

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**
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 _____ in the State of _____

5. Covering Period 05 15 2008 through 06 30 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 07 15 2008

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
0	5

D	D
1	5

Y	Y	Y	Y
2	0	0	8

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	97379.00	772881.93
(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)).....	97379.00	772031.93
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	34322.26	393455.07
(b) Total Offsets to Operating Expenditures (from Line 14).....	284.55	3763.94
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	34037.71	389691.13
8. Cash on Hand at Close of Reporting Period (from Line 27).....	423479.48	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	125900.00	
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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
Friends of Lois Capps

Report Covering the Period: From:

M	M
0	5

D	D
1	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

32830.00

311419.00

(ii) Unitemized.....

5699.00

106378.00

(iii) TOTAL of contributions

38529.00

417797.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

(c) Other Political Committees (such as PACS).....

58850.00

355084.93

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))

97379.00

772881.93

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

284.55

3763.94

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

248.49

1741.02

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

97912.04

778386.89

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	34322.26	393455.07
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	350.00
(b) Political Party Committees.....	0.00	500.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	850.00
21. OTHER DISBURSEMENTS.....	19900.00	291817.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	54222.26	686122.07

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	379789.70
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	97912.04
25. SUBTOTAL (add Line 23 and Line 24).....	477701.74
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	54222.26
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	423479.48

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 62
(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)
Paul Angelo

Mailing Address 2572 Pierpont Blvd

City State Zip Code
Ventura CA 93001

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

Name of Employer Occupation
BST Lift Systems Consultant

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

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

Transaction ID: SA11AI.35875

Amount of Each Receipt this Period
25.00

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

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

Mailing Address 857 Leff St.

City State Zip Code
San Luis Obispo CA 93401

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

Name of Employer Occupation
Johnson Gallery and Framing Studio Designer

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

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.35855

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)
Cynthia Bowers

Mailing Address 526 High Grove Ave.

City State Zip Code
Goleta CA 93117

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

Name of Employer Occupation
UCSB Physician

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

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.35890

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional) ► **2425.00**

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 6 / 62
	<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) Jeff Bridges	Date of Receipt MM / DD / YYYY 06 / 27 / 2008
	Mailing Address 985 Hot Springs Road	Transaction ID: SA11AI.35889
	City State Zip Code Santa Barbara CA 93108	Amount of Each Receipt this Period 2300.00
	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: Page & Ma Business Mgmt.C-o. Occupation: Actor Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 3300.00	

B.	Full Name (Last, First, Middle Initial) Nancy Brown	Date of Receipt MM / DD / YYYY 05 / 21 / 2008
	Mailing Address PO Box 1710	Transaction ID: SA11AI.35685
	City State Zip Code Pismo Beach CA 93448	Amount of Each Receipt this Period 200.00
	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-Brown Resources Inc. Occupation: Investor Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 3450.00	

C.	Full Name (Last, First, Middle Initial) Susan Browne	Date of Receipt MM / DD / YYYY 05 / 28 / 2008
	Mailing Address 690 El Rancho Road	Transaction ID: SA11AI.35664
	City State Zip Code Montecito CA 93108	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 Occupation: Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	2600.00
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 7 / 62
	<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) Carnzu Clark		Date of Receipt MM / DD / YYYY 06 / 23 / 2008
	Mailing Address 4850 Via Los Santos Street		Transaction ID: SA11AI.35888
	City Santa Barbara	State CA	Zip Code 93111-1330
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Election Cycle-to-Date ▼ 250.00	<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) Robert Cogorno		Date of Receipt MM / DD / YYYY 05 / 20 / 2008
	Mailing Address 1715 Riggs Place NW		Transaction ID: SA11AI.35792
	City Washington	State DC	Zip Code 20009
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Elmendorf Strategies Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Consultant Election Cycle-to-Date ▼ 250.00	<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) Sarah Craig		Date of Receipt MM / DD / YYYY 05 / 31 / 2008
	Mailing Address 261 San Julian		Transaction ID: SA11AI.35765
	City Santa Barbara	State CA	Zip Code 93109
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
	Name of Employer County of Santa Barbara Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Engineer Election Cycle-to-Date ▼ 600.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	600.00
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 8 / 62
	<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) Andrew Davis		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 1437 Hillcrest Road		Transaction ID: SA11AI.35885
	City Santa Barbara	State CA	Zip Code 93103
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00
	Name of Employer Chicago Pacific	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 ▼ 4300.00		

B.	Full Name (Last, First, Middle Initial) Mercedes Eichholz		Date of Receipt MM / DD / YYYY 06 / 21 / 2008
	Mailing Address 212 Equestrian Ave.		Transaction ID: SA11AI.35882
	City Santa Barbara	State CA	Zip Code 93101
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	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 ▼ 2000.00		

C.	Full Name (Last, First, Middle Initial) Diane Goldenring		Date of Receipt MM / DD / YYYY 06 / 16 / 2008
	Mailing Address 3062 Bayshore Ave.		Transaction ID: SA11AI.35880
	City Ventura	State CA	Zip Code 93001
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1300.00
	Name of Employer Self	Occupation Attorney	<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 ▼ 1300.00		

SUBTOTAL of Receipts This Page (optional)	▶	4100.00
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 / 62
	<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)
Richard Gunther

Mailing Address 1901 Avenue of the Stars Ste 620

City Los Angeles State CA Zip Code 90067

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

Name of Employer Self-employed Occupation Investor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt 05 / 19 / 2008

Transaction ID: SA11AI.35761

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)
Lee Heller

Mailing Address PO Box 1592

City Summerland State CA Zip Code 93067-1592

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 ▼ 1500.00

Date of Receipt 06 / 25 / 2008

Transaction ID: SA11AI.35854

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)
James Landreth

Mailing Address 613 Jeffrey Drive

City San Luis Obispo State CA Zip Code 93405

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 ▼ 550.00

Date of Receipt 05 / 15 / 2008

Transaction ID: SA11AI.35694

Amount of Each Receipt this Period 50.00

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

SUBTOTAL of Receipts This Page (optional) ► 1050.00

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 / 62
(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)
Daniel Lewis

Mailing Address 1023 Pacific Street

City San Luis Obispo State CA Zip Code 93401

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

Name of Employer: Sierra Vista Regional Medical Center Occupation: Oncologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2250.00

Date of Receipt: 06 / 04 / 2008
Transaction ID: SA11AI.35770
 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)
Armando Lopez

Mailing Address 750 W. Gonzales Road Suite 120

City Oxnard State CA Zip Code 93036

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

Name of Employer: Plaza Development Partners Occupation: Partner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt: 05 / 15 / 2008
Transaction ID: SA11AI.35758
 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)
Alfred Mann

Mailing Address 12744 San Fernando Road

City Sylmar State CA Zip Code 91342

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

Name of Employer: Advanced Bionics Occupation: Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt: 05 / 22 / 2008
Transaction ID: SA11AI.35655
 Amount of Each Receipt this Period: 2300.00

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

SUBTOTAL of Receipts This Page (optional) ► **3800.00**

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 11 / 62
(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)
Stephanie Markiewicz

Mailing Address 1001 G Street NW
Suite 400 E

City Washington State DC Zip Code 20001

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

Name of Employer AT&T Occupation Government Affairs

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 05 / 20 / 2008
Transaction ID: SA11AI.35780
 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)
Diane Meyer Simon

Mailing Address 1570 East Mountain Drive

City Santa Barbara State CA Zip Code 93108

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

Name of Employer Global Green USA Occupation Environmentalist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt 06 / 30 / 2008
Transaction ID: SA11AI.35884
 Amount of Each Receipt this Period 1300.00

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

C. Full Name (Last, First, Middle Initial)
Umesh Mishra

Mailing Address 2040 Creekside Road

City Santa Barbara State CA Zip Code 93108

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

Name of Employer Transphorm Occupation Chairman/CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 06 / 18 / 2008
Transaction ID: SA11AI.35897
 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) ► 2300.00

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 / 62
(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)
Stephen Murdoch
Mailing Address 1564 Ramona Lane
City Santa Barbara State CA Zip Code 93108
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Writer
Receipt For: 2008 Election Cycle-to-Date
 Primary General Other (specify) ▼
Date of Receipt: 05 / 21 / 2008
Transaction ID: SA11AI.35693
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)
Donald Pinkel
Mailing Address 275 Marlene Dr
City San Luis Obispo State CA Zip Code 93405
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: 06 / 01 / 2008
Transaction ID: SA11AI.35726
Amount of Each Receipt this Period: 80.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Jill Rathbun
Mailing Address 624 S. Highland
City Arlington State VA Zip Code 22204
FEC ID number of contributing federal political committee. **C**
Name of Employer Galileo Consulting Group, Inc. Occupation Health care consultant
Receipt For: 2008 Election Cycle-to-Date
 Primary General Other (specify) ▼
Date of Receipt: 06 / 18 / 2008
Transaction ID: SA11AI.35895
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) ► 1330.00
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 13 / 62
(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)
Muriel Ridland

Mailing Address 1725 Hillcrest Rd.

City State Zip Code
Santa Barbara CA 93103

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
06 / 18 / 2008

Transaction ID: SA11AI.35871

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)
Victoria Riskin

Mailing Address 2002 Old Ranch Rd.

City State Zip Code
Los Angeles CA 90049

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

Name of Employer Occupation
Self-employed Writers/producers

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

Date of Receipt
M M / D D / Y Y Y Y
06 / 02 / 2008

Transaction ID: SA11AI.35692

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)
Marda Robillard

Mailing Address 16053 Laconia Circle

City State Zip Code
Woodbridge VA 22191

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

Name of Employer Occupation
Van Scoyoc Associates Vice President

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

Date of Receipt
M M / D D / Y Y Y Y
05 / 20 / 2008

Transaction ID: SA11AI.35788

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) ► **1750.00**

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 / 62
	<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) Michael Ruggiero	Date of Receipt MM / DD / YYYY 05 / 20 / 2008
	Mailing Address 1305 N. Lynnbrook Drive	Transaction ID: SA11AI.35784
	City State Zip Code Arlington VA 22201	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 Occupation Astellas Pharmaceuticals Senior Director	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Melissa Schulman	Date of Receipt MM / DD / YYYY 06 / 18 / 2008
	Mailing Address 9020 Lupine Den Drive	Transaction ID: SA11AI.35892
	City State Zip Code Vienna VA 22182	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 Occupation Bergner Bockorny, Inc. Vice President	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Jean Schuyler	Date of Receipt MM / DD / YYYY 06 / 02 / 2008
	Mailing Address 3239 Cliff Drive	Transaction ID: SA11AI.35673
	City State Zip Code Santa Barbara CA 93109	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 Occupation civic volunteer	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1050.00	

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 15 / 62
(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)
Mark Schwartz

Mailing Address 1695 Fernald Point Lane

City State Zip Code
Santa Barbara CA 93108

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

Name of Employer
Specialty Merchandise Corporation
Occupation
President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 02 / 2008

Transaction ID: SA11AI.35766

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)
Ellen Sigal

Mailing Address 2909 44th St. NW

City State Zip Code
Washington DC 20016

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

Name of Employer
Friends of Cancer Research
Occupation
Chairperson

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 20 / 2008

Transaction ID: SA11AI.35786

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)
Jeffrey Stulberg

Mailing Address 1042 Palm St Ste 204

City State Zip Code
San Luis Obispo CA 93401

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 ▼
1100.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: SA11AI.35771

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 16 / 62
(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)
Paul Sweet

Mailing Address 914 Whann Ave

City State Zip Code
McLean VA 22101

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

Name of Employer Occupation
U of Maryland University Admin.

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

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

Transaction ID: SA11AI.35891

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)
Teresa Tardiff

Mailing Address 1290 Bassi Drive

City State Zip Code
San Luis Obispo CA 93405

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

Name of Employer Occupation
CASA Exec. Director

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

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

Transaction ID: SA11AI.35845

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)
Judge William Thomson

Mailing Address 970 Hillcrest Drive

City State Zip Code
Cambria CA 93428

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

Name of Employer Occupation
State of CA Retired Judge

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.35716

Amount of Each Receipt this Period
125.00

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: (check only one)	PAGE 17 / 62
	<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) Judge William Thomson	Date of Receipt MM / DD / YYYY 06 / 21 / 2008
	Mailing Address 970 Hillcrest Drive	Transaction ID: SA11AI.35886
	City State Zip Code Cambria CA 93428	Amount of Each Receipt this Period 2300.00
	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 State of CA	Occupation Retired Judge	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4525.00	

B.	Full Name (Last, First, Middle Initial) Dr. Thomas Van Meter	Date of Receipt MM / DD / YYYY 06 / 08 / 2008
	Mailing Address 1010 Monte Drive	Transaction ID: SA11AI.35876
	City State Zip Code Santa Barbara CA 93110	Amount of Each Receipt this Period 2300.00
	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 Physician	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

C.	Full Name (Last, First, Middle Initial) Dirk Walters	Date of Receipt MM / DD / YYYY 05 / 17 / 2008
	Mailing Address 392 Christina Way	Transaction ID: SA11AI.35703
	City State Zip Code San Luis Obispo CA 93405	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	Occupation retired	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	4700.00
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 18 / 62
	<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) Gregory Wang		Date of Receipt
	Mailing Address 5134 Worthington Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 2 0 / 2 0 0 8
	City	State	Zip Code
	Bethesda	MD	20816
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.35778
Name of Employer Ferguson Group		Occupation Lobbyist	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 300.00
			<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) Gregory Wang		Date of Receipt
	Mailing Address 5134 Worthington Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 2 0 / 2 0 0 8
	City	State	Zip Code
	Bethesda	MD	20816
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.35779
Name of Employer Ferguson Group		Occupation Lobbyist	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 200.00
			<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) Sharon West		Date of Receipt
	Mailing Address 6505 Flores Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 6 / 0 1 / 2 0 0 8
	City	State	Zip Code
	Atascadero	CA	93422
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.35727
Name of Employer Retired		Occupation Self	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 100.00
			<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"/> 600.00
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 19 / 62
(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)
C. Dana White

Mailing Address 4061 Cuervo Avenue

City State Zip Code
Santa Barbara CA 93110

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

Name of Employer Occupation
Laguna Blanca School Asst. College counselor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 500.00

Transaction ID: SA11AI.35851

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

B. Full Name (Last, First, Middle Initial)
Dave White

Mailing Address P.O. Box 6045

City State Zip Code
Oxnard CA 93031

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

Name of Employer Occupation
Plaza Development Partners Partner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 1500.00

Transaction ID: SA11AI.35759

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

C. Full Name (Last, First, Middle Initial)
Frank White

Mailing Address 2444 Monaco Dr.

City State Zip Code
Oxnard CA 93035

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

Name of Employer Occupation
Plaza Development Partners realtor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 1500.00

Transaction ID: SA11AI.35760

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

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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 / 62

(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)

Andrew Wright

Mailing Address 6128 36th St.

City State Zip Code
Arlington VA 22213

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

Name of Employer Occupation
Dutko Vice President

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	0	8

Transaction ID: SA11AI.35893

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)

Eileen Yardi

Mailing Address 1721 Hillcrest Road

City State Zip Code
Santa Barbara CA 93103

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

Name of Employer Occupation
Self homemaker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	0	8

Transaction ID: SA11AI.35887

Amount of Each Receipt this Period

2300.00

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

SUBTOTAL of Receipts This Page (optional)

2550.00

TOTAL This Period (last page this line number only)

32830.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 62
(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)
ALION SCIENCE AND TECHNOLOGY CORPORATION PAC

Mailing Address 1750 TYSONS BOULEVARD SUITE 1300

City State Zip Code
MCLEAN VA 22102

FEC ID number of contributing federal political committee. **C** C00431247

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 Y
 0 6 / 2 1 / 2 0 0 8

Transaction ID: SA11C.35819

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 ACADEMY OF OTOLARYNGOLOGY PAC

Mailing Address One Prince Street

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00306449

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 Y
 0 5 / 1 9 / 2 0 0 8

Transaction ID: SA11C.35648

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)
AMERICAN ASSOCIATION FOR JUSTICE POLITICAL ACTION COMMITTEE (AAJ PAC)

Mailing Address 1050 31st Street N.W.

City State Zip Code
Washington DC 20007

FEC ID number of contributing federal political committee. **C** C00024521

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

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

Transaction ID: SA11C.35812

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) ► **3500.00**

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 / 62
(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 ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC) Date of Receipt
Mailing Address 1111 N PLAZA DRIVE SUITE 550

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	0	8

Transaction ID: SA11C.35639
 Amount of Each Receipt this Period
 2500.00
 Name of Employer Occupation
 City State Zip Code
 SCHAUMBURG IL 60173
 FEC ID number of contributing federal political committee. **C** C00273003
 Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 5000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC) Date of Receipt
Mailing Address 1111 N PLAZA DRIVE SUITE 550

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	0	8

Transaction ID: SA11C.35647
 Amount of Each Receipt this Period
 2500.00
 Name of Employer Occupation
 City State Zip Code
 SCHAUMBURG IL 60173
 FEC ID number of contributing federal political committee. **C** C00273003
 Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 7500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
AMERICAN CABLE ASSOCIATION INC PAC (ACA PAC) Date of Receipt
Mailing Address ONE PARKWAY CENTER SUITE 212

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	8

Transaction ID: SA11C.35827
 Amount of Each Receipt this Period
 1000.00
 Name of Employer Occupation
 City State Zip Code
 PITTSBURGH PA 15220
 FEC ID number of contributing federal political committee. **C** C00364109
 Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 6000.00
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 / 62

(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)
AMERICAN COLLEGE OF RADIOLOGY ASSOCIATION

Mailing Address 1891 Preston White Drive

City Reston State VA Zip Code 20191

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2008

Transaction ID: SA11C.35836

Amount of Each Receipt this Period
1500.00

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

B. Full Name (Last, First, Middle Initial)
AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1201 L Street NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00006080

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2008

Transaction ID: SA11C.35637

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)
AMERICAN INTERNATIONAL GROUP INC. EMPLOYEE POLITICAL ACTION COMMITTEE

Mailing Address 70 PINE STREET
3RD FLOOR

City NEW YORK State NY Zip Code 10270

FEC ID number of contributing federal political committee. **C** C00097725

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2008

Transaction ID: SA11C.35798

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) ► **3500.00**

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 24 / 62
(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 NURSES ASSOCIATION PAC

Mailing Address 8515 Georgia Avenue
Suite 400

City State Zip Code
Silver Spring MD 20910

FEC ID number of contributing federal political committee. **C** C00017525

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 Y
0 6 / 2 1 / 2 0 0 8

Transaction ID: SA11C.35817

Amount of Each Receipt this Period
5000.00

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 State Zip Code
Washington DC 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 ▼
2000.00

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

Transaction ID: SA11C.35793

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)
BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL NO 3 NEW YORK NIAGARA FALLS/BUFFALO CHAPTER

Mailing Address 2350 North Forest Rd.
Suite 17A

City State Zip Code
Getzville NY 14068

FEC ID number of contributing federal political committee. **C** C00373423

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
0 6 / 2 0 / 2 0 0 8

Transaction ID: SA11C.35800

Amount of Each Receipt this Period
2500.00

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 25 / 62
(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 Washington State DC Zip Code 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 ▼ 5000.00

Date of Receipt: 05 / 22 / 2008
Transaction ID: SA11C.35632
 Amount of Each Receipt this Period: 3000.00

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

B. Full Name (Last, First, Middle Initial)
CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

Mailing Address 7000 CARDINAL PLACE

City DUBLIN State OH Zip Code 43017

FEC ID number of contributing federal political committee. **C** C00332833

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: SA11C.35831
 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)
DEALERS ELECTION ACTION COMMITTEE OF THE NATIONAL AUTOMOTIVE DEALERS ASSOCIATION

Mailing Address 8400 Westpark Drive

City McLean State VA Zip Code 22102

FEC ID number of contributing federal political committee. **C** C00040998

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 06 / 03 / 2008
Transaction ID: SA11C.35642
 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) ► 5000.00

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 / 62
(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)
EDWARDS LIFESCIENCES POLITICAL ACTION COMMITTEE (EWPAC)
 Mailing Address ONE EDWARDS WAY
 City IRVINE State CA Zip Code 92614
 Date of Receipt 06 / 26 / 2008
Transaction ID: SA11C.35803
 Amount of Each Receipt this Period 1000.00
 FEC ID number of contributing federal political committee. **C** C00411900
 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)

B. Full Name (Last, First, Middle Initial)
GREEN HILLS SOFTWARE
 Mailing Address 1120 G STREET NW SUITE 1020
 City WASHINGTON State DC Zip Code 20005
 Date of Receipt 06 / 30 / 2008
Transaction ID: SA11C.35829
 Amount of Each Receipt this Period 500.00
 FEC ID number of contributing federal political committee. **C** C00441386
 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)
HEALTH INDUSTRY GROUP PURCHASING ASSOCIATION POLITICAL ACTION COMMITTEE (HIGPA)
 Mailing Address 2025 M STREET NW SUITE 800
 City WASHINGTON State DC Zip Code 20036
 Date of Receipt 06 / 21 / 2008
Transaction ID: SA11C.35825
 Amount of Each Receipt this Period 1500.00
 FEC ID number of contributing federal political committee. **C** C00423863
 Name of Employer Occupation
 Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 3000.00
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 / 62
(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 ASSOCIATION OF FIRE FIGHTERS

Mailing Address 1750 NEW YORK NW

City State Zip Code
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C** C70003108

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 3 / 2 0 0 8

Transaction ID: SA11C.35805

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)
INTERNATIONAL ASSOCIATION OF HEAT & FROST INSULATORS AND ASBESTOS WORKERS P

Mailing Address 9602 Martin Luther King Highway

City State Zip Code
Lanham MD 20706

FEC ID number of contributing federal political committee. **C** C00115527

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 Y
 0 6 / 2 1 / 2 0 0 8

Transaction ID: SA11C.35823

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)
KIRKPATRICK & LOCKHART PRESTON GATES ELLIS LLP POLITICAL ACTION COMMITTEE (DC)

Mailing Address 1601 K Street NW
Suite 500

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00213173

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 Y
 0 6 / 2 1 / 2 0 0 8

Transaction ID: SA11C.35821

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) ► **3000.00**

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 / 62
	<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) MEDTRONIC INC. MEDICAL TECHNOLOGY FUND	Date of Receipt MM / DD / YYYY 06 / 03 / 2008
	Mailing Address 1420 New York Avenue NW Suite 600	Transaction ID: SA11C.35644
	City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C C00311878	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4000.00	

B.	Full Name (Last, First, Middle Initial) MICROSOFT CORPORATION POLITICAL ACTION COMMITTEE	Date of Receipt MM / DD / YYYY 06 / 23 / 2008
	Mailing Address 16011 NE 36th Way Box 97017	Transaction ID: SA11C.35801
	City State Zip Code Redmond WA 98073	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C C00227546	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation 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) NAT'L TELECOMMUNICATIONS COOPERATIVE ASSN./TELECOMMUNICATIONS EDUCATION COMM	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 4121 Wilson Blvd. 10th Floor	Transaction ID: SA11C.35807
	City State Zip Code Arlington VA 22203	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C C00004473	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation 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)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 62
(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 ASSOCIATION OF BROADCASTERS POLITICAL ACTION COMMITTEE (NABPAC)
Mailing Address 1771 N Street NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00009985

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: SA11C.35844
 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 WASHINGTON State DC Zip Code 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 ▼ 1500.00

Date of Receipt: 05 / 15 / 2008
Transaction ID: SA11C.35095
 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)
NEW DEMOCRAT COALITION PAC
Mailing Address 607 14th St. NW Suite 800

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00409730

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: SA11C.35796
 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) ► 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 30 / 62
(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)
OB-GYNS FOR WOMEN'S HEALTH PAC
Mailing Address 409 12TH STREET SW
City WASHINGTON State DC Zip Code 20024
FEC ID number of contributing federal political committee. **C** C00364158
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00
Date of Receipt 05 / 27 / 2008
Transaction ID: SA11C.35634
Amount of Each Receipt this Period 1500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
OB-GYNS FOR WOMEN'S HEALTH PAC
Mailing Address 409 12TH STREET SW
City WASHINGTON State DC Zip Code 20024
FEC ID number of contributing federal political committee. **C** C00364158
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 6000.00
Date of Receipt 06 / 05 / 2008
Transaction ID: SA11C.35645
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)
PERSONAL CARE PRODUCTS COUNCIL (FORMERLY CTFA) POLITICAL ACTION COMMITTEE
Mailing Address 1101 17TH STREET NW SUITE 300
City WASHINGTON State DC Zip Code 20036
FEC ID number of contributing federal political committee. **C** C00113845
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 06 / 30 / 2008
Transaction ID: SA11C.35840
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) ► 3500.00
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 31 / 62
(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)
PG&E CORPORATION EMPLOYEES ENERGY PAC

Mailing Address 77 Beale Street Mail Code: B29H

City San Francisco State CA Zip Code 94105

FEC ID number of contributing federal political committee. **C** C00177469

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5500.00

Date of Receipt: 06 / 10 / 2008
Transaction ID: SA11C.35646
 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)
PHARMAVITE LLC POLITICAL ACTION COMMITTEE (PHARMAVITE PAC)

Mailing Address PO BOX 9606

City MISSION HILLS State CA Zip Code 91346

FEC ID number of contributing federal political committee. **C** C00410654

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt: 06 / 18 / 2008
Transaction ID: SA11C.35809
 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)
RAYTHEON COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1100 Wilson Boulevard Suite 1500

City Arlington State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00097568

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt: 06 / 03 / 2008
Transaction ID: SA11C.35640
 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) ► 3000.00

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 32 / 62
(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)
REHABCARE GROUP INC PAC

Mailing Address 7733 FORSYTH BLVD SUITE 2300
ATTN: PAC PRESIDENT

City ST LOUIS State MO Zip Code 63105

FEC ID number of contributing federal political committee. **C** C00407130

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: SA11C.35842
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)
SALLIE MAE INC POLITICAL ACTION COMMITTEE (SALLIE MAE PAC)

Mailing Address 11600 SALLIE MAE DRIVE

City RESTON State VA Zip Code 20193

FEC ID number of contributing federal political committee. **C** C00331835

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 06 / 05 / 2008
Transaction ID: SA11C.35650
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)
SIEMENS CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 701 PENNSYLVANIA AVENUE NW
SUITE 720

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00353797

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt: 06 / 18 / 2008
Transaction ID: SA11C.35814
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) ► 3000.00

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 / 62
(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)
SIERRA CLUB POLITICAL COMMITTEE

Mailing Address 85 Second Street 2nd Flr.

City San Francisco State CA Zip Code 94105

FEC ID number of contributing federal political committee. **C** C00135368

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 20.00

Date of Receipt: 06 / 04 / 2008
Transaction ID: SA11C.35899
Amount of Each Receipt this Period: 10.00

in-kind website endorsement
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
SIERRA CLUB POLITICAL COMMITTEE

Mailing Address 85 Second Street 2nd Flr.

City San Francisco State CA Zip Code 94105

FEC ID number of contributing federal political committee. **C** C00135368

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1020.00

Date of Receipt: 06 / 20 / 2008
Transaction ID: SA11C.35794
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)
TEXTRON INC. POLITICAL ACTION COMMITTEE

Mailing Address 40 WESTMINSTER STREET

City PROVIDENCE State RI Zip Code 02903

FEC ID number of contributing federal political committee. **C** C00123612

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 05 / 27 / 2008
Transaction ID: SA11C.35913
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) ► 2000.00

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 34 / 62

(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)
UNIVISION COMMUNICATIONS INC POLITICAL ACTION COMMITTEE

Mailing Address 520 S GRAND AVE #700

City State Zip Code
LOS ANGELES CA 90071

FEC ID number of contributing federal political committee. **C** C00435735

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2008

Transaction ID: SA11C.35835

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)
US ONCOLOGY GOOD GOVNT COMMITTEE

Mailing Address 16825 Northchase Dr. Suite 1300

City State Zip Code
Houston TX 77060

FEC ID number of contributing federal political committee. **C** C00339655

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
05 / 27 / 2008

Transaction ID: SA11C.35633

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)
US ONCOLOGY GOOD GOVNT COMMITTEE

Mailing Address 16825 Northchase Dr. Suite 1300

City State Zip Code
Houston TX 77060

FEC ID number of contributing federal political committee. **C** C00339655

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4350.00

Date of Receipt
MM / DD / YYYY
06 / 02 / 2008

Transaction ID: SA11C.35815

Amount of Each Receipt this Period
1850.00

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

SUBTOTAL of Receipts This Page (optional) ▶

3350.00

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 35 / 62
(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)
US ONCOLOGY GOOD GOVNT COMMITTEE

Mailing Address 16825 Northchase Dr. Suite 1300

City State Zip Code
Houston TX 77060

FEC ID number of contributing federal political committee. **C** C00339655

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6850.00

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

Transaction ID: SA11C.35810

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)
VHA INC POLITICAL ACTION COMMITTEE (VHAPAC)

Mailing Address 901 NEW YORK AVE NW STE 510 EAST

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C** C00199497

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 Y
 0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11C.35838

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)
WINE INSTITUTE POLITICAL ACTION COMMITTEE

Mailing Address 607 14th Street NW Suite 800 Suite 800

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00065219

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11C.35833

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) ► 4000.00

TOTAL This Period (last page this line number only) ► 58850.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 / 62
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input checked="" 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) American Direct Mail		Date of Receipt
	Mailing Address 908 N. Hollywood Way		<input type="text" value="06"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Burbank	CA	91505
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: SA14.35906
Receipt For: 2008		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="text" value="284.55"/>	<input type="text" value="165.55"/>
<input type="checkbox"/> Other (specify) ▼			mailing refund
			<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="165.55"/>
TOTAL This Period (last page this line number only)	<input type="text" value="165.55"/>

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 37 / 62
	<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 checked="" type="checkbox"/> 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	Date of Receipt MM / DD / YYYY 05 / 31 / 2008
	Mailing Address 20 E. Carrillo Street	Transaction ID: SA15.35625
	City State Zip Code Santa Barbara CA 93101	Amount of Each Receipt this Period 16.12
	FEC ID number of contributing federal political committee. C	interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 358.65	

B.	Full Name (Last, First, Middle Initial) Santa Barbara Bank and Trust	Date of Receipt MM / DD / YYYY 05 / 31 / 2008
	Mailing Address 20 E. Carrillo Street	Transaction ID: SA15.35626
	City State Zip Code Santa Barbara CA 93101	Amount of Each Receipt this Period 8.31
	FEC ID number of contributing federal political committee. C	interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 366.96	

C.	Full Name (Last, First, Middle Initial) Santa Barbara Bank and Trust	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 20 E. Carrillo Street	Transaction ID: SA15.35627
	City State Zip Code Santa Barbara CA 93101	Amount of Each Receipt this Period 8.14
	FEC ID number of contributing federal political committee. C	interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 375.10	

SUBTOTAL of Receipts This Page (optional)	32.57
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 38 / 62	
	(check only one)			
<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 checked="" type="checkbox"/> 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		Date of Receipt	
	Mailing Address 20 E. Carrillo Street		M M / D D / Y Y Y Y 06 / 30 / 2008	
	City	State	Zip Code	Transaction ID: SA15.35628
	Santa Barbara	CA	93101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		C	15.92
Name of Employer		Occupation		interest
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	391.02		
<input type="checkbox"/> Other (specify) ▼				

SUBTOTAL of Receipts This Page (optional)	15.92
TOTAL This Period (last page this line number only)	48.49

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 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.35546</p> <p>Date of Disbursement 05 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 3498.62</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) Avenet Solutions</p> <p>Mailing Address 400 Sibley Street #560</p> <p>City St. Paul State MN Zip Code 55101</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: SB17.35900</p> <p>Date of Disbursement 05 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 50.00</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) Avenet Solutions</p> <p>Mailing Address 400 Sibley Street #560</p> <p>City St. Paul State MN Zip Code 55101</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: SB17.35901</p> <p>Date of Disbursement 06 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 10.00</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) ▶

3558.62

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) Avenet Solutions	Transaction ID: SB17.35902 Date of Disbursement 06 / 02 / 2008
	Mailing Address 400 Sibley Street #560	Amount of Each Disbursement this Period 50.00
	City St. Paul State MN Zip Code 55101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement credit card fee 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) ▼

B.	Full Name (Last, First, Middle Initial) Avenet Solutions	Transaction ID: SB17.35602 Date of Disbursement 06 / 20 / 2008
	Mailing Address 400 Sibley Street #560	Amount of Each Disbursement this Period 225.00
	City St. Paul State MN Zip Code 55101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement web hosting 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) ▼

C.	Full Name (Last, First, Middle Initial) Avenet Solutions	Transaction ID: SB17.35911 Date of Disbursement 06 / 20 / 2008
	Mailing Address 400 Sibley Street #560	Amount of Each Disbursement this Period 5.00
	City St. Paul State MN Zip Code 55101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement credit card fee 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) ▼

SUBTOTAL of Disbursements This Page (optional)	280.00
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 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) Avenet Solutions	Transaction ID: SB17.35912 Date of Disbursement 06 / 25 / 2008
	Mailing Address 400 Sibley Street #560	Amount of Each Disbursement this Period 73.00
	City St. Paul State MN Zip Code 55101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement credit card fees 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) ▼

B.	Full Name (Last, First, Middle Initial) Avenet Solutions	Transaction ID: SB17.35908 Date of Disbursement 06 / 26 / 2008
	Mailing Address 400 Sibley Street #560	Amount of Each Disbursement this Period 10.00
	City St. Paul State MN Zip Code 55101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement credit card fee 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) ▼

C.	Full Name (Last, First, Middle Initial) Avenet Solutions	Transaction ID: SB17.35909 Date of Disbursement 06 / 27 / 2008
	Mailing Address 400 Sibley Street #560	Amount of Each Disbursement this Period 2.50
	City St. Paul State MN Zip Code 55101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement credit card fee 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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

85.50

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) Avenet Solutions</p> <p>Mailing Address 400 Sibley Street #560</p> <p>City St. Paul State MN Zip Code 55101</p> <p>Purpose of Disbursement credit card fees</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: SB17.35910</p> <p>Date of Disbursement 06 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 7.50</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) Bistro Bis</p> <p>Mailing Address 15 E St. NW</p> <p>City Washington State DC Zip Code 20001</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.35562</p> <p>Date of Disbursement 06 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 819.08</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) Brownstein/Hyatt/Farber/Schreck</p> <p>Mailing Address 21 E. Carrillo St. P.O. Drawer 720</p> <p>City Santa Barbara State CA Zip Code 93102</p> <p>Purpose of Disbursement legal 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.35551</p> <p>Date of Disbursement 05 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 252.80</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) ▶

1079.38

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) Kelly Burns <hr/> Mailing Address 60 South Fairview <hr/> City Goleta State CA Zip Code 93117 <hr/> Purpose of Disbursement field consulting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.35542 Date of Disbursement 05 / 15 / 2008 <hr/> Amount of Each Disbursement this Period 3500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Kelly Burns <hr/> Mailing Address 60 South Fairview <hr/> City Goleta State CA Zip Code 93117 <hr/> Purpose of Disbursement field consulting 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: SB17.35594 Date of Disbursement 06 / 20 / 2008 <hr/> Amount of Each Disbursement this Period 2484.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Kelly Burns <hr/> Mailing Address 60 South Fairview <hr/> City Goleta State CA Zip Code 93117 <hr/> Purpose of Disbursement field consulting 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: SB17.35595 Date of Disbursement 06 / 20 / 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) ▶

6484.00

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 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)
Lois Capps

Mailing Address 1724 Santa Barbara St.

City Santa Barbara State CA Zip Code 93101

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: SB17.35569
Date of Disbursement

MM / DD / YYYY
06 / 10 / 2008

Amount of Each Disbursement this Period

19.40

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

B.

Full Name (Last, First, Middle Initial)
Lois Capps

Mailing Address 1724 Santa Barbara St.

City Santa Barbara State CA Zip Code 93101

Purpose of Disbursement
travel reimb. & others (see trans split)

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB17.35598
Date of Disbursement

MM / DD / YYYY
06 / 20 / 2008

Amount of Each Disbursement this Period

293.24

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

C.

Full Name (Last, First, Middle Initial)
House Gift Shop

Mailing Address US House of Representatives

City Washington State DC Zip Code 20515

Purpose of Disbursement
event expense

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB17.35598.0
Date of Disbursement

MM / DD / YYYY
06 / 20 / 2008

Amount of Each Disbursement this Period

255.60

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

312.64

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</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.35561</p> <p>Date of Disbursement 06 / 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>
<p>B. 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 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: SB17.35570</p> <p>Date of Disbursement 06 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 1637.54</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) Lazy Acres</p> <p>Mailing Address 30 Miegs Road</p> <p>City Santa Barbara State CA Zip Code 93109</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: SB17.35570.1</p> <p>Date of Disbursement 06 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 646.26</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) ▶

6637.54

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) 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: SB17.35570.2 Date of Disbursement 06 / 10 / 2008 Amount of Each Disbursement this Period 6.02 <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) US Postmaster Mailing Address 800 Anacapa Street City Santa Barbara State CA Zip Code 93101 Purpose of Disbursement postage 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: SB17.35570.5 Date of Disbursement 06 / 10 / 2008 Amount of Each Disbursement this Period 420.00 <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) Staples Mailing Address PO Box 9020 City Des Moines State IA Zip Code 50368 Purpose of Disbursement event 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: SB17.35570.6 Date of Disbursement 06 / 10 / 2008 Amount of Each Disbursement this Period 102.36 <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) ▶	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 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) 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: SB17.35570.7 Date of Disbursement 06 / 10 / 2008 Amount of Each Disbursement this Period 14.31 <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) US Postmaster Mailing Address 800 Anacapa Street City Santa Barbara State CA Zip Code 93101 Purpose of Disbursement postage 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: SB17.35570.8 Date of Disbursement 06 / 10 / 2008 Amount of Each Disbursement this Period 168.00 <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) 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: SB17.35570.10 Date of Disbursement 06 / 10 / 2008 Amount of Each Disbursement this Period 1.55 <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) ▶	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 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
event expense

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.35570.11
Date of Disbursement

06 / 10 / 2008

Amount of Each Disbursement this Period

37.18

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Erickson and Company

Mailing Address 38 Ivy Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
fundraising consulting

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.35545
Date of Disbursement

05 / 27 / 2008

Amount of Each Disbursement this Period

3436.79

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

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.35564
Date of Disbursement

06 / 03 / 2008

Amount of Each Disbursement this Period

3500.00

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

SUBTOTAL of Disbursements This Page (optional)

6936.79

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)
Danielle LeTendre

Transaction ID: SB17.35566
Date of Disbursement

Mailing Address 1409 E. Abingdon Road #1

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	0	8

City Alexandria State VA Zip Code 22314

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement field consulting
Candidate Name

Category/Type

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)
Danielle LeTendre

Transaction ID: SB17.35597
Date of Disbursement

Mailing Address 1409 E. Abingdon Road #1

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	0	8

City Alexandria State VA Zip Code 22314

Amount of Each Disbursement this Period

316.99

Purpose of Disbursement travel reimbursements
Candidate Name

Category/Type

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)
David Powdrell

Transaction ID: SB17.35558
Date of Disbursement

Mailing Address 5290 Overpass Rd. Ste. 227

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	0	8

City Goleta State CA Zip Code 93117

Amount of Each Disbursement this Period

1360.00

Purpose of Disbursement accounting
Candidate Name

Category/Type

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)

2176.99

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 50 / 62

<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) Precision Printing</p> <p>Mailing Address 14544 Keswick Street</p> <p>City Van Nuys State CA Zip Code 91405</p> <p>Purpose of Disbursement mailing 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.35554</p> <p>Date of Disbursement 05 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 5281.52</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) 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.35622</p> <p>Date of Disbursement 05 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 217.50</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) 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.35623</p> <p>Date of Disbursement 05 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 4.50</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) ▶

5503.52

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)
Santa Barbara Bank and Trust

Transaction ID: SB17.35624
Date of Disbursement

Mailing Address 20 E. Carrillo Street

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	0	8

City Santa Barbara State CA Zip Code 93101

Amount of Each Disbursement this Period

9.98

Purpose of Disbursement
credit card fee

Category/ Type

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

Candidate Name

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

State: District:

B.

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

Transaction ID: SB17.35618
Date of Disbursement

Mailing Address 20 E. Carrillo Street

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	0	8

City Santa Barbara State CA Zip Code 93101

Amount of Each Disbursement this Period

403.50

Purpose of Disbursement
credit card fee

Category/ Type

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

Candidate Name

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

State: District:

C.

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

Transaction ID: SB17.35620
Date of Disbursement

Mailing Address 20 E. Carrillo Street

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	0	8

City Santa Barbara State CA Zip Code 93101

Amount of Each Disbursement this Period

18.00

Purpose of Disbursement
bank fee

Category/ Type

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

Candidate Name

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

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

431.48

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 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 Bank and Trust Mailing Address 20 E. Carrillo Street City Santa Barbara State CA Zip Code 93101 Purpose of Disbursement bank fee 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: SB17.35621 Date of Disbursement 06 / 20 / 2008 Amount of Each Disbursement this Period 18.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.35552 Date of Disbursement 05 / 27 / 2008 Amount of Each Disbursement this Period 54.76 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) 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: SB17.35585 Date of Disbursement 06 / 10 / 2008 Amount of Each Disbursement this Period 79.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

152.02

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) UPS</p> <p>Mailing Address PO Box 505820</p> <p>City The Lakes State NV Zip Code 88905</p> <p>Purpose of Disbursement mailing 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: SB17.35600</p> <p>Date of Disbursement 06 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 49.25</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) US Postmaster</p> <p>Mailing Address 800 Anacapa Street</p> <p>City Santa Barbara State CA Zip Code 93101</p> <p>Purpose of Disbursement post office box renewal</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.35553</p> <p>Date of Disbursement 05 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 106.00</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) Verizon CA</p> <p>Mailing Address PO Box 30001</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.35548</p> <p>Date of Disbursement 05 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 36.53</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) ▶

191.78

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

Mailing Address PO Box 30001

City Inglewood State CA Zip Code 90313

Purpose of Disbursement
utilities

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.35550

Date of Disbursement

05 / 27 / 2008

Amount of Each Disbursement this Period

102.26

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

B.

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

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.35603

Date of Disbursement

06 / 20 / 2008

Amount of Each Disbursement this Period

101.15

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

C.

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

Mailing Address PO Box 4001

City Inglewood State CA Zip Code 90313

Purpose of Disbursement
utilities

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.35549

Date of Disbursement

05 / 27 / 2008

Amount of Each Disbursement this Period

91.46

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

SUBTOTAL of Disbursements This Page (optional) ▶

294.87

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)

PAGE 55 / 62

<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)
Victor the Florist

Mailing Address 135 E Anapamu Street

City State Zip Code
Santa Barbara CA 93101

Purpose of Disbursement
flowers

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.35601

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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)

<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)
ANNE BARTH FOR CONGRESS

Mailing Address POST OFFICE BOX 2151

City CHARLESTON State WV Zip Code 25328

Purpose of Disbursement contribution

Candidate Name

Category/Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: WV District: 02

Transaction ID: SB21.35586

Date of Disbursement

06 / 10 / 2008

Amount of Each Disbursement this Period

2000.00

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

B. Full Name (Last, First, Middle Initial)
CAROL SHEA-PORTER FOR CONGRESS

Mailing Address P.O. Box 453

City Rochester State NH Zip Code 03866

Purpose of Disbursement contribution

Candidate Name

Category/Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NH District: 01

Transaction ID: SB21.35915

Date of Disbursement

06 / 30 / 2008

Amount of Each Disbursement this Period

500.00

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

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

Mailing Address P.O. Box 584

City Wilmette State IL Zip Code 60091

Purpose of Disbursement contribution

Candidate Name

Category/Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: IL District: 10

Transaction ID: SB21.35609

Date of Disbursement

06 / 30 / 2008

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) ▶

3500.00

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

Mailing Address PO Box 1090

City State Zip Code
Carnation WA 98014

Purpose of Disbursement contribution

Candidate Name

Category/Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: WA District: 08

Transaction ID: SB21.35614

Date of Disbursement

06 / 30 / 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)
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: SB21.35593

Date of Disbursement

06 / 10 / 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)
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: SB21.35606

Date of Disbursement

06 / 30 / 2008

Amount of Each Disbursement this Period

500.00

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

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) Doreen Farr for 3rd District Supervisor <hr/> Mailing Address P.O. Box 47 <hr/> City Solvang State CA Zip Code 93464 <hr/> Purpose of Disbursement in-kind mailing expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.35547 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 8
	Amount of Each Disbursement this Period 1749.31 <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) Doreen Farr for 3rd District Supervisor <hr/> Mailing Address P.O. Box 47 <hr/> City Solvang State CA Zip Code 93464 <hr/> Purpose of Disbursement in-kind mailing expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.35555 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 8
	Amount of Each Disbursement this Period 2640.76 <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) Friends of Adam Hill <hr/> Mailing Address 1124 Nipomo St. #D <hr/> City San Luis Obispo State CA Zip Code 93401 <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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.35543 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)
JENNINGS 2008

Mailing Address PO Box 49136

City Sarasota State FL Zip Code 34230

Purpose of Disbursement contribution

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: FL District: 13

Transaction ID: SB21.35616
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)
JUDY FEDER FOR CONGRESS

Mailing Address 1514 HARDWOOD LANE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement contribution

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: VA District: 10

Transaction ID: SB21.35608
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)
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

Disbursement For: 2008 Primary General Other (specify) ▼

State: FL District: 24

Transaction ID: SB21.35590
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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)

<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) Lampson for Congress</p> <p>Mailing Address PO Box 21578</p> <p>City State Zip Code Beaumont TX 77720</p> <p>Purpose of Disbursement contribution Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 22</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21.35613 Date of Disbursement 06 / 30 / 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) LINDA STENDER FOR CONGRESS</p> <p>Mailing Address P.O. Box 730</p> <p>City State Zip Code Scotch Plains NJ 07076</p> <p>Purpose of Disbursement contribution Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 07</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21.35592 Date of Disbursement 06 / 10 / 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) Patterson for Supervisor</p> <p>Mailing Address P.O. Box 2515</p> <p>City State Zip Code Atascadero CA 93423</p> <p>Purpose of Disbursement contribution 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21.35559 Date of Disbursement 05 / 27 / 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) ▶

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) Sierra Club -Santa Lucia Chapter Mailing Address P.O. Box 15755 City San Luis Obispo State CA Zip Code 93406 Purpose of Disbursement event contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.35556 Date of Disbursement 05 / 27 / 2008 Amount of Each Disbursement this Period 900.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) TITUS FOR CONGRESS Mailing Address 1637 TRAVOIS CIRCLE City LAS VEGAS State NV Zip Code 89119 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.35588 Date of Disbursement 06 / 10 / 2008 Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) TOM ALLEN FOR SENATE Mailing Address 550 FOREST AVE SUITE 101 City PORTLAND State ME Zip Code 04101 Purpose of Disbursement contribution Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.35567 Date of Disbursement 06 / 10 / 2008 Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	4900.00
TOTAL This Period (last page this line number only) ▶	19900.00

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

(Use separate schedule(s) for each numbered line)	PAGE 62 / 62	
	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	
126100.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	200.00	125900.00	

1) SUBTOTALS This Period This Page (optional).....	125900.00
2) TOTALS This Period (last page this line number only).....	125900.00
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)	125900.00