p>Date of Disbursement 10 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 860.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C. Full Name (Last, First, Middle Initial) Lois Capps</p> <p>Mailing Address 1724 Santa Barbara St.</p> <p>City Santa Barbara State CA Zip Code 93101</p> <p>Purpose of Disbursement travel reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.37356</p> <p>Date of Disbursement 10 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 789.18</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

17315.73

TOTAL 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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" 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 type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Lois Capps</p> <p>Mailing Address 1724 Santa Barbara St.</p> <p>City Santa Barbara State CA Zip Code 93101</p> <p>Purpose of Disbursement travel reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.37407</p> <p>Date of Disbursement 11 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 732.84</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B. Full Name (Last, First, Middle Initial) Christine Feldman Design Studios</p> <p>Mailing Address 1250 Dover Lane</p> <p>City Santa Barbara State CA Zip Code 93103</p> <p>Purpose of Disbursement graphic design consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.37258</p> <p>Date of Disbursement 10 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 487.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C. Full Name (Last, First, Middle Initial) Jennifer Cooper</p> <p>Mailing Address 222 W Anapamu #1</p> <p>City Santa Barbara State CA Zip Code 93101</p> <p>Purpose of Disbursement management consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.37349</p> <p>Date of Disbursement 11 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

6220.34

TOTAL 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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" 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 type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) Jennifer Cooper</p> <p>Mailing Address 222 W Anapamu #1</p> <p>City Santa Barbara State CA Zip Code 93101</p> <p>Purpose of Disbursement reimbursements</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.37378</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3992.52"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B. Full Name (Last, First, Middle Initial) Costco</p> <p>Mailing Address Calle Real Marketplace</p> <p>City Goleta State CA Zip Code 93117</p> <p>Purpose of Disbursement event expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.37378.0</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.60"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p> |
| <p>C. Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address PO Box 9020</p> <p>City Des Moines State IA Zip Code 50368</p> <p>Purpose of Disbursement office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.37378.1</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="379.41"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p> |

SUBTOTAL of Disbursements This Page (optional) ►

TOTAL 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)

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|--|------------------------------|------------------------------|------------------------------|
| <input checked="" 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 type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

A.

Full Name (Last, First, Middle Initial)
US Postmaster

Mailing Address 800 Anacapa Street

City State Zip Code
Santa Barbara CA 93101

Purpose of Disbursement
postage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.37378.3
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 1 | 1 | / | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

| |
|---------|
| 1912.50 |
|---------|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Cajun country kitchen cafe

Mailing Address 401 N. A St.

City State Zip Code
Oxnard CA 93030

Purpose of Disbursement
event expense

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.37378.8
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 1 | 1 | / | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

| |
|--------|
| 287.50 |
|--------|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Smart and Final

Mailing Address 300 E. Gutierrez

City State Zip Code
Santa Barbara CA 93103

Purpose of Disbursement
event and field expense

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.37378.11
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 1 | 1 | / | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

| |
|--------|
| 470.08 |
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Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

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| 0.00 |
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TOTAL This Period (last page this line number only) ▶

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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 checked="" 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 type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Jennifer Cooper</p> <p>Mailing Address 222 W Anapamu #1</p> <p>City Santa Barbara State CA Zip Code 93101</p> <p>Purpose of Disbursement management consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p>Transaction ID: SB17.37401</p> <p>Date of Disbursement 11 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B. Full Name (Last, First, Middle Initial) Costco</p> <p>Mailing Address Calle Real Marketplace</p> <p>City Goleta State CA Zip Code 93117</p> <p>Purpose of Disbursement volunteer refreshments</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p>Transaction ID: SB17.37209</p> <p>Date of Disbursement 10 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 96.49</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C. Full Name (Last, First, Middle Initial) Daily Nexus</p> <p>Mailing Address P.O. Box 13402</p> <p>City Santa Barbara State CA Zip Code 93107</p> <p>Purpose of Disbursement ad</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p>Transaction ID: SB17.37306</p> <p>Date of Disbursement 10 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 1027.20</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

2623.69

TOTAL 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)

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|--|------------------------------|------------------------------|------------------------------|
| <input checked="" 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 type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) Daily Nexus</p> <p>Mailing Address P.O. Box 13402</p> <p>City Santa Barbara State CA Zip Code 93107</p> <p>Purpose of Disbursement advertisement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.37359</p> <p>Date of Disbursement 10 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 513.60</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B. Full Name (Last, First, Middle Initial) Enterprise Rent a Car</p> <p>Mailing Address 624 Santa Barbara Street</p> <p>City Santa Barbara State CA Zip Code 93101</p> <p>Purpose of Disbursement rental car</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.37244</p> <p>Date of Disbursement 10 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 819.91</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C. Full Name (Last, First, Middle Initial) Enterprise Rent a Car</p> <p>Mailing Address 624 Santa Barbara Street</p> <p>City Santa Barbara State CA Zip Code 93101</p> <p>Purpose of Disbursement rental car</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.37406</p> <p>Date of Disbursement 11 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 455.22</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

1788.73

TOTAL 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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" 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 type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) Erickson and Company</p> <p>Mailing Address 38 Ivy Street SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement fundraising consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.37339</p> <p>Date of Disbursement 10 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 3516.42</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B. Full Name (Last, First, Middle Initial) Sarah Ethington</p> <p>Mailing Address 1930 18th St. NW #32</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement travel reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.37300</p> <p>Date of Disbursement 10 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 148.46</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C. Full Name (Last, First, Middle Initial) Sarah Ethington</p> <p>Mailing Address 1930 18th St. NW #32</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement travel reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.37360</p> <p>Date of Disbursement 11 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 239.36</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

3904.24

TOTAL 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)

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| <input checked="" 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 type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

| | |
|--|---|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Sarah Ethington</p> <p>Mailing Address 1930 18th St. NW #32</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement campaign consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.37397</p> <p>Date of Disbursement 11 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Sarah Ethington</p> <p>Mailing Address 1930 18th St. NW #32</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement campaign consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.37402</p> <p>Date of Disbursement 11 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 6000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Sarah Ethington</p> <p>Mailing Address 1930 18th St. NW #32</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement travel reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.37413</p> <p>Date of Disbursement 11 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 122.08</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

SUBTOTAL of Disbursements This Page (optional) ►

7622.08

TOTAL 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)

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|--|------------------------------|------------------------------|------------------------------|
| <input checked="" 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 type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) Evita's Mexican Cafe</p> <p>Mailing Address 3868 E. Main St.</p> <p>City Ventura State CA Zip Code 93003</p> <p>Purpose of Disbursement event expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.37361</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="257.40"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B. Full Name (Last, First, Middle Initial) David Feldman</p> <p>Mailing Address 4685 Arizona Ave.</p> <p>City Atascadero State CA Zip Code 93422</p> <p>Purpose of Disbursement event expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.37358</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="625.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C. Full Name (Last, First, Middle Initial) Fresco at the Beach</p> <p>Mailing Address 901 E. Cabrillo Blvd</p> <p>City Santa Barbara State CA Zip Code 93103</p> <p>Purpose of Disbursement event expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.37363</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="254.29"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL 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)

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| <input checked="" 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 type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

| | |
|---|---|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Emily Ghan</p> <p>Mailing Address 1218 Euclid St. NW #B</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement travel reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.37302</p> <p>Date of Disbursement 10 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 309.91</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Emily Ghan</p> <p>Mailing Address 1218 Euclid St. NW #B</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement field consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.37398</p> <p>Date of Disbursement 11 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Emily Ghan</p> <p>Mailing Address 1218 Euclid St. NW #B</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement field consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.37404</p> <p>Date of Disbursement 11 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 3500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

4809.91

TOTAL 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)

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|--|------------------------------|------------------------------|------------------------------|
| <input checked="" 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 type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) Marc Goldberg</p> <p>Mailing Address 1380 Live Oak Road</p> <p>City Paso Robles State CA Zip Code 93446</p> <p>Purpose of Disbursement In-kind - wine contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.37835</p> <p>Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 432.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B. Full Name (Last, First, Middle Initial) Jonathan's Valet Parking</p> <p>Mailing Address 1482 East Valley Road</p> <p>City Montecito State CA Zip Code 93108</p> <p>Purpose of Disbursement event expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.37357</p> <p>Date of Disbursement 10 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 1260.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C. Full Name (Last, First, Middle Initial) Kinkos</p> <p>Mailing Address PO Box 530257</p> <p>City Atlanta State GA Zip Code 30353</p> <p>Purpose of Disbursement copies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.37195</p> <p>Date of Disbursement 11 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 20.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

1712.00

TOTAL 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)

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| <input checked="" 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 type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) Kinkos Mailing Address PO Box 530257 City Atlanta State GA Zip Code 30353 Purpose of Disbursement office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.37211 Date of Disbursement 11 / 03 / 2008 Amount of Each Disbursement this Period 86.87 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| B. | Full Name (Last, First, Middle Initial) Kinkos Mailing Address PO Box 530257 City Atlanta State GA Zip Code 30353 Purpose of Disbursement copies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.37226 Date of Disbursement 11 / 03 / 2008 Amount of Each Disbursement this Period 10.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| C. | Full Name (Last, First, Middle Initial) Latino Today Mailing Address PO Box 5271 City Santa Maria State CA Zip Code 93456 Purpose of Disbursement advertisement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.37341 Date of Disbursement 10 / 27 / 2008 Amount of Each Disbursement this Period 350.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

SUBTOTAL of Disbursements This Page (optional) ▶

446.87

TOTAL 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)

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|--|------------------------------|------------------------------|------------------------------|
| <input checked="" 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 type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

A.

Full Name (Last, First, Middle Initial)
Danielle LeTendre

Mailing Address 1409 E. Abingdon Road #1

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
travel reimbursement
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB17.37301
Date of Disbursement

10 / 23 / 2008

Amount of Each Disbursement this Period

717.44

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Danielle LeTendre

Mailing Address 1409 E. Abingdon Road #1

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
field consulting
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB17.37400
Date of Disbursement

11 / 11 / 2008

Amount of Each Disbursement this Period

1500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Danielle LeTendre

Mailing Address 1409 E. Abingdon Road #1

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
field consulting
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB17.37403
Date of Disbursement

11 / 11 / 2008

Amount of Each Disbursement this Period

4500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

6717.44

TOTAL 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)

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| <input checked="" 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 type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

A.

Full Name (Last, First, Middle Initial)
Michelle Levy-Benitez

Mailing Address 718 Park Road NW #4

City Washington State DC Zip Code 20010

Purpose of Disbursement
travel reimbursement
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB17.37237
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 1 | 7 | | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

| |
|--------|
| 104.38 |
|--------|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Michelle Levy-Benitez

Mailing Address 718 Park Road NW #4

City Washington State DC Zip Code 20010

Purpose of Disbursement
field consulting
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB17.37305
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 2 | 8 | | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

| |
|---------|
| 3500.00 |
|---------|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Michelle Levy-Benitez

Mailing Address 718 Park Road NW #4

City Washington State DC Zip Code 20010

Purpose of Disbursement
field consulting
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB17.37399
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | | 1 | 1 | | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

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| 4604.38 |
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TOTAL This Period (last page this line number only)

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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 / 90

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|--|------------------------------|------------------------------|------------------------------|
| <input checked="" 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 type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

| | | |
|-----------|--|---|
| A. | Full Name (Last, First, Middle Initial) Michelle Levy-Benitez Mailing Address 718 Park Road NW #4 City Washington State DC Zip Code 20010 Purpose of Disbursement field consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.37405 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 1 / 2 0 0 8 Amount of Each Disbursement this Period 1129.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| B. | Full Name (Last, First, Middle Initial) Noozhawk Mailing Address P.O. Box 101 City Santa Barbara State CA Zip Code 93102 Purpose of Disbursement advertisement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.37344 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 8 Amount of Each Disbursement this Period 225.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| C. | Full Name (Last, First, Middle Initial) Political Data Inc. Mailing Address PO Box 1706 City Burbank State CA Zip Code 91507 Purpose of Disbursement data Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.37245 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 8 Amount of Each Disbursement this Period 216.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | |
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| SUBTOTAL of Disbursements This Page (optional) | 1570.85 |
| TOTAL 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)

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|--|------------------------------|------------------------------|------------------------------|
| <input checked="" 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 type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

| | |
|--|---|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Precision Printing</p> <p>Mailing Address 14544 Keswick Street</p> <p>City Van Nuys State CA Zip Code 91405</p> <p>Purpose of Disbursement printing expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.37254</p> <p>Date of Disbursement 10 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 4156.80</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Precision Printing</p> <p>Mailing Address 14544 Keswick Street</p> <p>City Van Nuys State CA Zip Code 91405</p> <p>Purpose of Disbursement printing expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.37314</p> <p>Date of Disbursement 10 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 3254.90</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Pure Joy Catering</p> <p>Mailing Address 710 E. Haley St.</p> <p>City Santa Barbara State CA Zip Code 93103</p> <p>Purpose of Disbursement event expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.37304</p> <p>Date of Disbursement 10 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 1385.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

8796.70

TOTAL 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)

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| <input checked="" 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 type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) Ralph's</p> <p>Mailing Address 100 W Carrillo</p> <p>City Santa Barbara State CA Zip Code 93101</p> <p>Purpose of Disbursement office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.37217</p> <p>Date of Disbursement 10 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 22.27</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B. Full Name (Last, First, Middle Initial) Santa Barbara Bank and Trust</p> <p>Mailing Address 20 E. Carrillo Street</p> <p>City Santa Barbara State CA Zip Code 93101</p> <p>Purpose of Disbursement credit card fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.37415</p> <p>Date of Disbursement 10 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 215.17</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C. Full Name (Last, First, Middle Initial) Santa Barbara Bank and Trust</p> <p>Mailing Address 20 E. Carrillo Street</p> <p>City Santa Barbara State CA Zip Code 93101</p> <p>Purpose of Disbursement bank charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.37414</p> <p>Date of Disbursement 10 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 6.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

243.44

TOTAL 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)

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| <input checked="" 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 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 Daily Sound <hr/> Mailing Address 1806 Cliff Drive #D <hr/> City Santa Barbara State CA Zip Code 93109 <hr/> Purpose of Disbursement advertisement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.37342 Date of Disbursement 10 / 27 / 2008 <hr/> Amount of Each Disbursement this Period 297.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| B. | Full Name (Last, First, Middle Initial) Santa Barbara Independent <hr/> Mailing Address 122 W. Figueroa St. <hr/> City Santa Barbara State CA Zip Code 93101 <hr/> Purpose of Disbursement advertisement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.37343 Date of Disbursement 10 / 27 / 2008 <hr/> Amount of Each Disbursement this Period 524.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| C. | Full Name (Last, First, Middle Initial) Andy Siegel <hr/> Mailing Address 450 Meigs Rd. <hr/> City Santa Barbara State CA Zip Code 93109 <hr/> Purpose of Disbursement reimbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.37296 Date of Disbursement 10 / 23 / 2008 <hr/> Amount of Each Disbursement this Period 48.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

SUBTOTAL of Disbursements This Page (optional) ▶

869.00

TOTAL 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)

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|--|------------------------------|------------------------------|------------------------------|
| <input checked="" 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 type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Fresco at the Beach <hr/> Mailing Address 901 E. Cabrillo Blvd <hr/> City Santa Barbara State CA Zip Code 93103 <hr/> Purpose of Disbursement event expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.37296.0 Date of Disbursement 10 / 23 / 2008 <hr/> Amount of Each Disbursement this Period 48.00 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| B. | Full Name (Last, First, Middle Initial) Andy Siegel <hr/> Mailing Address 450 Meigs Rd. <hr/> City Santa Barbara State CA Zip Code 93109 <hr/> Purpose of Disbursement travel reimbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.37410 Date of Disbursement 11 / 17 / 2008 <hr/> Amount of Each Disbursement this Period 444.64 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| C. | Full Name (Last, First, Middle Initial) Sharon Siegel <hr/> Mailing Address 222 Meigs Road #2 <hr/> City Santa Barbara State CA Zip Code 93109 <hr/> Purpose of Disbursement travel reimbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.37354 Date of Disbursement 10 / 29 / 2008 <hr/> Amount of Each Disbursement this Period 344.19 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

SUBTOTAL of Disbursements This Page (optional) ▶

788.83

TOTAL 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)

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|--|------------------------------|------------------------------|------------------------------|
| <input checked="" 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 type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) Silvergreens</p> <p>Mailing Address 900 Embarcadero del Mar</p> <p>City Goleta State CA Zip Code 93117</p> <p>Purpose of Disbursement volunteer refreshments</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.37205 Date of Disbursement 10 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 202.35</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B. Full Name (Last, First, Middle Initial) Smart and Final</p> <p>Mailing Address 300 E. Gutierrez</p> <p>City Santa Barbara State CA Zip Code 93103</p> <p>Purpose of Disbursement volunteer refreshments</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.37210 Date of Disbursement 10 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 148.56</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C. Full Name (Last, First, Middle Initial) Smart and Final</p> <p>Mailing Address 300 E. Gutierrez</p> <p>City Santa Barbara State CA Zip Code 93103</p> <p>Purpose of Disbursement volunteer refreshments</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.37213 Date of Disbursement 10 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 23.55</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

SUBTOTAL of Disbursements This Page (optional) ►

374.46

TOTAL 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)

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|--|------------------------------|------------------------------|------------------------------|
| <input checked="" 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 type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

| | | |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial) Smart and Final Mailing Address 300 E. Gutierrez City Santa Barbara State CA Zip Code 93103 Purpose of Disbursement volunteer refreshments Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.37227 Date of Disbursement 11 / 04 / 2008 Amount of Each Disbursement this Period 17.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| B. | Full Name (Last, First, Middle Initial) Staples Mailing Address PO Box 9020 City Des Moines State IA Zip Code 50368 Purpose of Disbursement office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.37230 Date of Disbursement 10 / 27 / 2008 Amount of Each Disbursement this Period 23.13 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| C. | Full Name (Last, First, Middle Initial) Staples Mailing Address PO Box 9020 City Des Moines State IA Zip Code 50368 Purpose of Disbursement office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.37219 Date of Disbursement 10 / 28 / 2008 Amount of Each Disbursement this Period 27.87 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

SUBTOTAL of Disbursements This Page (optional) ▶

68.34

TOTAL 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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" 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 type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

| | |
|--|--|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address PO Box 9020</p> <p>City Des Moines State IA Zip Code 50368</p> <p>Purpose of Disbursement office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.37207</p> <p>Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 109.68</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address PO Box 9020</p> <p>City Des Moines State IA Zip Code 50368</p> <p>Purpose of Disbursement office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.37215</p> <p>Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 27.87</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address PO Box 9020</p> <p>City Des Moines State IA Zip Code 50368</p> <p>Purpose of Disbursement office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.37204</p> <p>Date of Disbursement 10 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 62.18</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

199.73

TOTAL 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)

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|--|------------------------------|------------------------------|------------------------------|
| <input checked="" 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 type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address PO Box 9020</p> <p>City Des Moines State IA Zip Code 50368</p> <p>Purpose of Disbursement office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.37208</p> <p>Date of Disbursement 11 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 166.72</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B. Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address PO Box 9020</p> <p>City Des Moines State IA Zip Code 50368</p> <p>Purpose of Disbursement office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.37231</p> <p>Date of Disbursement 11 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 39.66</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C. Full Name (Last, First, Middle Initial) T-Mobile</p> <p>Mailing Address PO Box 742596</p> <p>City Cincinnati State OH Zip Code 45274</p> <p>Purpose of Disbursement utilities</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.37863</p> <p>Date of Disbursement 11 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 237.94</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

444.32

TOTAL 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)

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|--|------------------------------|------------------------------|------------------------------|
| <input checked="" 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 type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

| | | |
|-----------|---|--|
| A. | Full Name (Last, First, Middle Initial) UPS Mailing Address PO Box 505820 City The Lakes State NV Zip Code 88905 Purpose of Disbursement mailing expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.37257 Date of Disbursement 10 / 17 / 2008 Amount of Each Disbursement this Period 63.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| B. | Full Name (Last, First, Middle Initial) UPS Mailing Address PO Box 505820 City The Lakes State NV Zip Code 88905 Purpose of Disbursement mailing expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.37353 Date of Disbursement 10 / 29 / 2008 Amount of Each Disbursement this Period 56.76 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| C. | Full Name (Last, First, Middle Initial) Verizon CA Mailing Address PO Box 30001 City Inglewood State CA Zip Code 90313 Purpose of Disbursement utilities Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.37255 Date of Disbursement 10 / 17 / 2008 Amount of Each Disbursement this Period 115.69 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

SUBTOTAL of Disbursements This Page (optional) ▶

235.73

TOTAL 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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" 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 type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

A.

Full Name (Last, First, Middle Initial)
Verizon CA

Transaction ID: SB17.37303
Date of Disbursement

Mailing Address PO Box 30001

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 2 | 3 | | 2 | 0 | 0 | 8 |

City Inglewood State CA Zip Code 90313

Amount of Each Disbursement this Period

| |
|-------|
| 36.60 |
|-------|

Purpose of Disbursement
utilities

| |
|--|
| |
|--|

Candidate Name

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Verizon CA

Transaction ID: SB17.37310
Date of Disbursement

Mailing Address PO Box 30001

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 2 | 7 | | 2 | 0 | 0 | 8 |

City Inglewood State CA Zip Code 90313

Amount of Each Disbursement this Period

| |
|--------|
| 896.96 |
|--------|

Purpose of Disbursement
utilities

| |
|--|
| |
|--|

Candidate Name

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Verizon Wireless

Transaction ID: SB17.37253
Date of Disbursement

Mailing Address PO Box 4001

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 1 | 7 | | 2 | 0 | 0 | 8 |

City Inglewood State CA Zip Code 90313

Amount of Each Disbursement this Period

| |
|--------|
| 184.45 |
|--------|

Purpose of Disbursement
utilities

| |
|--|
| |
|--|

Candidate Name

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

1118.01

TOTAL 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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" 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 type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

| | |
|---|---|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address PO Box 4001</p> <p>City Inglewood State CA Zip Code 90313</p> <p>Purpose of Disbursement utilities</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.37299</p> <p>Date of Disbursement 10 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 91.45</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Victor the Florist</p> <p>Mailing Address 135 E Anapamu Street</p> <p>City Santa Barbara State CA Zip Code 93101</p> <p>Purpose of Disbursement flowers</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.37256</p> <p>Date of Disbursement 10 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 97.94</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Victor the Florist</p> <p>Mailing Address 135 E Anapamu Street</p> <p>City Santa Barbara State CA Zip Code 93101</p> <p>Purpose of Disbursement flowers</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.37308</p> <p>Date of Disbursement 10 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 79.68</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

269.07

TOTAL 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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" 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 type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Friends of Lois Capps

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) Victor the Florist</p> <p>Mailing Address 135 E Anapamu Street</p> <p>City Santa Barbara State CA Zip Code 93101</p> <p>Purpose of Disbursement flowers</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.37371</p> <p>Date of Disbursement 11 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 382.09</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B. Full Name (Last, First, Middle Initial) Vida Newspaper</p> <p>Mailing Address 2001 North Rose Avenue</p> <p>City Oxnard State CA Zip Code 93030</p> <p>Purpose of Disbursement advertisement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.37340</p> <p>Date of Disbursement 10 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 700.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C. Full Name (Last, First, Middle Initial) Whole Foods</p> <p>Mailing Address 1440 P Street NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement event expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.37864</p> <p>Date of Disbursement 11 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 974.66</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

2056.75

TOTAL This Period (last page this line number only) ▶

79929.85

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

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) ADLER FOR CONGRESS</p> <p>Mailing Address 14 KNIGHTSWOOD DRIVE</p> <p>City MARLTON State NJ Zip Code 08053</p> <p>Purpose of Disbursement contribution</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NJ District: 03</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21.37260</p> <p>Date of Disbursement 10 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B. Full Name (Last, First, Middle Initial) Annette Cordero for Santa Barbara School Board</p> <p>Mailing Address P.O. Box 62005</p> <p>City Santa Barbara State CA Zip Code 93160</p> <p>Purpose of Disbursement in-kind contrib: lit piece</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21.37335</p> <p>Date of Disbursement 10 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 325.49</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p> |
| <p>C. Full Name (Last, First, Middle Initial) BAKER FOR CONGRESS</p> <p>Mailing Address PO BOX 312</p> <p>City COLUMBIA State MO Zip Code 65205</p> <p>Purpose of Disbursement in-kind contrib: travel expenses</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MO District: 09</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21.37313</p> <p>Date of Disbursement 10 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 996.68</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

TOTAL 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)

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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

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) BAKER FOR CONGRESS</p> <p>Mailing Address PO BOX 312</p> <p>City COLUMBIA State MO Zip Code 65205</p> <p>Purpose of Disbursement contribution</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 09</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21.37350</p> <p>Date of Disbursement 10 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B. Full Name (Last, First, Middle Initial) BOB LORD FOR CONGRESS</p> <p>Mailing Address 4340 E INDIAN SCHOOL SUITE 21-502</p> <p>City PHOENIX State AZ Zip Code 85018</p> <p>Purpose of Disbursement contribution</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 03</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21.37279</p> <p>Date of Disbursement 10 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C. Full Name (Last, First, Middle Initial) BROWN FOR CONGRESS</p> <p>Mailing Address 5429 Madison Avenue</p> <p>City Sacramento State CA Zip Code 95841</p> <p>Purpose of Disbursement contribution</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 04</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21.37294</p> <p>Date of Disbursement 10 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

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| SUBTOTAL of Disbursements This Page (optional) | 3000.00 |
| TOTAL 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)

| | | | |
|------------------------------|------------------------------|------------------------------|--|
| <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) Campaign for Teen Safety, No on Prop 4 <hr/> Mailing Address 555 Capitol Mall Suite 510 <hr/> City Sacramento State CA Zip Code 95814 <hr/> Purpose of Disbursement contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21.37239 Date of Disbursement 10 / 17 / 2008 <hr/> Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| B. | Full Name (Last, First, Middle Initial) Campaign for Teen Safety, No on Prop 4 <hr/> Mailing Address 555 Capitol Mall Suite 510 <hr/> City Sacramento State CA Zip Code 95814 <hr/> Purpose of Disbursement in-kind contrib: lit piece Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21.37332 Date of Disbursement 10 / 27 / 2008 <hr/> Amount of Each Disbursement this Period 325.49 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| C. | Full Name (Last, First, Middle Initial) DAN SEALS FOR CONGRESS <hr/> Mailing Address P.O. Box 584 <hr/> City Wilmette State IL Zip Code 60091 <hr/> Purpose of Disbursement contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21.37289 Date of Disbursement 10 / 23 / 2008 <hr/> Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

TOTAL 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)

| | | | |
|------------------------------|------------------------------|------------------------------|--|
| <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) DARCY BURNER FOR CONGRESS | Transaction ID: SB21.37264 Date of Disbursement 10 / 23 / 2008 | |
| | Mailing Address PO Box 1090 | | |
| | City Carnation State WA Zip Code 98014 | Amount of Each Disbursement this Period | 1000.00 |
| | 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: 2008 | |
| | State: WA District: 08 | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| B. | Full Name (Last, First, Middle Initial) DCCC | Transaction ID: SB21.37352 Date of Disbursement 10 / 29 / 2008 | |
| | Mailing Address 430 South Capitol St., SE | | |
| | City Washington State DC Zip Code 20003 | Amount of Each Disbursement this Period | 15000.00 |
| | 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: 2008 | |
| | State: District: | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| C. | Full Name (Last, First, Middle Initial) Deacon for Santa Barbara Schools Campaign | Transaction ID: SB21.37336 Date of Disbursement 10 / 27 / 2008 | |
| | Mailing Address P.O. Box 22557 | | |
| | City Santa Barbara State CA Zip Code 93121 | Amount of Each Disbursement this Period | 325.49 |
| | Purpose of Disbursement in-kind contrib: lit piece | <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: 2008 | |
| | State: District: | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

[MEMO ITEM]

| | |
|--|-----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 16000.00 |
| TOTAL 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)

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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

A. Full Name (Last, First, Middle Initial)
DEBBIE HALVORSON FOR CONGRESS

Mailing Address 1395 C Main Street

City State Zip Code
Crete IL 60417

Purpose of Disbursement contribution

Candidate Name

Category/Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: IL District: 11

Transaction ID: SB21.37266

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
DERBY, JILL T

Mailing Address 1298 KINGSBURY GRADE

City State Zip Code
GARDNERVILLE NV 89460

Purpose of Disbursement contribution

Candidate Name

Category/Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NV District: 02

Transaction ID: SB21.37265

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Doreen Farr for 3rd District Supervisor

Mailing Address P.O. Box 47

City State Zip Code
Solvang CA 93464

Purpose of Disbursement in-kind contrib: lit piece

Candidate Name

Category/Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21.37330

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL 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)

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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

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Doreen Farr for 3rd District Supervisor</p> <p>Mailing Address P.O. Box 47</p> <p>City Solvang State CA Zip Code 93464</p> <p>Purpose of Disbursement in-kind contrib: lit piece</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21.37347</p> <p>Date of Disbursement 10 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 2085.03</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p> |
| <p>B. Full Name (Last, First, Middle Initial) Doreen Farr for 3rd District Supervisor</p> <p>Mailing Address P.O. Box 47</p> <p>City Solvang State CA Zip Code 93464</p> <p>Purpose of Disbursement in-kind contrib.: phoning</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21.37348</p> <p>Date of Disbursement 10 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 601.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p> |
| <p>C. Full Name (Last, First, Middle Initial) Ed Heron for School Board</p> <p>Mailing Address P.O. Box 22557</p> <p>City Santa Barbara State CA Zip Code 93121</p> <p>Purpose of Disbursement in-kind contrib: lit piece</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21.37334</p> <p>Date of Disbursement 10 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 325.49</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p> |

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| SUBTOTAL of Disbursements This Page (optional) | 0.00 |
| TOTAL 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)

| | | | |
|------------------------------|------------------------------|------------------------------|--|
| <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)
FRIENDS OF GLENN NYE

Mailing Address PO BOX 68444

City VIRGINIA BEACH State VA Zip Code 23471

Purpose of Disbursement contribution

Candidate Name

Category/Type

Office Sought: House Senate President

State: VA District: 02

Disbursement For: 2008 Primary General Other (specify) ▼

Transaction ID: SB21.37283
Date of Disbursement

10 / 23 / 2008

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Friends of Hannah-Beth Jackson 2008

Mailing Address P.O. Box 92010

City Santa Barbara State CA Zip Code 93190

Purpose of Disbursement contribution

Candidate Name

Category/Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008 Primary General Other (specify) ▼

Transaction ID: SB21.37259
Date of Disbursement

10 / 17 / 2008

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Friends of Hannah-Beth Jackson 2008

Mailing Address P.O. Box 92010

City Santa Barbara State CA Zip Code 93190

Purpose of Disbursement in-kind contrib: lit piece

Candidate Name

Category/Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008 Primary General Other (specify) ▼

Transaction ID: SB21.37315
Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

325.49

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

TOTAL 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)

| | | | |
|------------------------------|------------------------------|------------------------------|--|
| <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

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Friends of Hannah-Beth Jackson 2008</p> <p>Mailing Address P.O. Box 92010</p> <p>City Santa Barbara State CA Zip Code 93190</p> <p>Purpose of Disbursement in-kind contrib: lit piece</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21.37346 Date of Disbursement 10 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 2085.03</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p> |
| <p>B. Full Name (Last, First, Middle Initial) Good Club</p> <p>Mailing Address P.O. Box 5673</p> <p>City Oxnard State CA Zip Code 93031</p> <p>Purpose of Disbursement contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21.37236 Date of Disbursement 10 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C. Full Name (Last, First, Middle Initial) HIMES, JIM</p> <p>Mailing Address 197 Valley Road</p> <p>City Cos Cob State CT Zip Code 06807</p> <p>Purpose of Disbursement contribution</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21.37269 Date of Disbursement 10 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 1250.00 |
| TOTAL 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)

| | | | |
|------------------------------|------------------------------|------------------------------|--|
| <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)
JOHN BOCCIERI FOR CONGRESS

Mailing Address PO BOX 3016

City ALLIANCE State OH Zip Code 44601

Purpose of Disbursement contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: OH District: 16

Transaction ID: SB21.37262

Date of Disbursement

10 / 23 / 2008

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
KAGEN 4 CONGRESS

Mailing Address 100 WEST LAWRENCE STREET

City APPLETON State WI Zip Code 54911

Purpose of Disbursement contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: WI District: 08

Transaction ID: SB21.37271

Date of Disbursement

10 / 23 / 2008

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
KAY FOR CONGRESS

Mailing Address PO BOX 14194

City PARKVILLE State MO Zip Code 64152

Purpose of Disbursement in-kind contrib: travel expenses

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: MO District: 06

Transaction ID: SB21.37312

Date of Disbursement

10 / 17 / 2008

Amount of Each Disbursement this Period

996.69

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

TOTAL 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)

| | | | |
|------------------------------|------------------------------|------------------------------|--|
| <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)
KAY FOR CONGRESS

Mailing Address PO BOX 14194

City PARKVILLE State MO Zip Code 64152

Purpose of Disbursement contribution

Candidate Name

Category/Type

Office Sought: House Senate President

State: MO District: 06

Disbursement For: 2008 Primary General Other (specify) ▼

Transaction ID: SB21.37351
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 9 | / | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

| |
|--------|
| 900.00 |
|--------|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
KIRKPATRICK FOR ARIZONA

Mailing Address PO Box G

City Flagstaff State AZ Zip Code 86002

Purpose of Disbursement contribution

Candidate Name

Category/Type

Office Sought: House Senate President

State: AZ District: 01

Disbursement For: 2008 Primary General Other (specify) ▼

Transaction ID: SB21.37272
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 3 | / | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
KOSMAS FOR CONGRESS

Mailing Address PO Box 1547

City New Smyrna Beach State FL Zip Code 32170

Purpose of Disbursement contribution

Candidate Name

Category/Type

Office Sought: House Senate President

State: FL District: 24

Disbursement For: 2008 Primary General Other (specify) ▼

Transaction ID: SB21.37274
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 3 | / | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

| |
|---------|
| 2900.00 |
|---------|

TOTAL This Period (last page this line number only) ▶

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**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

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) KRATOVIL FOR CONGRESS</p> <p>Mailing Address 222 Main Sail Drive PO Box 518</p> <p>City Stevensville State MD Zip Code 21666</p> <p>Purpose of Disbursement contribution</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21.37275 Date of Disbursement 10 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B. Full Name (Last, First, Middle Initial) MARTIN HEINRICH</p> <p>Mailing Address 2118 CENTRAL AVENUE SE #71</p> <p>City ALBUQUERQUE State NM Zip Code 87106</p> <p>Purpose of Disbursement contributon</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21.37267 Date of Disbursement 10 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C. Full Name (Last, First, Middle Initial) NICK LEIBHAM FOR CONGRESS</p> <p>Mailing Address 425 W 5th Avenue Suite 205</p> <p>City Escondido State CA Zip Code 92025</p> <p>Purpose of Disbursement contribution</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 50</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21.37277 Date of Disbursement 10 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 2500.00 |
| TOTAL 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)

| | | | |
|------------------------------|------------------------------|------------------------------|--|
| <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)
No on 8, Equality for All

Mailing Address 8581 Santa Monica Blvd #504

City West Hollywood State CA Zip Code 90069

Purpose of Disbursement contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2008 Primary General Other (specify) ▼

Transaction ID: SB21.37242
Date of Disbursement

10 / 17 / 2008

Amount of Each Disbursement this Period

500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
No on 8, Equality for All

Mailing Address 8581 Santa Monica Blvd #504

City West Hollywood State CA Zip Code 90069

Purpose of Disbursement in-kind contrib: lit piece

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2008 Primary General Other (specify) ▼

Transaction ID: SB21.37326
Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

325.49

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Pedro Nava 2008

Mailing Address 777 S. Figueroa Street Suite 4050

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement in-kind contrib: phoning

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2008 Primary General Other (specify) ▼

Transaction ID: SB21.37311
Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

448.48

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

500.00

TOTAL 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)

| | | | |
|------------------------------|------------------------------|------------------------------|--|
| <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

| | |
|---|--|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Pedro Nava 2008</p> <hr/> <p>Mailing Address 777 S. Figueroa Street Suite 4050</p> <hr/> <p>City Los Angeles State CA Zip Code 90017</p> <hr/> <p>Purpose of Disbursement in-kind contrib: lit piece</p> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21.37316</p> <p>Date of Disbursement 10 / 27 / 2008</p> <hr/> <p>Amount of Each Disbursement this Period 325.49</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) PETERS, GARY</p> <hr/> <p>Mailing Address PO BOX 226</p> <hr/> <p>City BLOOMFIELD HILLS State MI Zip Code 48303</p> <hr/> <p>Purpose of Disbursement contribution</p> <p>Candidate Name</p> <hr/> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21.37285</p> <p>Date of Disbursement 10 / 23 / 2008</p> <hr/> <p>Amount of Each Disbursement this Period 500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) RAUL MARTINEZ FOR CONGRESS</p> <hr/> <p>Mailing Address 700 WEST 76 STREET</p> <hr/> <p>City HIALEAH State FL Zip Code 33014</p> <hr/> <p>Purpose of Disbursement contribution</p> <p>Candidate Name</p> <hr/> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 21</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21.37281</p> <p>Date of Disbursement 10 / 23 / 2008</p> <hr/> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 1500.00 |
| TOTAL 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)

| | | | | | | | |
|--------------------------|-----|--------------------------|-----|--------------------------|-----|-------------------------------------|-----|
| <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) SCHAUER FOR CONGRESS | Transaction ID: SB21.37287 |
| | Mailing Address PO BOX 100 | Date of Disbursement 10 / 23 / 2008 |
| | City BATTLE CREEK State MI Zip Code 49016 | Amount of Each Disbursement this Period 1000.00 |
| | Purpose of Disbursement contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| B. | Full Name (Last, First, Middle Initial) TINKLENBERG FOR CONGRESS | Transaction ID: SB21.37290 |
| | Mailing Address 9298 CENTRAL AVE NE | Date of Disbursement 10 / 23 / 2008 |
| | City BLAINE State MN Zip Code 55434 | Amount of Each Disbursement this Period 2000.00 |
| | Purpose of Disbursement contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| C. | Full Name (Last, First, Middle Initial) TITUS FOR CONGRESS | Transaction ID: SB21.37292 |
| | Mailing Address 1637 TRAVOIS CIRCLE | Date of Disbursement 10 / 23 / 2008 |
| | City LAS VEGAS State NV Zip Code 89119 | Amount of Each Disbursement this Period 1000.00 |
| | Purpose of Disbursement contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

TOTAL 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)

| | | | |
|------------------------------|------------------------------|------------------------------|--|
| <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) Yes on Measure A Mailing Address 955 Embarcadero Del Mar City Goleta State CA Zip Code 93117 Purpose of Disbursement contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21.37238 Date of Disbursement 10 / 17 / 2008 |
| | 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 |
| B. Full Name (Last, First, Middle Initial) Yes on Measure A Mailing Address 955 Embarcadero Del Mar City Goleta State CA Zip Code 93117 Purpose of Disbursement in-kind contrib: lit piece Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21.37328 Date of Disbursement 10 / 27 / 2008 |
| | Amount of Each Disbursement this Period 325.49 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

TOTAL This Period (last page this line number only) ▶

40650.00

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

| | | |
|---|--------------------------------------|--|
| (Use separate schedule(s) for each numbered line) | PAGE 90 / 90 | |
| | FOR LINE NUMBER: (check only one) | <input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
 Friends of Lois Capps

| | | | |
|--|-------------|-------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Jennifer Severance | | | Nature of Debt (Purpose): Restitution for Unauth. Expenditures |
| Mailing Address 1718 N. Harrison | | | |
| City Boise | State ID | ZIP Code 83702 | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Transaction ID: SD9.22725 | |
| 125600.00 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | 200.00 | 125400.00 | |

| | |
|--|-----------|
| 1) SUBTOTALS This Period This Page (optional)..... | 125400.00 |
| 2) TOTALS This Period (last page this line number only)..... | 125400.00 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | 0.00 |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | 125400.00 |